

Loyalty Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Loyalty Care Ltd is a domiciliary care agency providing personal care and support to people in their own homes. At the time of the inspection the agency was supporting three people.

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

People and their relatives spoke highly of their care and how it was managed. Relatives described the service as "amazing" and "really good." People's care was always attentive, compassionate and kind. Staff treated them with dignity and respect.

The provider developed care plans with people and their relatives, which set out their likes, care preferences and communication needs.

Staff received regular training, supervision and competency checks so they could support people well. They felt supported in their roles by the registered manager. There were enough staff to meet people's needs. People were visited by the same staff who they were familiar with and who knew their needs and how they liked to be supported. The provider's recruitment processes helped to make sure only suitable staff were employed.

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.

There were systems in place to monitor the quality of the service and make improvements were required. People, relatives and staff were asked to give feedback about the service. Relatives and staff felt the registered manager led the service well with passion and commitment.

People and their relatives knew how to raise issues or complaints and found the registered manager responsive, approachable and experienced. Relatives told us they and the people who used the service were very pleased with their care and could not fault it.

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

Last rating and update

The service was registered with us on 7 May 2021 and this was the first inspection.

Why we inspected

The service was inspected based on the date they were registered with us.

Follow up

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

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.

Loyalty Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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.

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 a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at all the information we held about the provider including information they sent us when they were registered with us. We also looked at reviews people had posted online about 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 8 August 2022 and ended on 16 August. We visited the location's office on 10

August. We spoke with the registered manager and viewed a range of records. This included three people's care and risk management plans and care records. We saw three staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including audits, meeting records and procedures. After our visit we spoke with one person and three relatives of people who use the service and three care staff. We continued to seek clarification from the provider to validate evidence found.

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.

Assessing risk, safety monitoring and management

- The registered manager assessed risks to people's safety and well-being. Care and risk management plans considered various topics including people's known health conditions, COVID-19, eating and drinking needs, allergies, mobility needs and if a person used any equipment, such as a walking frame. Plans set out clear actions for staff to lessen these risks. We discussed with the registered manager about adding more detail to one person's plan on the support staff provided when the person was mobilising. They agreed to update this area of the plan. Care staff described how they made sure the area was safe and provided close supervision to the person while they moved from one room to another.
- The provider reviewed people's risk management plans regularly to make sure they were up to date.
- Where a person was living with a health condition, the registered manager had assessed how this affected them. They had provided staff with information about the condition and what signs or symptoms indicated that it may be causing the person to become unwell.
- The registered manager also conducted home environment assessments to identify potential hazards, such as the use of appliances, fire safety issues and pets in the home, as well as considerations such as external lighting and access issues. This helped them to make sure the environment was suitable for staff to provide care safely.
- There were contingency plans in place to help the service continue in the event of an emergency, such as significant staff illness.

Systems and processes to safeguard people from the risk from abuse

- There were systems in place to safeguard people using the service from the risk of abuse. Relatives told us they felt people were safe with the staff supporting them.
- The registered manager and staff we spoke with knew how to recognise and respond to potential abuse concerns. This included 'whistleblowing' practices to report concerns to other agencies.
- People and their families were provided with information about adult safeguarding and the process for reporting and responding to concerns.

Staffing and recruitment

- Relatives told us staff were always on time and stayed for the duration of their care visits. The registered manager had arranged care visits for staff near where they lived to minimise the risk of travel disruptions.
- The registered manager monitored the staff attendance by calling people and the relatives, reviewing care records and conducting checks on staff in people's homes. They were considering introducing a digital call monitoring system when they expanded the service.
- People were visited by the same staff and this meant people could develop relationships of trust with staff

who knew their care needs. Staff said they took their time so people never felt rushed and relatives confirmed this. Staff were committed to ensuring people's needs were always met. One care worker stated, "I don't leave until they are happy with everything."

- The registered manager followed appropriate recruitment processes with new staff to make sure they only offered roles to fit and proper applicants. We saw that during interviews they looked for prospective staff to demonstrate empathy for people receiving a homecare service. They also established an applicant's experience and employment history and completed Disclosure and Barring Service checks. These 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

- The service did not currently support people with prescribed medicines. However, the registered manager had set up procedures and systems to provide this support safely when required. This included having appropriate medicines administration records to document when staff did support a person to take their medicines.
- Staff had completed medicines support training and the registered manager had assessed their competency to do so.

Preventing and controlling infection

- There were suitable arrangements in place for preventing and controlling infection.
- Staff were provided with personal protective equipment (PPE) so they could support people safely. This included masks, gloves, aprons and hand sanitiser and staff said they were always supplied with enough. The provider had sufficient stocks to meet ongoing requirements and handle a short-term disruption in supplies.
- Staff received information and training on how to use the PPE appropriately. One care worker was a PPE 'champion'. This meant they had a sound knowledge of using the equipment safely and advised colleagues on how to do this.
- Relatives told us staff always wore their PPE and the registered manager checked to see that care staff did so appropriately.
- Staff completed lateral flow tests to identify if they had contracted COVID-19. The registered manager had encouraged staff to take up COVID-19 vaccinations and the majority had done so.

Learning lessons when things go wrong

- There were processes in place for recording and responding to incidents or accidents.
- The registered manager said there had been no reported incidents when providing care to people. They had a clear system for recording and reviewing incidents so they could identify and make improvements when things might go wrong.

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 registered manager assessed people's needs and preferences before they started to use the service. Relatives were involved in these assessments and one explained to us how the manager spent time conducting a comprehensive assessment of the person's needs with them.
- Assessment information informed people's care plans. These considered issues such as people's healthcare background, mobility, personal care and safety requirements and considered their protected characteristics under the Equalities Act 2010, such as a person's age, gender, religion, marital status and ethnicity.
- Staff were very knowledgeable about people's needs and preferences.

Staff support, training, skills and experience

- The registered manager ensured people we supported by staff who were suitably trained and supported in their roles. Relatives said care staff were competent and experienced.
- Care staff completed an induction to the role and a range of training that included emergency first aid, mental capacity awareness, equality and diversity, moving and handling, COVID-19 awareness, food hygiene and fire safety. Staff had completed the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager also completed staff competency assessments in their understanding of adult safeguarding, moving and handling and medicines support. Staff felt they could ask for additional training when they want this.
- Staff received regular supervisions with the registered manager to discuss their role, performance and found these supportive.
- Care staff told us they always felt supported by the registered manager who they could contact at any time. One commented, "I'm never stuck needing help."

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

- Staff helped people to prepare or serve food or assist people to eat and drink where this was part of their agreed care arrangements.
- Care plans noted people's food and drink requirements and their preferences and dislikes. For example, how a person preferred their hot drinks to be prepared and which ingredients they used because of their beliefs.
- Daily care records showed care workers respected these choices and preferences and relatives also told us this happened. Staff spoke about encouraging people to make healthy eating choices when this was

important to help them manage a health condition such as diabetes.

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

- The service worked with people and their families to support people to maintain their health and access healthcare services. This included helping people to liaise with a GP, pharmacist or a hospital regarding health appointments. A relative told us, "If we need to call a doctor, they have always helped out."
- The registered manager arranged people's care visits to accommodate their health appointments, such as when a person regularly attended hospital for ongoing treatment. Staff understood how such treatment affected a person, such as causing them fatigue, and knew how to tailor their approach to the person's changing situation.
- Care plans described what support people needed to brush their teeth and manage their oral care.

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.

- At the time of our inspection the people who used the service were able to consent to their planned care arrangements.
- Staff had completed training in understanding the MCA. A member of staff told us they particularly enjoyed this and remarked, "This [training] stuck with me. The MCA, it empowers. I can transfer that knowledge to my practice."
- Staff demonstrated a working awareness of peoples' rights to make their own decisions about their care by describing how they promoted this. For example, always seeking a person's permission to provide their care first. People's care plans clearly stated that staff should obtain consent before carrying out any activities.

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 supported by staff who were caring, respectful and treated them well.
- Relatives spoke highly of the care staff. Their comments included, "Absolutely [the care worker] is polite, respectful, always attentive to [the person's] needs", "They're doing an amazing job" and "The attention and the care they provide is really good, second to none."
- Relatives also described the registered manager's approach to ensuring people were well treated and respected as excellent. One told us, "[The registered manager] is absolutely doing it in a perfect way."
- A relative told us staff sometimes went above and beyond to provide support to people. They described how they had contacted the registered manager with a health concern about a person and unprompted both the manager and the care worker visited at 9pm on a Sunday to give them advice and make sure the person was ok. The relative added, "They were helping us, like a community. They were not getting paid, amazing."
- The registered manager has instilled in staff the importance of spending time chatting with people and understanding how the day was going for them. A care worker told us, "[The registered manager] stresses have a conversation with your client before starting their care." Relatives told us this happened and we saw it was a requirement of staff set out in people's care plans.
- The provider had signed up to the Disability Confident scheme as part of their commitment to inclusion and diversity in the workplace. They provided people with information on how they were working towards Equality for LGBTQ+ people, their families and supporters. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities.

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

- People and relatives were involved in making decisions about their care. Staff explained how they offered and respected people's choices about their care and how they wanted to be supported. A care worker stated, "[The person] is always involved in everything I am doing as we go along. I respect how they like things to be done. I'm always listening to them [and] gaining their consent."
- Relatives confirmed this took place and one commented, "[Family member] loves how the care worker repeats if he is ok with it, if he needs time, what he wants."
- People and their relatives were included reviewing their care plans and this also gave them opportunities to make decisions about care arrangements.

Respecting and promoting people's privacy, dignity and independence

- Staff always promoted people's privacy, dignity and independence.
- Care staff explained how they promoted this, for example when providing people's personal care. This

included making sure the area was private and asking families members to leave the room, that the person was comfortable and speaking with the person so they always knew what is happening. People's care plans promoted respecting their privacy, such as being clear how a person would like staff to wait for them when attending to aspects of their personal care.

- One care worker was a dignity and respect 'champion'. This meant they had a good understanding of promoting this in people's care consistently and discussed this how to do this with colleagues. They had developed a dignity and respect leaflet for them to support this practice.
- Staff explained clearly that promoting people's independence was "The Loyalty Care ethos" and described how they did this when supporting people. For example, helping a person to wash themselves while bathing.

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 received person-centred care and support that met their needs and preferences.
- People's care plans set out personalised information about their support needs and preferences. For example, how they wanted to receive their personal care and their food likes and dislikes.
- Care plans included information on what a 'good day' and a not so good day looked like for each person. This helped staff to understand how to provide responsive care that met people's needs in a way that was meaningful to them.
- Staff supported people with their daily spiritual practices where this part of their planned care. People's care plans highlighted how keeping and feeling clean helped them to fulfil their religious and spiritual needs.
- The registered manager had developed 'About Me' documents with each person. These provided details about the individual's history and past experiences, hobbies and interests and things that they had said was important to them. Staff told us they found these helpful for developing a holistic understanding of the person.
- Plans gave clear information about the outcomes people wanted their care to help them to achieve and what staff should do to make that happen.
- Records of people's daily care were detailed and described the person and care provided to them. For example, we saw records noted people's moods and energy levels after hospital treatment, what staff chatted about with them, what people were offered and chose to eat and decisions they made about their care.

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 supported people to meet their communication needs.
- Care plans set out if people had communication needs and how staff should support these. For example, how to speak with a person, and if they wore glasses.
- A relative told us they had specifically requested a care worker who spoke the same first language as their family member and this had been provided. They said the person really appreciated this and "It makes a big difference."
- The provider had translated a person's care plan into their first language so as to make this and the person's planned care arrangements more accessible to them.

- We saw the registered manager had also provided information to staff and families about the Accessible Information Standard and different ways to meet people's communication needs. This helped to promote effective communication with people by staff and those important to them.

End of life care and support

- The service did not support anyone requiring end of life care at the time of our inspection. However, we saw the registered manager had discussed end of life arrangements and preferences with people and their relatives. This meant the service knew what people's wishes were in the event of them becoming ill suddenly.

Improving care quality in response to complaints or concerns

- There had been no complaints since the service was registered, but there were systems in place for receiving and responding to these when needed.
- Relative said they had been given information and contact details for raising any complaint or concerns and confirmed they had not needed to do this. The registered manager checked that people knew how to make a complaint when they called them on a monthly basis.

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

- The service had a positive, person-centred and empowering culture that supported people to achieve good outcomes. Care staff and the manager demonstrated real empathy for the people they supported and their families.
- We saw a person's recent compliment letter about the service that stated, "Staff cater to all needs and allow those who need support to have an excellent and fulfilling life."
- The registered manager led the service with a clear focus and vision for providing high quality, holistic care and support to people. They described this variously as, "Supporting people to live independently and strongly in their community and their home, with their loved ones" and "We see care as a personal thing, this is life we are dealing with, not just an income."
- Feedback from relatives and staff showed they found the service was consistently well-led. Staff explained how the registered manager promoted this positive culture through leading by example, being available and supporting them. Their comments included, "[The registered manager] really cares about their clients and employees," "I hope there are more managers out there like them," and "I find it really, really rewarding to work with [the registered manager]."

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

- The registered manager used a range of checks to monitor the safety and quality of the service. These included audits and reviews of people's care plans and files, reviewing daily care notes, checking care workers' infection control practices and use of PPE, inspections by quality consultants, and telephone monitoring calls to people and their families. A care worker told us, "[The registered manager] is very on top of everything."
- They conducted unannounced checks on staff in people's homes. These checks assessed staff timeliness, personal presentation, whether they greeted people appropriately on arrival, provided care as planned and always treated people with compassion and respect.
- The registered manager accessed assorted resources to keep their knowledge and practice up to date, such as local authority webinars, CQC information and Skills for Care networks.
- They were aware of their legal responsibilities to notify the CQC of significant events, although there had not been any since the service was registered.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People, their relatives and staff were involved in their care provision.
- The registered manager worked with them to assess, plan and review people's care. They contacted people at least monthly to ask how things were going. Records of this contact showed people were asked about the approach of care staff and their punctuality, if they were included in decisions about their care and if they had any suggestions for improvements. People had provided consistently positive feedback.
- The registered manager held regular team meetings with staff to discuss the running of the service. A care worker told us, "[The registered manager] encourages speaking up in the monthly meeting, [they] make sure our voices are always heard. This has a great impact on staff morale and well-being." They also held weekly 'open surgery' drop-in sessions. Staff described these as opportunities "for more personalised time for each employee" with the registered manager so they could discuss any issues of concern, which they found supportive.
- The registered manager had conducted formal feedback surveys with people, their relatives and staff which also enabled them to comment on and influence the service. We saw all respondents were happy with the service. One person had commented, "The staff are very friendly and the management always help me. I am very satisfied."

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; Continuous learning and improving care

- The registered manager understood and explained their duty of candour responsibilities.
- The provider was committed to continuous learning and development of the service so as to provide high quality care consistently, supported by an improvement strategy. For example, they had commissioned a 'mock inspection' of the service and implemented improvement actions that this had recommended.
- Staff said the registered manager welcomed their suggestions and ideas for improvement. Relatives told us they couldn't think of anything the agency could improve upon.

Working in partnership with others

- The service worked in partnership with other health and social care agencies, such as pharmacists and GPs. This helped people to receive joined-up care to meet their needs.