

Luv To Care Ltd

Luv To Care

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this announced inspection to Luv to Care on 6 September 2016. Luv to Care is a domiciliary care agency which provides care and treatment to people living in their own home. At the time of this inspection the agency was providing care to six people.

There was a registered provider in post who was also the registered provider. A registered provider is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. For ease we have referred to the registered manager as the 'registered provider' throughout this report. The registered provider assisted us with our inspection.

The registered provider was not following the requirements of the regulations in relation to recruitment processes. We found some application forms were not available in staff files and there was no evidence that references for some staff had been sought for staff before they commenced work.

The registered provider did not always ensure staff followed safe medicines management procedures as we found gaps in people's medicines records. Some best practice processes in relation to medicines management were not undertaken.

Quality assurance processes had been introduced to obtain feedback from people as to the care that was provided to them. Other quality checks were carried out by the registered provider, such as auditing the daily notes written by staff. However, some of the areas we identified as requiring action had not been picked up by the registered provider which showed they needed to have a better management oversight of the agency. As this was a small service the impact to people was minimal however we have made a recommendation to the registered provider that they continue to improve their quality assurance processes.

Although staff had the opportunity to meet together, formal meetings had yet to be established. This was because the agency was new and there was a small staff team which the registered provider saw on a regular basis.

Staff were not always provided with relevant training to ensure they were equipped to undertake the role. The registered provider relied on training that staff had completed in previous roles and although they carried out an induction with new staff, there was a lack of evidence to show this had always been done. Supervisions had not been carried out with staff in line with the timescales the registered provider told us they should be.

Risks to people had been identified and information available to staff to show what action should be taken to help avoid people coming to harm. Should people need to get hold of someone outside of office hours, they had been provided with an out of hours contact number.

Although care records for people were up to date they were not particularly person-centred and did not always contain individualised information about people which may help staff get to know the person. However, staff said they knew people and found the information they had been provided with was sufficient to enable them to give the care people required. Relatives said staff knew their family member well.

There was a sufficient number of staff available to ensure people received care when they were expecting it. Staff were allocated travelling time between people and would inform people if they were running late. Staff were provided with a written rota to show them where they needed to be each day and any changes to a person's care was emailed or telephoned through to staff. When someone new commenced with the agency the registered provider always met the care staff at the person's home to introduce them and ensure that they knew exactly what care was required.

People and relatives told us that staff were kind and caring and they were very pleased with the care the agency provided to them. People had signed to show they consented to the care and treatment being provided to them.

Staff were aware of their responsibilities in relation to safeguarding people from abuse and knew how to report any concerns they may have. Accidents and incidents had not been recorded so far as this was because none had occurred with people since they had commenced with the agency. There was a complaints procedure in place which was made available to everyone once they commenced with the agency.

People were supported to eat and drink sufficient amounts. If people required it staff would refer people to a health care professional.

During the inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made some recommendations to the provider. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider did not always follow safe or robust recruitment processes.

There was a lack of safe medicines management processes.

On the whole staff turned up on time to people or notified people if they were going to be late.

Risks for people had been identified and information made available to staff in relation to these.

Staff understood their responsibilities in relation to safeguarding.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Not all staff had received mandatory training and some staff did not have supervision as frequently as they should.

Staff followed the legal requirements in relation the Mental Capacity Act (2005).

People had access to health care professionals when they needed them.

Staff helped to ensure that people were not at risk of dehydration or malnutrition.

Is the service caring?

Good ●

The service was caring.

People were treated with respect by staff.

Staff provided care to people at the time they would like.

People were encouraged to make their own decisions by staff.

People felt staff were kind and caring.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained the necessary information about a person and staff felt they were easy to follow. Staff would never go to someone new without being given a background about the person in advance.

People were provided with information on how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The registered provider carried out quality assurance audits, however some of the areas we identified had not been picked up by the registered provider.

People's feedback was sought on their views of the service they received.

Staff were able to meet together and now that the agency was more established the registered provider planned to organise formal staff meetings. Staff felt supported and valued.

The registered provider understood their responsibilities in relation to their registration with CQC.

Luv To 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 was 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.

This inspection took place on 6 September 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Due to the size of the service the inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had not asked the provider to complete a Provider Information Return (PIR) on this occasion. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were inspected this service sooner than we had planned to.

As part of the inspection we spoke with two people, two relatives, the registered provider and two staff members. We also spoke with two social care professionals.

We looked at a range of records about people's care and how the agency was managed. For example, we looked at three care plans, risk assessments, training records and seven staff files.

This was the first inspection of this agency as they had only registered with CQC in February 2016.

Is the service safe?

Our findings

Safe recruitment procedures were not always carried out to ensure that people were supported by staff with the appropriate experience and character. We found of the seven staff the provider had working for them, three staff did not have any evidence of references being sought, although the registered provider told us they had done this. One staff member had not completed an application form and the application form for a further two staff members was incomplete. In addition, none of the staff files evidenced that the provider had sought information about staff health conditions which may be relevant to their work at the agency. We did find however that the provider had not allowed any new staff to commence work with a Disclosure and Barring Services (DBS) check being carried out. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk. The registered provider said they would review Schedule 3 of the Health and Social Care to ensure that all relevant checks were made in future.

The lack of safe recruitment processes was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received the medicines that had been prescribed to them. One person told us, "I know what my medication is and I always get it." However we found records in relation to medicines were not always completed in line with best practice or the registered provider's policy. People had medicines administration records (MARs) which staff signed to show they had given people their medicines. We found gaps in one person's MAR records for a period of four days and the registered provider was unable to explain to us why this was. Handwritten information about people's medicines was written on their MAR, but these entries did not contain two signatures to show they had been verified by another member of staff. The registered provider told us they were unaware that this needed to be done. However this was not in line with best practice or the medication policy held at the agency which stated, 'a second person must check the medicines chart has been completed accurately; they must also sign and date the chart'. Some medicines, such as topical creams (medicines in cream format) did not have instructions in relation to the frequency the cream should be applied. Other information had not been included on the MAR chart such as whether or not people were allergic to specific medicines.

The lack of good medicines management processes was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff to meet people's needs. People told us that on the whole staff turned up on time and they had not experienced a missed call where no staff had arrived. One person said, "They (staff) arrive on time and before they leave they check I am happy with the care." The registered provider told us they would not take on anyone new without assuring themselves they had sufficient staff to meet people's needs. They told us they would always try to ensure that people saw the same staff as much as possible and people we spoke with confirmed this to be the case. Staff said they did not feel rushed and had, "More than enough time" to carry out all the care needs required for each person. They also told us they felt that the registered provider ensured they had sufficient travelling time between people so they arrived when people expected them.

People were helped to stay safe as staff were aware of their responsibilities in relation to safeguarding people. Staff were able to describe to us the different types of abuse that may take place. They told us if they had concerns they would speak to the registered provider or the local authority. Staff were provided with information about safeguarding when they started working at the agency and the registered provider had submitted safeguarding concerns to CQC and the local authority when they arose. One person told us, "They do all the personal things for me which makes me feel safe." No one required staff to access their home via a keypad or by using a key as everyone that received care was either able to answer the door or lived with a relative.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. There were risk assessments around people homes and the surrounding environment and where people had poor mobility falls risk assessments were in place. There was clear written information when a person used a mobility aid such as a walking stick or frame and guidance in place for staff to be vigilant in relation to trip hazards in the home. Most people lived with family which meant the impact of people being unsafe was reduced.

The agency had not yet set up a system for recording accidents. This was because the agency was new and to date there had been no accidents or incidents relating to the people they cared for. Staff said they would speak with the registered provider if they had any concerns about anyone.

In the event of an emergency such as adverse weather conditions or a staff member failing to turn up at someone's home, there was a contingency and out of hours system in place. The registered provider explained they drove a 4 x 4 vehicle which would help ensure they could get to people's homes in the event of bad weather. Each person's care plan had out of hour's numbers written clearly on the front so people had easy access to it. As the agency was operated by the registered provider who was also the registered manager they told us that a senior member of care staff would cover for them if they were unavailable.

Is the service effective?

Our findings

People were being supported by staff who had not always had the opportunity to undertake training to prepare them for the role. The registered provider told us they carried out an induction programme with new staff which covered a range of topics. However, there was no evidence that this had been completed in relation to three of the seven staff working for the agency. The registered provider also said that some staff had received training in their previous employment so they were confident they had been trained. This was confirmed by one staff member we spoke with. However, evidence of previous training was not available in five of the seven staff files.

The registered provider gave us evidence that she had organised more formal training for staff now that the agency was established and the staff base consistent. However, this meant that in the meantime the registered provider could not entirely satisfy themselves that staff were competent for the role. A staff member told us that they relied on training they had undertaken in their previous role and since joining the agency had not had any formal training in topics such as safeguarding, moving and handling and the Mental Capacity Act 2005 (MCA).

People were supported by staff who had not had regular supervisions (one to one meetings) with their line manager. The registered provider said supervisions of staff would normally be carried out every other month. However, of the four staff who had worked for the agency for longer than that only one had received a formal supervision. However, when we spoke with staff they told us they could speak to the registered provider at any time.

The lack of training and supporting of staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People were provided with food and drink in order to help ensure they were not left at risk of malnutrition or dehydration. The registered provider told us that staff did not usually cook meals from scratch for people but would heat up pre-prepared meals when required or prepare snacks or light meals for people. Most people lived with relatives so they took responsibility for the cooking of meals or providing people with drinks. However people told us that if they did ask staff to prepare food for them they would do so. A staff member told us, "I will cook a meal for someone if they wish me to. I'd ask what they want and go shopping for all the ingredients so I could make it how they like it." Another staff member said, "I am always making people coffee and snacks."

People's consent was sought in an appropriate way because staff followed the legal requirements of the MCA. The 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. People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. The registered provider demonstrated a good understanding of the Act. They told us, "If a person does not have the wherewithal we should involve the family or advocate to make a decision on this person's behalf. However this would not be

done before first determining whether or not the person had capacity." A member of staff said, "Although I have not had training yet, I know the mental capacity act is whether or not people have capacity to make decisions."

People had access to health care professionals when they needed it. We saw evidence of the registered provider referring someone to an occupational therapist to obtain suitable equipment for them to use whilst bathing and heard that this was now in place.

Is the service caring?

Our findings

We asked people and their relatives if they were happy with the care they received from staff at Luv to Care. One person said, "They are very good to me. I couldn't fault them." One relative told us, "We are very happy. They (the staff) are very good." Another relative said, "They all show care towards my husband and they are very friendly. It's all pretty good."

People were treated with respect and dignity. All of the feedback from people and relatives was positive in relation to how staff treated them. One person told us, "They (staff) treat me with kindness and respect." A staff member said, "I always seek the clients feedback and follow up with the client to see what they like. I think how I would like to receive the care and how I would like to be treated." Another member of staff told us, "I will always make sure I take people's views into consideration, particularly if they don't like how I do something." They added, "I would never discuss anything that was confidential."

People were made to feel as though they mattered. People and their relatives told us that if staff were running late they would always get a telephone call from the agency to let them know. This meant they did not have to worry that they had been forgotten. A staff member told us, "I am happy with the support we give to people and this helps us to get positive feedback."

People were cared for by a consistent staff team who could develop relationships with people. One relative told us, "We mostly see the same staff which means they know my husband and his needs well."

People could make their own decisions about their care and these were respected by staff. One person told us, "I was asked what I wanted in respect of my care." A relative said their family member's needs had changed and as a result they needed a later morning visit. They had raised this with the registered provider who had immediately changed the time of their visit. The relative said, "They (the agency) are very flexible and obliging. There was no hesitation in changing the time to what we wanted."

Staff told us they did not feel rushed when they provided care and ensured they gave people time. One person said, "There is no rush and no hurry from staff." A staff member said, "There is enough time to talk to people. It's nice to talk to people when you are carrying out personal care, because it is just the two of you and it's quiet." Another staff member said, "I never feel rushed and it means I have time to sit and talk to people."

Although people were living in their own homes and most of them with family, staff ensured they encourage and supported relationships between family members. The registered provider said they had regular conversations with one person's family member to keep them updated as they were not often able to visit them. A relative had fed back to the agency, 'Always had time for the family'.

Is the service responsive?

Our findings

People received responsive care in line with their care plan. We read information around the care a person required and the length of time allocated to staff to carry out this care. The daily notes written when staff completed a call showed that staff stayed the full length of time and completed the tasks required of them in line with a person's care plan. One person required prompting with their medication only and this was recorded on a daily basis. Another person needed help with personal care and to prepare their breakfast. Again, it was clear in the daily notes that staff undertook this care.

However although care plans detailed daily routines specific to each person they were not personalised in relation to the information they held about a person, such as including a person's history or medical needs. The registered provider was able to describe people's backgrounds to us but this information was not always contained in care plans. Recording information about a person's background allows a staff member to get to know a person's likes and dislikes, hobbies and interests. It is a good way for staff to engage in conversation with people. The registered manager told us this was part of the piece of work they were currently undertaking as they were transferring all care plans on to an electronic system and updating information as they did this.

We recommend the registered provider completes this piece of work as soon as possible to ensure that care records contain all relevant information about people.

However, staff told us people's care plans were easy to follow and they could obtain all the information they required about a person from the records. Staff said they would never be expected to go to someone new without background information about the person and details of the care they required. One staff member said, "I always go with (the registered provider) to someone new and would read the care plan in advance." We had been told this by the registered provider who said they would inform any new staff about a person's needs and care plan prior to their first visit. They would meet the staff member on the first occasion they went to a person to introduce them and to assure themselves that the member of staff was confident with the person's requirements.

Daily notes were written in a way that demonstrated a good person-centred approach. Staff had described the care provided to people and the person's mood when they visited and mentioned whether or not people were due visitors or were planning to go out for the day.

The registered provider told us that currently there was only one care plan for each person and this was held in the person's home. This was because they currently only provided care to six people. They said they were in the process of transferring each person's care plan onto a computer record which would be held in the office. The registered provider reviewed each person's care plan on a weekly basis and made any changes necessary there and then. These changes were then emailed or texting to the relevant member of staff.

Everyone who was receiving care from the agency was active and the registered provider explained that they currently did not support anyone to attend any outside activities or social groups. However she said they

would always pass on information about events taking place in the wider community and encourage people to get out.

There was complaints information available to people in their information pack which was given to them when they commenced with the agency. A relative told us they would know how to complain. They said, "I would speak to the manager. I would have no hesitation." The registered provider told us they had dealt with one complaint in the last six months, although this had not been raised as a formal complaint. One person told us, "No complaints at the moment." We saw the agency had received several compliments from people, relatives and health professionals. These included, 'Everyone I've met couldn't be more helpful. Very willing to do anything for you', 'The staff were always most helpful and co-operative' and, 'The carers were superb, loving, caring and passionate.'

Is the service well-led?

Our findings

Relative's felt the agency was well-managed. Feedback from quality assurance surveys recorded, 'The provider was second to none'. Another had said, 'The staff also conducted themselves in a very professional manner'. When we spoke with people they told us they often saw the registered provider and that she would always check they were happy with the care being provided.

However, we found that the registered provider needed to have better management oversight of the agency, particularly in relation to some of the areas we identified which had not been picked up by them. This included the recruitment and medicines records. Although quality assurance audits were carried out by the registered provider we did not find clear evidence to demonstrate these had been done. The registered provider told us they audited people's MAR records as well as the daily notes written by staff. However, when we looked at these records it was not clear whether or not this had been done because the registered provider had not signed to indicate so. They had also not always obtained evidence from staff that they had suitable training to ensure they would be competent in their role.

As this was a small service with only six clients the breaches of regulation were minimal in terms of risks to people. However we recommend the registered provider continues to improve their quality assurance processes to ensure they robustly monitor the quality of the service they provide.

People were encouraged to give their feedback in relation to their care. Other audits carried out involved calling or visiting people on a regular basis to obtain their feedback in relation to the service they received. We read only positive feedback which included, 'Good quality service' and, 'Very satisfied with all the service. Lovely attitude towards us old people'.

The registered provider had a good understanding of their legal requirements in relation to their registration with CQC. We had reviewed notifications prior to our inspection and found that the registered provider had submitted these to CQC in line with their registration. We had also received safeguarding concerns when appropriate.

Staff told us they felt supported and valued by the registered provider. One staff member said, "She is easy to talk to and always available. We talk about different ideas and suggestions for people's care needs." They added, "She makes me feel valued because she thanks me." A second member of staff told us, "She is really supportive. You can call at any time and if you email you always get a response."

Staff had the opportunity to meet together although formal staff meetings had not yet commenced. This was because the agency was relatively new and the staff team was only just starting to grow. The registered provider said they met with staff, "Over a coffee" to discuss any concerns they had and because they saw staff on a regular basis there was regular conversations between them and staff. The registered provider told us they planned to commence structured staff meetings in the next couple of months.

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 registered provider had not ensured the proper and safe management of medicines processes.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not operated effective recruitment procedures.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had not ensured staff were provided with appropriate training and support.