

Lovehands Care Services Ltd

# Lovehands Care Services

## 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

### About the service

Lovehands Care Services provides a care and support service to people who live in their own homes in and around Swadlincote. At the time of our inspection 22 people were receiving a service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt safe when being supported. The staff knew how to protect people if they suspected they were at risk of abuse or harm and how to report concerns. Risks had been identified and staff understood how to support people to reduce risk and protect them from potential harm, without restricting their rights. People were supported to have their medicines when these were needed. Recruitment checks were completed to ensure new staff were of good character and sufficient staff were available to meet people's support needs and provide their care.

People had been involved with developing their care plan, which included details of how they wanted to be supported. People made decisions about their care and were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests.

Staff received an induction when they started working in the service and bespoke training to ensure they understood how to support people's individual needs. People felt the staff had the right skills to provide the care they wanted. People's health was monitored, and staff worked together with health professionals to ensure they remained well. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences.

People received care from a small team of staff who they had developed good relationships with. People were happy with how the staff provided their care and were positive about the support they provided. Staff knew what was important to people, their independence was promoted, and their privacy and dignity were upheld.

People's care was reviewed, and the support was flexible and responsive to changes including receiving their care at a time they wanted it. People felt comfortable raising any issues or concerns, and there were arrangements in place to deal with people's complaints.

New systems were being developed to record how the provider assessed and monitored the quality of care. People were encouraged to share their experiences and views and they felt the provider and staff listened to them, to ensure they received the service they wanted.

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

The service was registered with us in February 2019 and this is the first inspection

#### Why we inspected

This was a planned inspection based on the date the service was registered with us.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Lovehands Care Services

## 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 Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection to ensure people had an opportunity to consent to a home visit or a telephone call from an inspector.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority and professionals who work with the service. We did not ask the provider to complete a provider information return on this occasion. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We visited and spoke with three people who used the service and two relatives and friends about their experience of the care provided. We spoke with two members of staff, the provider and the registered manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at one staff file in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from with two social care professionals.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Where people needed support to take their medicines, they were confident they received these as required. Details of medicines were recorded, and the provider obtained a medication administration record from the dispensing pharmacy for staff to record when they were administered.
- Where people were prompted to have their medicines, the provider understood a record was required to ensure this met best practice guidelines. Where creams were needed, a body map identified where this should be applied.
- Where people needed medicines 'as required' staff understood when these were needed, and we saw information was recorded about its use.
- Staff had received training to ensure they understood how to administer medicines safely. Staff told us this was checked by the provider or registered manager when they carried out checks in people's home.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe and comfortable with the staff and were confident that they knew how to protect them from harm.
- Staff had a good understanding and knowledge of safeguarding people and knew how they may recognise possible abuse or neglect. Staff knew people well and could recognise changes in behaviour which may indicate possible abuse. When personal care was given, the staff completed a body check to check people's skin and for any unexplained injuries.
- Staff had a good understanding and knowledge of safeguarding people and knew how they may recognise possible abuse or neglect. The staff understood their responsibilities to report any concerns, and we saw where these concerns were suitably investigated.
- The registered manager understood when they needed to notify us where potential safeguarding concerns had been raised, as required.

### Assessing risk, safety monitoring and management

- Staff knew the risks associated with people's care and understood how to mitigate these to ensure people were safe and stayed well.
- Where people used equipment, an assessment was carried out and the staff worked with community health professionals to ensure any equipment used was suitable. Individualised training was provided to ensure staff knew how to use each person's equipment. Staff explained some people had difficulty moving their limbs and they had received training to use their moving equipment safely and reduce the risk of harm.
- People's home was assessed to assist staff to support people safely and recognise any potential hazards. The assessments included checks on electrical equipment, identifying where to turn off power or water,

external lighting and parking.

#### Staffing and recruitment

- People felt there was enough staff to provide safe and effective care. People had a small group of regular staff who provided all their care and who they knew well. One relative told us, "The consistency of staff is very important to us."
- Suitable recruitment procedures were in place to ensure checks were made before new staff started working in the service to ensure they were suitable to work with people.

#### Preventing and controlling infection

- People felt staff maintained suitable hygiene standards when delivering personal care and there was a stock of protective equipment kept in people's home. Relatives told us that staff washed their hands and wore necessary equipment to ensure standards were maintained. One relative explained that they also made sure their home was tidy and told us, "They always say we are here to look after you too."

#### Learning lessons when things go wrong

- The provider explained that since the service had been registered, they had reviewed all systems and processes. For example, they had reviewed communication processes to ensure people always received their care at the time they wanted and organised bespoke training to ensure people's individual needs were met. The provider and registered manager welcomed feedback from people and staff to ensure people received personalised care.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- When a referral was made to the service, the provider or registered manager visited people in their home to carry out an assessment and seek information about how they wanted to be supported. People told us they felt involved with the assessment, which was thorough.
- Assessments of people's needs included information about protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was recorded. This was important information to ensure people did not experience any discrimination.
- Following the assessment, a care plan was developed with them and people told us they were asked how they wanted to be supported.

Staff support: induction, training, skills and experience

- Staff received an induction into the service and people felt the staff had received the training they needed, which included shadowing experienced staff who knew people well.
- New staff were provided with the opportunity to complete the Care Certificate to ensure they understood the common standards and values needed when providing support for people.
- Staff had further opportunities to receive training and meet specific needs of people. The provider had organised specialised training from health professionals such as the diabetic nurse and from specialist organisations to ensure people's particular individual needs were understood by staff. One relative told us, "The staff are more than willing to do any training that is necessary to provide the care they need."

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

- People had choice and flexibility about the meals they ate and were responsible for providing their food for staff to prepare. People chose what they wanted to eat, and staff helped to prepare this.
- Staff explained they shared meals with people as they felt it was important to share social experiences. The staff also supported people to go out and have drinks or meals and understood the importance of these occasions.
- Where people needed a specialist diet or thickened fluids, staff understood how to prepare these. A record was maintained to ensure this could be reviewed by health care professionals to ensure this was suitable.

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

- People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. Where changes were identified, the staff raised their concerns with health professionals to ensure their care could be reviewed and they remained well.

- Some people had diabetes and staff understood how to monitor this condition to ensure they stayed well. Following training, they monitored blood sugars and a relative told us the staff were very responsive and recognised where health intervention was needed.
- Where people were ill, the staff sought emergency care, stayed with people and continued to support them when staying in hospital. One relative told us, "I was very touched that the staff visited [Name] when they were in hospital and made sure they had everything they needed."

#### 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 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 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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When people were referred to the service, their mental capacity to consent to their care had been considered. The provider and registered manager ensured that people and relatives were fully involved in the assessment and development of their care plan.
- The provider understood that where people lacked capacity other people may have the authority to make decisions on their behalf and obtained a copy of any legal documents to evidence this.
- Where there were changes in people's capacity the provider agreed that copies of capacity assessments would be obtained, to ensure there was no delay in making decisions in people's best interests.

# 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

- The provider's values promoted caring support as people only had a small team of staff who provided their care. People had developed close relationships with staff and we saw they were comfortable with them. People felt the staff were kind and considerate and spoke positively about them and the support they provided. One relative told us, "[Name] knows all the staff and is very relaxed around them. I trust them implicitly."
- The registered manager and provider had clear expectations that people using the service should receive kind and compassionate care from all members of staff. The provider told us, "We want the team to make a difference. This is personal to us and we want to create a person-centred service for everyone. We are proud of the difference we are making."
- People were listened to when they contacted the office. We heard staff responding to calls from people and all calls were answered promptly; it was clear the registered manager and provider knew the people who had called well.

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

- People were supported to be actively involved their care and staff listened to how they wanted to be supported. One relative told us, "They listened to what [Name] said and when they started to receive a service, I thought if they do what they say, my prayers have been answered; and they have."
- New staff were always introduced to people and spent time with them before providing their care. People told us they had a choice about which staff supported them, and any personal preferences, such as the gender of staff, was respected. One relative told us, "[Name] likes quiet people and the manager comes along with the staff to make sure they are suited. They organised the staff to meet our wishes."
- People recognised when people were not happy or unwell. One relative told us, "They are very good at identifying when [Name] is ill and make necessary arrangements."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted, and they were encouraged to maintain their skills. People told us staff did not make them feel under any pressure to do things quickly and were supported to do what they could manage themselves. One person told us, "I like having my independence, it's important to me. They don't do everything for me."
- People felt staff were respectful of their home and property. People told us staff went above and beyond what they should do and took extra care of their home. Relatives told us staff would, make sure everything was tidy when they left, any washing was done, and litter taken out. One relative told us, "There is respect for us and our home." Another relative told us, "They even fill up my coal bucket."

- People had their privacy and dignity respected. One relative told us, "The staff are the sincerest people I've ever met."

# 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 were involved with an assessment of their needs before they started to receive a service. The provider understood the need to understand what support people needed to ensure they could provide the right care. One relative told us, "The assessment was very thorough, and we were not rushed. They even did a walk around our home with us, so they knew where the fire extinguisher was and first aid kit."
- When people started to receive a service, the provider or registered manager completed the first week of support calls to ensure they understood how they wanted to receive their care and could develop the care plan. This helped to ensure people received care based on their preferences and needs.
- People were involved with regular reviews of their care to ensure it continued to meet their needs. One relative told us, "[Name]'s care can change daily so we are in close contact and they make sure everything is up to date and right."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered upon assessment and at reviews and information could be produced in different formats to ensure people understood any information. Information regarding infectious diseases and how risk was being managed had been sent to people. Following feedback from relatives, this information was being produced in large print for people to read and understand, including the benefits of good hand washing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue activities and interests that were important to them or were helped with their shopping and cleaning. The provider arranged services for people to be supported with their interests or to support people when out. We saw people were asked where they would like to go, and one relative told us, "The staff support them really well. [Name] loves going out. The provider tries to find staff that would suit [Name] so they fit in with their interests."

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to complaints. The provider had not received any complaints and they told us they listened and learnt from people's experiences and concerns to improve the

quality of care provided.

- People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. One relative told us, "If I was concerned about anything, I would just get in touch with the manager."

#### End of life care and support

- There were no people receiving end of life care, however, people were supported to express their views about how they wanted to be supported towards the end of the life. Where people had expressed any views, their care plans included information about people's preferences including whether to receive medical treatment.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff knew how to raise concerns about risks to people and poor practice in the service, and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying.
- People felt there was an open culture and were able to share their views with staff and the registered manager. Everyone, without exception, said they would recommend the service. Staff also felt the service was a good place to work.
- Staff received supervision through one to one meetings, team meetings and working alongside the provider or registered manager. Staff felt they received the support they needed and by working alongside staff, the provider told us they could ensure the staff understood the service's values and provide personalised care.

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

- The service had a registered manager who understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.
- Quality checks had been carried out to ensure the registered office was safe including electrical equipment and ensuring information was available regarding fire safety.
- The staff felt part of a supportive team and told us the registered manager and provider were approachable and listened to them. The staff felt supported and the registered manager recognised the importance of staff well-being.
- There was a system in place to evaluate and monitor how care was delivered and to ensure people received the support that they expected. Records were audited each month when they were returned to the office. The provider was developing different systems within this new service and recognised recording these checks and visits would support the quality monitoring systems being introduced.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager and provider had a good knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances and family relationships.

People felt this personal service enabled them to feel comfortable talking with them, sharing their thoughts and discussing any review of care.

- People were asked for their views and opinions about the service during any review and when support was provided. The registered manager and provider met with people each week to ensure they were happy with the care provided, and to check the care plan and records. The provider recognised the service would benefit from having a record of these visits to help to support the review process.
- Health and social care professionals felt the provider and registered manager were always responsive to any comments or suggestions. They told us they showed commitment to working collaboratively with people, their families, specialists and professionals as needed. One social care professional reported, 'They are very professional, caring, reliable and always pass on any concerns.'