

LOVE TO CARE HOME CARE NORTHWEST LTD

Newferry

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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

.About the service

Newferry is a domiciliary care service providing personal care to three people in the community at the time of the inspection.

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

Relatives we spoke with told us that they felt people were safe however, during the course of the inspection we identified concerns with the service. Medicines were not always managed safely, medicines records were not always consistent with the care and support people received. The provider did not have systems in place for assessing and monitoring the quality of the service however, there had been little oversight of the service.

The provider had policies in place covering a range of topics however the practice of the staff did not always match the policies.

We have made a recommendation about safe induction, training supervision and documentation in regard to consent.

Enough staff were available and effectively deployed to ensure people's needs were met. The service followed appropriate recruitment checks. Staff followed infection control procedures to minimise the spread of diseases. Before people started using the service their needs were assessed. People were supported with food and drink for their health and well-being. People were supported to maintain good health and staff engaged with healthcare professionals to provide care and treatment where required. People and their relatives said they knew how to make a complaint and were confident their complaints would be addressed.

Care plans we saw contained details about people's routines, preferences and how staff were to support them. However, care plan records did not always contain consistent information.

Relatives were complimentary of the care and support they or their loved ones received from staff that were kind, compassionate and treated them respectfully.

People's privacy and dignity was respected, and their independence promoted. People and their relatives were involved in making decisions about their care and support needs and their views were respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 20/05/2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staff training and governance. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

Enforcement

We have identified breaches in relation to medication and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

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 not always responsive.

Details are in our responsive 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 ●

Newferry

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 one inspector.

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

This inspection was unannounced.

Inspection activity started on 16 March 2020 and ended on 20 March 2020. We visited the office location on 16 March 2020.

What we did before inspection

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 looked at the information we already held about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives about their experience of the care provided. We spoke with three members of staff, the provider, registered manager, and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We were unable to speak with people receiving care from Newferry.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

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 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; Assessing risk, safety monitoring and management

- We could not be certain that medicines were being managed safely.
- Peoples care files did not hold appropriate information for staff in regard to what medication was needed.
- We looked through daily logs and identified that eye drops had been applied by care staff and this was not documented as a need in people's risk assessments. This meant that staff did not have the correct information or guidance to ensure safe practice.
- The provider did not have an auditing system in place in regard to medication so we could not be certain the medication practices were being monitored.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care files held assessments in regard to external and internal areas that identified potential risks and what actions had been taken to reduce these.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. The provider had safeguarding policies and procedures in place. Relatives told us that they and their loved ones were safe using the service.
- The registered manager was aware of their responsibilities to protect people from the risk of abuse and their responsibilities to share any concerns with local safeguarding teams for further investigation.
- Staff had accessed safeguarding training through induction.

Staffing and recruitment

- The provider followed appropriate recruitment practices and had ensured pre-employment checks were satisfactorily completed for all staff before they began working at the service. These checks included two references, right to work in the United Kingdom and a criminal records check.
- There were enough care workers available to support people's needs.
- People had the same consistent care workers.
- A staffing rota we reviewed showed the number of care workers on shift matched with the numbers

planned for.

Preventing and controlling infection

- Newferry had systems in place to reduce the risk of infection.
- Staff had access to gloves and aprons and received training in infection control through the providers induction processes.

Learning lessons when things go wrong

- Newferry discussed with us during inspection that they had recently experienced problems and so had stripped back the service and started the provision afresh learning from errors they had previously made.
- The provider, registered manager and nominated individual listened to our feedback following the inspection and assured us that these issues would be actioned.

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 achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Induction for experienced care staff was appropriate however, new staff with no previous care experience did not have a robust induction. This was discussed with the provider, registered manager and nominated individual as this was not sufficient.
- We discussed that best practice in regards to induction and we were assured that this was being planned for in the future. We discussed the existing staff and their training needs and we were assured that this would be addressed.
- As the service had been re-started very recently there was no evidence of supervisions or staff practice checks. We were told that this was being planned for in the near future.

We recommend the provider consider current guidance on safe induction, training and supervision and take action to update their practice accordingly.

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.

- The service had sought consent from people prior to delivering care and support from them to ensure they agreed with the support they would receive.
- Some documentation had not been fully completed however the people we spoke with told us they had agreed to the provision of care.

We recommend the provider consider current best practice on handling and storing of documentation and

take action to update their practice accordingly.

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

- Before people started using the service, their needs were assessed by the registered manager and nominated individual to ensure the service would be suitable and their needs could be met.
- Needs assessments covered areas including medicines, personal care, mobility, eating and drinking, continence, skin care and making decisions. Information gathered at these assessments contributed to development of care plan.

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

- Care plans included if people required support with meals or drinks.
- The registered manager and nominated individual told us of those people who required support with meals. This was recorded on their care plans along with the support they required during meal times.
- Daily logs documented support that was being provided regarding eating and drinking.

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

- Records showed that the service worked with health professionals when required to enable people to be in the best possible health.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.

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

- People were supported by care workers that were kind and caring towards them. Comments included, "We were quite anxious but the girls who came out were really good," and "They're really nice."
- People were supported by care workers that were attentive to their needs. A relative mentioned, "I couldn't thank them enough."
- The service worked within the principles of the Equality Act and staff supported people in a caring way and without discrimination. For example, people's packages of care were adaptable to their individual needs.

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

- People and their relatives had been consulted about their care and support. People were involved in making decisions and their views were respected.
- People were provided with choice and control of their day-to-day lives and could make decisions about the food they ate, clothes they wore or how they spent their day. Care workers where possible, gave people options and choices and their decisions were respected.
- People were provided with information, prior to care being delivered so they could make informed decisions for themselves. This included information about the level of support they should expect.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's individual rights and choices. People's right to privacy and to be treated with dignity was respected.
- People's independence was promoted. Care workers encouraged people to perform tasks they had had the ability to complete themselves and gave support when needed. For example, being able to make their own choices about their own personal care, clothes and food.
- Staff respected confidentiality. All confidential information was kept secure so that personal information about people was protected.

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 requires improvement. This meant people's needs were not always met.

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

- People had a care and support plan in place which was kept under review and was up to date. However, information in the care plans was not always consistent for example regarding medicines support.
- The registered manager, nominated individual and staff knew the people they supported very well.
- There was a daily log sheet, that staff recorded information about the support provided to people, their choices and how they were met.

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.

- Care plans held information about people's communication needs for example what to do if a person was not being understood and how to ensure they were.
- The provider had some documentation that was available in different formats for example their service user guide was available in other languages and large print. This was under review at the time of inspection.

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's care was specific to their needs. For instance, one person received support to access their regular hairdressing appointments.
- Relatives we spoke to said the communication between themselves and the service was quite good, and they were encouraged to read the daily notes made completed by staff.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. Relatives we spoke with were aware of how to make complaints and managers were able to tell us how to manage complaints.
- Information on how to make a complaint was available in people's care plans.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care.
- The provider had an end of life policy in place and we saw documented evidence of people expressing their wishes.

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 leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Records were not always accurate and complete. Information about people's care and support including their health conditions and medicines was not always complete to ensure information was readily available to care workers to deliver safe care and support which met people's individual needs.
- There were no systems and processes in place for assessing and monitoring the quality and safety of the service. However, the service was small and provided care to three people, so risk was mitigated by this.
- We found shortfalls in relation to the induction and training process and we could not be certain people's practice was otherwise monitored. This was being investigated by the management.
- We identified that what was stated in the providers policies were not always being carried out in practice. For example, the full medication training that should have both theory and practical aspects. Only the theory was being carried out.
- Newferry had recently restarted the service following issues they had previously identified. However, during this inspection we found that oversight of the service had not been taking place from the beginning. This was discussed with the provider, registered manager and nominated individual who all agreed and assured us that this would be rectified.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The registered manager and nominated individual had worked with external professionals to ensure outcomes were achieved for people. Feedback from relatives we spoke with supported this.
- There was regular communication with staff to share information. This kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement.
- Staff told us they were well supported. One staff member told us "If I need anything, they're straight on it."
- Relatives we spoke with told us that there was ongoing communication that was good and open. Relatives

were able to name members of the management and we were told that the nominated individual had been particularly helpful.

- The provider, registered manager and nominated individual understood their responsibility to be open, transparent and take responsibility when things went wrong at the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have systems in place to ensure medicines were managed safely. |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate the safety and quality of the service was effectively managed by the provider. |