

Loveday at Home Limited

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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

Loveday at Home is a domiciliary care agency. The service provides personal care to people living in their own homes. At the time of our inspection there was one person using the service.

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

People were treated with dignity and respect and were actively involved in planning their care. A relative told us "[the care workers] have shown extraordinary intelligence and kindness towards [my family member]."

People were protected from risks to their wellbeing. The service had appropriate safeguarding policies to protect from abuse and avoidable harm. The provider assessed risks to people's health and safety and took suitable measures to mitigate these whilst protecting people's choice and independence. The service used an electronic management system to ensure that people received their medicines safely.

Staff received appropriate training and support to deliver care effectively. The provider worked with people, their families and other health professionals to assess people's care needs and deliver care to meet people's desired outcomes. Care workers worked proactively to ensure that people's physical and emotional needs were met and people were supported to undertake activities of their choice at home and in the community.

People were involved in designing their care and making daily choices. Staff understood how to ensure people were treated with dignity and respect. 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.

The manager promoted an open and inclusive culture. Systems and processes were used to ensure the delivery of high quality care and ensure continuous improvement in the service. Staff spoke of feeling well supported by the manager.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

We registered this service on 27 September 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

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Detailed findings

Background to this inspection

Inspection team

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

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 homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The service had appointed a manager who was in the process of applying to be the registered manager.

Notice of inspection

We gave the service 2 days' notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

What we did before the inspection

We reviewed information we held about the service, including recent correspondence and feedback we had received from people who used the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 15 December and ended on 23 December 2022. We reviewed records of care and support for one person and records of recruitment, supervision and training for three care workers. We spoke with the manager, two care workers and one family member of the person who used the service. We also reviewed information relating to the management of the service, such as policies and engagement with staff.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

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 of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- There were appropriate systems and processes to safeguard people from abuse and avoidable harm. The provider had a safeguarding policy which outlined care worker's responsibilities to detect and report suspected abuse. There were clear procedures in the provider's information management systems for staff to highlight concerns.
- Care workers understood their responsibilities to report when people may be at risk. We saw examples of when care workers had discussed concerns with managers and how these were acted on promptly. Care workers we spoke with had received training in safeguarding adults and were able to describe what needed to be reported to managers.

Assessing risk, safety monitoring and management

- Risks to people using the service were safely managed. The provider conducted a range of risk assessments in key areas such as mobility, personal care and skin integrity. These were informed by a number of sources, including people and their families and information from health professionals.
- There were suitable strategies in place to mitigate risks to people who used the service. This included ensuring that key checks had been carried out and supporting care workers to receive training relevant to risk management strategies. Risk assessments were compiled taking people's views and choices about their care and activities into account.

Staffing and recruitment

- There were enough care workers to safely meet people's needs. Care workers were recruited specifically to work with individuals who were able to choose who worked with them. The provider ensured there were enough care workers who knew the person to be able to provide care as required.
- Care workers were safely recruited. The provider ensured they had received evidence of candidate's identification and the right to work in the UK and obtained a full work history and evidence of satisfactory conduct. Care workers were checked with the Disclosure and Barring Service (DBS) before they started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were safely managed. The provider carried out an assessment of people's medicines, including the medicines they needed to take regularly and the level of support required to do so.
- There were suitable systems for recording medicines. Care workers used an electronic medicines administration recording (EMAR) system to record the medicines support people had received, and this system was regularly checked and reviewed by the manager.

- The provider ensured that care workers had the right skills to manage medicines safely. Care workers received training in medicines management and the manager carried out observations and assessments of staff competency in this area.

Preventing and controlling infection

- The service had suitable processes for preventing and controlling infection, including risks relating to the spread of COVID-19. Policies were reviewed regularly to ensure compliance with current guidance.

Learning lessons when things go wrong

- The service had suitable processes to ensure lessons were learnt when things had gone wrong. The provider's accident and incident policy required the manager to conduct a root cause analysis when untoward events had occurred to prevent a recurrence.

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 of this newly registered service. We have rated this key question 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

- The service assessed people's needs and choices prior to them receiving care, including their desired outcomes from care. The provider used information from visiting people in hospital and speaking with the person, their family members and medical professionals involved in their care.
- The service obtained detailed information on people's choices about their care, including the support they required to engage in activities of their choice and to access the community.

Staff support, training, skills and experience

- Care workers received appropriate support to carry out their roles effectively. Care workers received a detailed induction on starting with the service and were supported to receive additional training based on people's support needs. A care worker told us "The training was pretty useful. If after supervision we need any more training they adapt." The service recruited people with extensive experience in health and social care.
- The provider ensured that staff had the right skills to support people. Care workers completed a probationary period after they started work during which their training and skills were assessed. Care workers received regular supervision which was used to identify training and areas for development and encourage staff to reflect on their roles.

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

- People were supported to eat and drink. The provider assessed people's dietary needs and choices and ensured that support to eat and drink formed part of people's care plans where appropriate. Care plans contained detailed information about how people wanted to be supported and what they did and didn't like to eat.
- There were suitable processes to monitor people's intake of food and drink. Care workers used the care recording system to record what people had eaten and drunk and this was monitored by the manager.

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

- People received extensive support to access healthcare services. This included supporting people to healthcare appointments as needed. When there were concerns that a person may be experiencing changes in their health status the provider arranged for specialist assessments and liaised with healthcare services to monitor and improve people's health.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider had suitable processes for ensuring that consent to care was recorded and how to assess people's capacity to make decisions for themselves.
- People consented to their care. The provider had obtained suitable evidence of people's agreement to their care plans. Care workers we spoke with understood the importance of explaining to people what they were going to do and obtaining permission to provide care.

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 of this newly registered service. We have rated this key question 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 well treated and supported. The provider had obtained extensive information about how the person liked to be supported, including preferred activities both in the home and in the community. Care workers we spoke with understood the person's well and gave examples of how they worked to meet these.
- People who used the service were able to choose who supported them. Care workers were recruited specifically to people's care packages with input from the person and their family members.
- The service ensured that people's equality characteristics were respected. The provider obtained information on people's religious and cultural needs and information on their life stories and preferred activities. We saw examples of how these had been written into care plans and met by care workers.

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

- People were supported to make decisions about their care. The provider met regularly with the person to ensure that their care met their needs. Care workers we spoke with gave examples of how they engaged people in decision making on a daily basis and recorded how they had done this in daily notes.
- People were listened to and engaged positively by their care workers. Care workers recorded their daily interactions, and we saw examples of positive engagement such playing games and undertaking activities. There was clear information on the kinds of activities people would like to do and how best to support them to make decisions about what to do.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A family member told us "It is not an easy task in home care but I think they handle it with considerable professionalism and gentleness too." Care workers received training in dignity and personalised care.

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 of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People's care was planned in a personalised manner. Care plans contained extensive information about the level of care and support people required and took into account people's views and those of family members and other professionals. This included how and when people liked to receive personal care. There were clear details on what people required support with on each visit and when people required companionship or emotional support.
- Care workers recorded how they had worked in line with people's care plans. Daily notes contained extensive information on daily interactions and how they had worked to support people. This included support with care and access to the community and engaging with people in their preferred activities.
- Care plans were implemented flexibly to ensure that people's changing needs were met. This included providing additional support or attending at different times based on the person's needs and wishes. The provider communicated regularly with people and their families to review the level of care provided.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the AIS. The provider had assessed people's communication needs and support that they required to communicate, including support with seeing and hearing. The service highlighted when people may need additional support, including alternative formats, in order to communicate their needs.

Improving care quality in response to complaints or concerns

- There were suitable procedures to address complaints and concerns. This included outlining how to make complaints about the service and how the provider needed to investigate and respond to these.

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 of this newly registered service. We have rated this key question 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider worked to encourage a positive culture amongst care workers. Care workers were encouraged to reflect on their practice through supervisions and team meetings and share ideas for improvement.
- The provider promoted good communication with people and their families. Records showed that the provider informed people and their families of key developments as appropriate and sought people's views. A family member told us "They report to me and let me know what's going on. I know [my family member] is in good hands."

Care workers felt well supported in their roles. Comments included, "I got a lot of social and emotional support; the company really helped me" and "My manager is very supportive." A care worker told us "The [manager] explains the care plan and stays with us on the first day and if there are any changes we have a meeting."

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 provider understood their responsibilities relating to the duty of candour. Internal policies outlined the provider's responsibilities to be open and honest when things had gone wrong.

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

- Managers understood how to monitor quality and performance. The service used a dedicated electronic system for assessing, planning and delivering care. This allowed the delivery of care to be effectively monitored and reviewed by the manager.
- The service had appropriate systems of audit. The manager used a range of key measures such as the management of risk and engagement with people and their families to assess the quality of care. This was used to identify areas for development and how to grow the business.

Working in partnership with others

- The service worked in partnership with others. This included working with other professionals in hospitals and specialist health care to plan the delivery of people's care and help promote access to appropriate health services.

