We Love Care Limited

We Love Care

Inspection report

22-24
King Street
Maidenhead
SL6 1EF

Tel: 01628306000
Website: www.welovecare.care

Date of inspection visit:
01 August 2018

Date of publication:
08 October 2018

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

Our inspection took place on 1 August 2018 and was announced.

This was our first inspection of the service since the provider's registration.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older people, people with dementia and those with physical disabilities.

At the time of our inspection, 11 people used the service and there were seven staff.

The provider is required to have a registered manager as part of their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, there was a manager registered with us.

There were policies and systems in place to safeguard people, assess risks and manage them, and to manage people's medicines safely. We made a recommendation about staff knowledge of the safeguarding legislation and best practice of medicines management in the community. There were enough staff deployed to meet people's needs. People provided feedback which indicated care calls were on time. The provider continuously monitored the status of all care calls, both from the office base and remotely. In addition, the office would call people and relatives if care workers were behind schedule. The service had implemented an effective electronic records system, which monitored any missed or late calls.

People's needs were met including support with eating and drinking and accessing healthcare. The provider ensured there were systems in place to ensure staff had the right training, qualifications, support and supervision to do their job.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems at the service supported this practice. Staff supported people to be as independent as possible and remain living in their own homes.

People's care preferences, likes and dislikes were assessed, recorded and respected. The service was very caring. There was complimentary feedback from people who used the service and their relatives. People and relatives were involved in care planning and reviews. People's privacy and dignity was respected when care was provided to them.

Care plans were detailed and contained very person-centred information. This explained how staff could

support people in the right way. We saw there was complaints system in place which included the ability for people to contact any staff member or the management team. We made a recommendation about the communicating with people effectively in accordance with the Accessible Information Standard.

People, staff and others had very positive opinions about the management and leadership of the service. Staff told us they liked working at the service which indicated there was a good workplace culture. Audits and checks were used to monitor the quality of care. We made a recommendation about the use of equality, diversity and human rights throughout the service's operations. There were good connections between the service and relevant health and social care agencies.

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.

People were protected from the risks of abuse or neglect. However, staff knowledge of safeguarding required improvement.

Risk assessments about people's care were completed and regularly reviewed.

There were sufficient staff deployed to meet people's needs

Incidents and accidents were reported and investigated.

Is the service effective?

Good

The service was effective.

People's likes, dislikes and preferences were assessed and used to inform their care package.

Staff received satisfactory support to provide them with the knowledge, skills and experience to provide effective care for people.

People's consent was obtained and the service complied with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

There was very positive feedback about the care and support.

People had developed trusting relationships with staff.

People were involved in their care decisions.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's care was person-centred.

People's communication needs were assessed in line with the Accessible Information Standard. We made a recommendation about this.

People and relatives knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff told us the service was well-led.

There was a positive workplace culture. There were clear goals for the service's development.

The provider used a variety of methods and incentives to reward and recognise the good care that staff provided to people.

Satisfactory audits were completed to ensure the quality of people's care.

We Love Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection site visit took place on 1 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit so that the management team would be available.

Our inspection was completed by two adult social care inspectors and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our inspectors completed the office visit. Our Expert-by-Experience completed telephone calls to people and relatives. We also wrote to the service's staff to seek their feedback.

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).

We did not ask the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We did ask the service for a list of health and social care contacts prior to our inspection, and this was returned by the due date.

We spoke with four people who used the service and five relatives. We also spoke with the registered manager and the senior administrator. We received written feedback from four other staff. We reviewed six people's care records, two personnel files, medicines administration records and other records about the management of the service.

After our inspection, we asked the registered manager to send us further documents and we received and reviewed this information. This evidence was included as part of our inspection.

Good

Is the service safe?

Our findings

People told us they felt they received safe care. One person stated, "They [care workers] are always on time, which is refreshing." Another person said, "I was matched with the right carer and the manager was 'hot' on that." A further comment was, "They [care workers] come on time. It's very important for me, because the medication I am on has to be taken on time."

The service acted to protect people from harm and to uphold their rights. There were procedures to identify and respond to safeguarding concerns. The registered manager demonstrated that she was proactive in identifying risks and sought advice from other relevant professionals to mitigate risk. We found the systems in place were not always robust in checking that staff knew their responsibilities in line with current legislation. There were some gaps in knowledge relating to medicines records management which the provider rectified during our inspection visit.

Care workers were given information from the provider about how to report safeguarding concerns as part of their induction pack. All staff received safeguarding training, which was refreshed annually. The registered manager said, "I speak to staff every other day to discuss clients. I know my team understand what to do to keep people safe." However, safeguarding topics were not recorded as an agenda for staffs' supervision, and team meeting minutes had not been documented. We found some of the information in the safeguarding policy and procedure was out of date. This meant the service did not have an accurate point of reference for all their responsibilities in line with current relevant legislation.

We recommend the service reviews safeguarding legislation and develops systems for checking staff knowledge and accountability.

We checked documentation where the registered manager had reported safeguarding concerns and incidents to the local authority (LA). One example we looked at was followed-up robustly. This was monitored and recorded by care workers and shared with the local authority in a timely and diligent manner. The registered manager had not notified us of this specific safeguarding alert as required. This meant that we did not receive this information as part of our monitoring of the service. We asked the registered manager to complete the statutory notification to rectify this, and we received this after our site visit.

The provider assessed risks relating to people and their support including areas such as personal care, health, and manual handling. People's home environments were assessed to identify safety risks to both people using the service and the staff visiting them. There was a standard checklist used to identify hazards and measures in place to mitigate risks.

Risks were reviewed with people regularly and continuously monitored through staff feedback to the registered manager. One example provided by the registered manager was that a person's mobility had deteriorated, and the service worked swiftly with other professionals to identify and implement appropriate equipment to meet the person's needs safely.

Infection control risks was assessed by the registered manager and safe measures were implemented to prevent the spread of infection. This included personal protective equipment (disposable gloves and aprons), a hand washing policy, and the disposal of clinical waste procedures.

We viewed staff records that showed the provider had considered new arising risks and safe measures to reduce risks for one employee. However, in another case the registered manager had not explored potential associated risks or whether reasonable adjustments were required in line with the Equality Act 2010. This meant employees and management were not clear about rights and responsibilities in preventing harm, or the potential impact upon people they supported. The required pre-employment checks were sought before new staff started working for the service. Interview notes and outcomes were recorded without the use of a standard set of questions; the registered manager said she also used recommendations to select staff.

An electronic rota planner was used to make sure enough staff were allocated to safely meet people's needs within the requirements of their care packages. We viewed this system in operation and saw that staff were planned and deployed effectively. The senior administrator explained that people had "main carers", who knew people's needs well and allocated to them to promote continuity of care. We saw that these care workers were assigned to people at key times.

People were supported by staff to take their medicines safely and at the time they required them. There was a system to mitigate the impact of potentials errors which alerted senior office-based staff of incomplete medicines support, who would be able to respond and follow-up in a timely manner. Staff were trained in the safe management of medicines and their competency was checked regularly by the registered manager. We saw that medicines records were completed and audited for any errors. People's medicine records included a space to record allergies in line with requirements, but this was left blank. The impact of this was it was not clear to care workers whether people had allergies or associated risks.

We recommend the service reviews national medicines guidance pertaining to domiciliary care services.

There was a system for recording accidents and incidents. We viewed two incident records which were clearly documented, investigated and analysed. Outcomes demonstrated that lessons were learnt and shared with the team, and staff performance was reviewed and follow-up where relevant.

Good

Is the service effective?

Our findings

People and relatives told us that care was suited to their needs and choices. A relative told us, "The staff have been round. We've had interviews with them. They communicate with us all the time. They ring me up and tell me when they've managed to get mum into the shower. Mum wouldn't have a shower before [the care package started]. They ring me up and tell me if mum has been unwell; they make sure she has drinks." A person commented, "They [care workers] make breakfast…it's lovely. And they have all learnt how to make the tea just how I like it."

Care documentation demonstrated people's likes, dislikes and preferences were included. Information collected by the service included health background, social history, beliefs, faith and appearance. For example, one person's file showed they liked to "…look smart…and have makeup done every day." People's meal preferences were recorded and assessment of other personal choices was recorded within eleven separate activities of daily living. Areas included personal care, communication, mobility and entering the house.

People responded that staff had with the necessary skills, knowledge and experience to meet their needs. Staff received an induction tailored to the service. Staff were 'shadowed' completing calls for a minimum of two days. This was occasionally extended if a new staff member required more time for their learning. Most staff at We Love Care had existing experience of adult social care. Staff received training in relevant topics such as moving and handling, first aid, fire safety, infection control and medicines management. A senior care worker completed 'spot checks' of care provided by staff to people in their homes. Supervisions were held approximately every month so staff could discuss learning and development with their line manager. The registered manager completed calls with care workers once a month to check the effectiveness of support people received.

People were provided with support to eat and drink when this was identified as a requirement of their care package. The exact level of support a person needed with food and fluids was recorded in the care plans. One person had a specific dietary requirement, and this was respected by care workers. People were offered the opportunity select their own meals. One person's file stated, "[The person] likes sweet things and is able to tell us her likes and dislikes and make her own choices. [The person likes trifle]."

There were some occasions when staff were required to work in conjunction with other organisations. Staff provided appropriate support to people with their healthcare appointments. Changes to people's medical or healthcare needs were updated as necessary in the care documentation. The service ensured that people's ongoing healthcare needs were part of their care package. In one instance, an ambulance and GP were called to attend to a person's sudden deterioration in health status. In another example and occupational therapist and social worker review were requested to ensure the best health of a person.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff received training in gaining people's consent and the MCA. Their knowledge was checked to ensure they provided care in line with the required principles. The service checked whether people could consent to decisions themselves. We were provided an example of one person's assessment which demonstrated they did not have the capacity to consent to their care package. This was signed by an alternate decision-maker. Where the person had the capacity to make decisions, they signed consent forms. Five people who used the service at the time of our inspection had enduring or lasting power of attorneys in place. The service had obtained some documentation to prove valid power of attorneys were in place. We signposted the registered manager to the Office of the Public Guardian so they could check remaining documents were correctly registered and validated. The registered manager explained the service was assisting another person to engage with an advocate to help them make relevant decisions.

Good

Is the service caring?

Our findings

People and relatives we spoke with provided examples of caring support from We Love Care. A relative said, "They [care workers] are very good…very client focused. When they're with dad, they are really with him and very attentive to him. We always feel their time with him is his time." A second relative "They [staff] are not patronising, but very affectionate and treat dad as an individual. A few sing along with him, which is wonderful." A further relative said, "They [staff] have been brilliant…fantastic. They do everything we've asked for and more. For example, they focus on mum, ask her what are her favourite TV programmes. They asked what her favourite ice cream was and one carer came in the next day with one for her." This demonstrated that staff had developed positive bonds with the people they supported.

As part of our inspections, we check whether people's independence is maintained and promoted and their level of involvement in decision-making. People and relatives we spoke with explained that the service encouraged independence. A relative told us, "The carers try to encourage my relative to do things for himself. He's started to wash himself recently. He will now say "I can do that." If they [staff] see he hasn't quite done it right, they will tell him in a gentle or jokey way, for example, "there's just a little spot here that needs a bit more of a rub" or if his armpits aren't good, they will have a joke with him and say, "you don't want to be smelly." They make light of it and laugh and joke with him."

Another example was a person who was isolated in their home before the care package commenced with the service. The person had not left their house for several years. Staff developed a very positive rapport with the person via the personal care visits. This developed into a trusting relationship which enabled the care workers to encourage the person to go outside the premises. The person regained their confidence to visit the community, and the service had successfully promoted reintegration to the local community. Other examples included a care worker who went out of their way to perform personal care for a person outside their routine care call. The person was embarrassed they were incontinent, and wanted to feel clean and fresh. The registered manager explained on a different occasion they liaised with a person and their relative to alter the standard terms and conditions of proposed support so that the care package could be commenced promptly to suit the person's needs.

The registered manager explained how people and others were involved in the management of their care and support plan. The first step in any proposed care package was a 'meet and greet' with a person and their relatives. The registered manager said, "We try and look after the relatives as well, as they are sometimes the ones who are more stressed [when a care package commences]." One person told us once their care package started they could, "…lead a full life now, and credit goes to this company." The initial meeting allowed the service and prospective service users to explore different options available to them, the frequency of calls and type of support, and any essential or desired preferences." A staff member told us this was when the "…little touches and trivialities" of care were considered. The service tried to match care workers to people with similar personalities or interests. When a care worker and person did not develop a good professional relationship, the staff member could be substituted. The registered manager also explained how they managed staff professional boundaries by occasionally rotating care workers rotas, to avoid "becoming overly familiar."

People and relatives told us the care was dignified and privacy was respected. The registered manager described the methods care workers used to ensure that they protected people's privacy and dignity. This included closing doors and curtains when delivering support and ensuring that people were covered up during intimate personal care. Comments from people included, "The carers don't grumble. They don't gossip about people, and they chat about nice things. Every carer enjoys their work" and "I'm better because I laugh in the mornings now. Everybody [staff] who comes in the mornings encourages me, smiles, asks if I slept alright, talks to me. They put their hand around my back and give just a little cuddle. It makes all the difference." A person's review on a website recorded, "Genuine care can only be delivered when client, family members and the home are treated with dignity and respect. Currently, that happens with consideration, empathy and friendliness."

Confidential information about people who used the service, staff and others was protected. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO), as required. The General Data Protection Regulation requires every organisation that processes personal information to register with the ICO unless they are exempt. We found the service complied with the relevant legislative requirements for record-keeping. Records were secured when not in use. People's, relatives' and staff's confidential information was protected. At the time of our inspection, the service was implementing fully electronic care documentation, and planned to phase out paper-based records. People and relatives would be able to access their recorded through electronic methods, or request paper copies if they preferred.

Good

Is the service responsive?

Our findings

The service provided person-centred care. People's and relative's comments reflected this. Feedback included, "They [staff] all have the care plan, they read it…they all know what they are doing", "They [staff] leave everything clean and tidy, wipe the shower down…it's all in the care plan" and "Following a care consultation in April, everything is in steps. They [staff] all know exactly what to do if I have a bad day and I can't function. They have an action plan in place where they do the necessaries and make sure I'm safe, then leave me in bed." A relative said, "The company has a paper-based care folder and mum can write in it, which she prefers. Mum's been involved in day-day care of my father [and] in the care plan. They [staff] are very attentive and responsive."

Care documentation included useful information for staff so that personalised care was provided. One person told us, "They [staff] focus on me, ask me how I am and talk about things of interest to me. They know I like arts and crafts and one carer tells me about her knitting. It's nice we can have a good chat about our interests." This reflected what was documented in the person's care file. There was a "service user profile" which set out a person's social background and included the past, present and future. The "service user profile" referred to relatives' involvement in a person's daily life, pets, TV programmes and people's ability and willingness to participate in care. For example, one person's file stated, "[The person] is very independent and is able to complete most tasks herself. She is very mobile. [The person] only requires assistance and encouragement to get dressed, washed and with meal preparation. We saw an e-mail to a relative about a person's care plan, and clarifications that the service requested to ensure it was adequate and robust. The e-mail went on to state what staff were allocated for the person's care package, when they would come and contingency plans.

Staff aimed to provide person-centred care. One of the staff members we contacted wrote, "All carers follow the care plan to ensure consistency for our clients. Care plans are very much person-centred and a lot of time and effort goes into each care plan with great detail. The 'quick care plan guides' in the file are extremely useful. All staff have to read and sign off the care plan before attending the client. The clients are all very well cared for and always treated with dignity and respect as well as their independence being promoted. Every client always seems very happy with the service we provide them." Another staff member stated, "We work together to provide the best possible care for our clients. I feel that we go above and beyond to provide excellent person-centred care to our clients; we also adapt when clients' needs change."

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet.

Staff had not received training in the AIS principles at the time of our inspection, however there was evidence that people's information needs were identified. There was an assessment for people's communication needs, which included whether the person had sight or hearing impairments, whether they could hold meaningful verbal conversations, and aids or devices a person may need to assist

communication (such as hearing loops or picture boards). The care documentation recorded medical conditions which impacted on people's ability to effectively communicate. A relative gave us an example of how staff communicated with a person. They said, "My relative likes listening to music and he asks the carers to name the song, but even though they are all too young to know, they all fall in line and have a go. He raises his eyebrows when they don't know. They all get on very well; it's like an extended family."

We recommend that the service reviews the full requirements set by the Accessible Information Standard.

People and relatives told us they knew how to make a complaint or raise a concern. There was a satisfactory complaints system in place. This included information for people, relatives and others about how to raise concerns or complaints. A copy of the complaints process, within the "service user pack", was accessible in people's homes. The "service user guide" (and handbook about the service) also contained information about raising concerns. There was a complaints policy and procedure, which set out the responsibilities for staff who received, assessed, investigated and responded to complaints. Complaints were recorded in a log, and investigations took place which included appropriate communication with the complainant. The registered manager explained how they dealt with a difficult situation and tried to resolve the matter with an amicable outcome.

Two relatives told us of concerns they had raised. They felt the service handled the issues promptly and quickly. One relative stated, "They [the service] are good at reacting and responding. Dad has a very familiar group of staff, he's in the latter stages of dementia and really needs continuity of care. [The registered manager] has always stepped in."

At the time of our inspection, no one who used the service received end of life care. The service had considered people's end of life choices and preferences, and where relevant had recorded them.

Good

Is the service well-led?

Our findings

People and relatives were very complimentary of the service's management. Everyone we spoke with as part of our inspection expressed that the service was well-led, and most said the registered manager went out to see them, spent time with them and listened to their views.

Comments about the management from one relative included, "[The registered manager] has been an advocate on behalf of mum and dad with the [social services] team. She liaised with them and did a lot of paperwork to enable them to get [social care] funding. She's been outstanding." People confirmed that the registered manager checked how things were going and that staff were working well by 'spot checks' on the care workers. One person told us, "[The registered manager] looks after her staff very well because they all talk and they all know what's going on with me." Another person told us of their changed life when We Love Care took over their care package. They said, "I was really left to rot, and she [the registered manager] picked me up and gave me love. She comes time and time again to check how I'm doing now and how I'm feeling."

There was a clear strategy and objectives were set to ensure people received good care. This was reflected on the provider's website and in literature given to prospective new service users. For example, one of the underlying principles of the service was "We will treat your loved ones as we do our own. We promise to provide honest, consistent and reliable care from highly experienced carers." Everybody felt they could approach, and be supported by the registered manager. People and relatives also told us that the communication from the office was good. One person said, "I would recommend this agency because of their human attitude." A relative summed up by saying the company offered "…such an amazing, bespoke service." They went on to say, "They [staff] will never rush off if dad needs a bit longer. They will strip and make dads bed. They will also help mum to do hers once a week." One person who used the service said, "Love is there. We Love Care is a very true slogan."

Staff we contacted also felt proud to work for the service and commented they liked to work at We Love Care. This demonstrated a positive workplace culture. Staff were keen to provide feedback to us. One care worker wrote, "I think the company is lovely. I have worked for a few care [companies] and this is the best by far. I feel very safe with clients and I feel that I am fully supported by the office. I would also say the office and mangers are very supportive." Another staff member stated, "The company is extremely [well-led] with very knowledgeable management who are always very approachable and supportive. If I come forward with an issue, support or just advice I feel it always dealt with very efficiently and effectively. Things are never swept under the carpet like I have experienced with other care companies; everything is always resolved in the correct and professional [manner]. Communication…between office and staff has always been excellent." These comments reflected those of the other staff who replied to us.

We checked how people's equality, diversity and human rights were maintained by the service's management. The registered manager was aware of the relevant legislation and less familiar with the protected characteristics. However, more implementation of this was required in the day-to-day operation of the service. There were policies in place pertaining to equality, diversity and human rights and staff covered these topics during their induction process. However, there was some evidence of how people's

individual values were considered and respected in assessments and care plans. We signposted the registered manager to the Equality Act 2010 and discussed how the service could assure people that their rights would be respected. We also encouraged the service to explore new service user groups which they had not already considered.

A number of relevant checks and processes were in place to ensure good governance of the service. Audits and checks were completed by a variety of staff, relevant to their respective area of practice. For example, the registered manager ensured that staff training was up-to-date, and completed monthly calls to people and families to check their satisfaction with the care. Care files were also audited monthly. A staff member stated, "Any issues with clients are flagged up and reported to the office automatically in the [computer] programme which in turn means families and relevant professionals of our clients are notified with the facts quicker." The registered manager explained a new manager was recruited and starting shortly after our inspection. We were told their remit would be to focus on further driving improvement for the service.

The service was required to have a statement of purpose (SoP). A SoP documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the SoP for the service contained all the necessary information and was up-to-date.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they could explain the circumstances under which they would send statutory notifications to us.