Luv To Care Ltd

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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
Luv to Care is a care service providing personal care to people in their own homes. At the time of the inspection the service was supporting 18 people with personal care.

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 and relatives told us staff provided good care without rushing. Recruitment processes were in place which ensured suitable staff were employed. Risks to people's health and wellbeing had been identified and measures were in place to minimise risks. Staff understood how to identify and report abuse and referrals were made to the local authority appropriately.

People were encouraged to maintain their health and wellbeing and were supported to access healthcare services when required. People were supported to have maximum choice and control of their lives, such as what they wanted to eat each day or when they did not want to receive their care. Staff obtained consent from people for day to day decisions.

People and relatives told us they very happy with the care they received. Staff listened to them, were patient, kind and friendly. People felt involved in decisions about their care and were encouraged to maintain their independence.

Person centred care plans included people's likes, dislikes, preferences and wishes and staff were responsive to people's needs. People and relatives had no complaints but knew how to contact the registered manager if they needed to raise one.

The registered manager had developed a range of quality monitoring systems, such as surveys and audits, and feedback was used to help drive improvement. People and relatives spoke highly of the service. Staff felt very well supported by the registered manager who was hands on and approachable.

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

Rating at last inspection
The last rating for this service was good (Published 23/5/2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Luv to Care on our website at www.cqc.org.uk.

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 effective findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well led.

Details are in our effective findings below.

Luv To 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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector.

Service and service type

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

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

This inspection was announced.

We gave the service 38 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 October 2019 and ended on 30 October 2019. We visited the office location on 11 October 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used all of this

information to plan our inspection.

During the inspection
We visited two people and a relative in their own home so they could tell us their views of Luv to Care, and the way staff provided their care and support. We spoke with the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision and other records relating to the management and monitoring of the quality of the service such as audits and surveys.

After the inspection
We contacted two care professionals who were involved with the service and four staff members by telephone, however, we only received responses from two staff members.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained rated as good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● People had been assessed for individual risks, such as risk of falls or risks from diabetes and measures had been put in place to guide staff in how to manage these risks. For example, staff reminded people to wear their personal alarms and ensured mobility aids, such as walking frames, were always left within the person's reach at the end of a visit. One person had diabetes and their risk assessment provided information to staff about the symptoms to look for that may indicate the person had high blood sugar and what to do in the event the person became unconscious.

● Environmental checks were carried out in people's homes to ensure the safety of people and staff. The registered manager told us, for example, they were concerned about a person with dementia and contacted the Fire and Rescue Service who visited and put things in place to improve fire safety including installing a flashing fire alarm.

● A social care professional told us, "We have no concerns……and believe the service to be safe."

Staffing and recruitment

● There was a small, stable team of staff who worked on a daily rota to ensure all visits were carried out. The rota for the week of our inspection showed most visits were scheduled to last between thirty minutes and two hours. Staff told us they were not rushed and were able to spend the allotted time with people and sometimes were able to stay a bit longer. They had ample time to travel between visits as they tended to be clustered in the same postcode area.

● People told us staff arrived on time, although on one occasion staff had to wait with one person for an ambulance before they could go on to their next visit. Where this happened, the person had been kept informed that staff would be late arriving.

● Recruitment procedures were in place which ensured only people suitable to work in a social care setting were employed. Records showed staff had provided a full employment history, previous employment references and proof of identity. All staff had received a criminal check from the Disclosure and Barring Service (DBS). A DBS check helps employers to make safer recruitment decisions.

● The registered manager had recruited a deputy manager who was due to commence employment in January 2020. This was a new role and would support the registered manager in all aspects of delivering the service and supporting staff.

Systems and processes to safeguard people from the risk of abuse

● The provider had policies in place to safeguard people. It was clear from the safeguarding referrals they had made that the registered manager and staff were committed to speaking up for people who were at risk. Staff understood the process for reporting any concerns and were confident they would be listened to.

● People told us they felt safe. A relative told us the staff ensured their family member was able to sit down

on a bathroom chair in the bathroom when they received their personal care and they were "safer now." A social care professional told us, "They are aware to contact [local authority/ safeguarding team] if they have any concerns or believe someone is at immediate risk."

Using medicines safely

● Some people required support from staff to take their medicines, for example, either by reminding them or by physically administering their medicines. A staff member told us they had a staff text group, so they could keep each other up to date and send reminders as well as referring to the medicine's records. For example, "Don't forget to pick up [Name's] medicines" or "[Name's] patch needs changing."

● Where people were at risk from having medicines in their home, measures were in place to reduce the risks. For example, one person had been at risk of taking too many of their medicines at once, so these were now stored in a locked tin and administered by staff and any excess medicines were returned to the pharmacy.

Preventing and controlling infection

● Staff told us there were always supplies of personal protective equipment (PPE), such as gloves and aprons for them to use during visits to people. The registered manager carried out spot checks to ensure staff were working in line with expected standards, including the use of PPE. Staff told us they understood appropriate hygiene requirements. For example, one staff member told us they would always wash their hands before preparing people's meals and check that food was in date.

Learning lessons when things go wrong

● The registered manager recorded and reported anything that needed to be passed on to the appropriate agencies, such as commissioners and health care professionals. As a small agency, any information and learning was shared with staff through their staff group text system which ensure they were kept up to date about any concerns in a timely way.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same; 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

- People received an initial assessment of their care needs before their care package was agreed to ensure the service could meet all their assessed needs. People's initial assessments included; medical history, oral health and mobility. They also included people's preferences, likes and dislikes. For example, one person's assessment included what time they liked to get up and what time they would prefer their visits to be. This information was then transferred into an individual care plan which provided clear guidance for staff in how to support the person.
- People's care plans included advice about when to seek guidance from health professionals such as district nurses for diabetes management and pressure sores.

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

- Where people required support with preparing their meals and snacks staff assisted with this. These tended to be ready meals and sandwiches. Most people were able to eat independently, however where people were at risk of not eating, staff told us they would stay and ensure they were encouraged to eat. One staff member told us, "I check people are eating before I leave, or where people do struggle I'll stay to make sure they're eating or try to encourage them. I'll sit with them while I'm there until they've had enough."
- Staff told us they ensured people always had drinks to hand before they left and if they had any concerns that people weren't eating or drinking enough they would report this to the registered manager. A social care professional told us, "People they support with meals, are encouraged to drink and eat as well as exercise all of which should be included in a support plan from [The local authority] that the provider gets before they start a care package…."

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

- People were supported by staff to manage their health conditions and access specialist advice where required. For example, one person received support for their diabetes. Staff prompted them to check their blood sugars and liaised with the diabetes nurse if they had any concerns.
- Care records confirmed when people had seen other health care professionals such as their GP, dentist, district nurse and/or consultant. A social care professional told us, "They work in partnership with social care community and hospital teams as well as our occupational therapists and follow any recommendations made."

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 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 registered manager understood their responsibilities under the Act. They told us people they supported all had the capacity to make day to day choices and give their consent for care. Feedback from surveys included issues of consent. One person wrote, "Care was explained to me carefully before I left hospital." Where people required support to make bigger decisions, they were involved as much as possible with other relevant parties to make best interest decisions. The registered manager had a new assessment tool to support with mental capacity assessments which they were about to introduce.

● A social care professional confirmed this and told us, "With [local authority] packages we would have gained consent ahead of the care package being placed with this care provider……we will have assessed whether they have mental capacity and if the provider feels this has changed, they should let us know."

Staff support: induction, training, skills and experience

● Staff received on-line and face to face training in a range of subjects, including safeguarding, first aid, administering medicines, nutrition and equality and diversity. Staff told us they felt well supported with training. One staff member said, "You get all the training you need. [The registered manager] checks you are all up to date with your certificates." This ensured staff were up to date with their knowledge and skills and enabled them to provide effective care.

● Staff also completed the Care Certificate as part of their induction. This is a nationally recognised standard which all care staff should meet. The registered manager held a level 5 qualification in leadership in health and social care and a 'train the trainer' award which qualified them to deliver some training themselves.

● Staff received observed practice sessions which helped the registered manager to monitor their care practice, identify areas for improvement and reflect on what they did well. Staff confirmed this and told us, "I have had a few observations since January. I'm given feedback" and "I'm [observed] once in a while or someone joins you mid-way [to check]. It depends on the client, they have different needs."

● The registered manager told us staff appraisals would be delegated to the new deputy manager when they are in post to ensure each member of staff could have an annual review of their performance.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question remains rated as 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 relatives we visited about the way staff treated them. They told us the staff were "kind and caring", and "happy, patient and friendly." A relative told us, "They always ask how I am as well as [my family member]." Email and survey feedback confirmed other people and relatives thought staff were "fantastic", "very kind and works calmly and efficiently and is always punctual."
- Staff understood the importance of supporting people at their own pace and not rushing them. One staff member told us, "It's easy to get to people. I'm not rushed at all and can give extra time [sometimes]." One person confirmed this in their feedback and said, "I never feel rushed. [Staff] never in a hurry. Always ready to listen."
- We saw there was a positive relationship between people and the registered manager during our visits. People clearly knew the registered manager and were relaxed and at ease in their company. The registered manager understood the importance of supporting relatives as well as people who received their services. We observed she responded to a relative who was feeling upset, with compassion and re-assurance and asked if they would like her to contact the district nurse to discuss additional support. At the end of our visit they asked, "Is there anything else you would like me to do?" It was clear the relative appreciated her concern.
- A social care professional told us, "The care workers are very caring to the residents they support, from the feedback I was able to get."

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

- People told us they were fully involved in their care and support. They told us, "They do whatever I want them to do" and "they fit in and meet our requests."
- People were encouraged to express their views by speaking with staff and completing surveys. Comments in one survey included, "We were given a choice. [We] sat down with [the registered manager] and discussed day and night care. [We had] a booklet to read and we are always able to ask any questions. [We] are able to talk openly with each carer."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. During our visits to people at home, we observed the registered manager knocked on people's front doors and called out before they entered or waited to be invited in. She was respectful of people's homes and asked before, for example, going into a person's kitchen to see if she could get them anything.
- People were encouraged to maintain their independence. Care plans were person centred and recorded

where people did not wish to receive some aspects of their care. For example, one person wanted to remain independent and sometimes refused assistance with their personal care and they did not want to attend a day centre.

● Staff told us how they encouraged people to do things for themselves, such as preparing meals and eating, although they would speak to the registered manager if they thought people were struggling to manage.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; 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

● Person centred care plans were agreed with each person when they started to use the service and were reviewed to take account of people's changing needs. Plans included people's choices and preferences for their care. This was confirmed in the feedback we received from people and relatives.

● A social care professional told us, "From the service user feedback and social workers in my team that have been involved with service users supported by this provider, the care workers are very good, complete tasks as per the care plan and understand the needs of the service users they are supporting." This was also confirmed by the notes staff had written in people's daily records.

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.

● Staff knew people well and how they communicated. People's care plans described where they used hearing aids or wore glasses and whether they could communicate verbally. One person was hard of hearing and staff needed to speak clearly and lean in to the person's 'good' ear. They could also use a notebook to write down anything the person had difficulty understanding.

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

● Some people lived with relatives or had friends who visited them at home and therefore had opportunities to socialise and engage in various activities. However, staff knew when people were at risk of social isolation and tried to encourage them to access their community where they were able. One person liked reading and watching TV and their care plan stated that although staff had offered to refer them to a day centre, they had declined.

Improving care quality in response to complaints or concerns

● The service had a complaints policy although the service had not received any complaints. This was confirmed by people we spoke with. One person said, "I'm very happy. If not, I would call and complain." A relative told us, "We have never had a compliant. We are completely happy."

End of life care and support

● The service was supporting one person with their end of life care and who also had a live-in carer. They had an end of life care plan in place which included support from other health professionals such as the district nursing team and the local hospice. The person actively followed their faith and received frequent visits from their vicar. The registered manager told us, "If they [staff] need any support they know to ring me."

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● The registered manager had systems in place to monitor the quality and safety of care and to help drive improvement. These included an improvement audit to check how the service was performing, for example, checks were carried out on care plans, risk assessments, medicines and consent to ensure they were up to date and accurate.

● The registered manager showed us they had implemented an electronic system, since the last inspection, to support staff to record people's care in real time. Any concerns identified during a visit to a person's home could be highlighted by staff on their handheld device. This would flash up on the system until the registered manager responded. Care plans were also now held on the electronic system and updated on the system as required.

● Staff we spoke with were very happy working at Luv to Care. They felt well supported by the registered manager who was approachable and always available for advice and guidance. One staff member told us, "They support me in so many ways. The [registered] manager will go with you to introduce you [to a new person], take you through the routine, what to do, what's expected of you. There's always someone to call." They told us the service was well organised and communication was very good. Any changes to people's care needs or any information needed was shared promptly with staff through a private, encrypted mobile phone text group. Another staff member said, "They've been really supportive. They're always there if I need anything, always ready to help."

● A social care professional told us, "The registered manager I have known for a few years and after a tricky start with [local authority], she has now got a good team of carers and following suggestions from a previous QA [quality assurance] visit she has hired in office staff and is currently working in partnership as an approved provider with [local authority].

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

● People told us they were involved with making decisions about their care, they were happy with the support provided and their visits were well organised. One relative told us, "It's made such a difference to [my family member] and to me. If needed, we can extend the care, get more help."

● The service supported people to be empowered and achieve good outcomes. For example, a social care professional told us, "The service have worked well with one client [person] who was not happy with the previous care provider and since the change to Luv to Care the daughter has been very happy and said the carers who come are fantastic, they complete all the care tasks as per the care plan and any issues or

concerns they report them to the family. The manager is very proactive and hands on. She does help to deliver high quality care and does cover some care calls."

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 registered manager understood their responsibility under the duty of candour. They had a good relationship with people and relatives, were open and honest with them in their day to day communications and had procedures in place if things went wrong.

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

● The registered manager encouraged people and relatives to feedback on their experiences. All the comments we saw were very positive. The service was a member of the local care association which enabled them to access advice, guidance and information.

● Staff worked closely with other agencies, such as health and social care professionals, which ensured they helped people achieve the best outcomes.

● Staff felt involved and could share ideas and information at staff meetings or through the group text system. Minutes of the most recent staff meeting in May 2019 showed staff had discussed how to identify and report safeguarding concerns and training. They also discussed the complaints procedure and staff were encouraged to ask people for feedback and remind them how to make a complaint by following the procedure in their care file.

Continuous learning and improving care

● Luv to Care was a small service and so the registered manager and staff knew people very well. Where incidents happened, these were investigated and addressed promptly. Where any learning was identified, this would be shared with staff through the group text system.