

Love to Care Devon Ltd

Love To Care

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Love to Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to younger and older adults. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection, 41 people were receiving personal care from the service. People who use the service live in Torquay, Paignton and surrounding areas.

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

Love to Care continued to put people at the centre of their care experience. People and their relatives told us they received outstanding care from staff who were extremely caring and compassionate. Without exception everyone we spoke with told us the service was exceptionally well led and consistently said they would recommend the service to others.

People continued to receive an exceptionally personalised service to meet their specific needs, preferences and wishes. Staff worked with people to put together a care plan that was person centred and achieved their desired outcomes. People benefited from a small team of staff who knew them really well. Staff quickly identified people's changing needs and actions were taken. As a result of using the service, people benefited from more opportunity, choice and control in their lives.

People were treated with dignity and respect in a way that truly valued them as individuals. Wellbeing teams of staff worked with people to focus on what was important to them and to support them to achieve the most out of their lives. People were supported to be independent and there was a strong focus on promoting social inclusion.

People had confidence in the staff who supported them and felt safe in their care. Staff were highly skilled and well trained. Staff were highly motivated and very well supported and had used their skills and knowledge to improve outcomes for people. 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.

Since the previous inspection the provider and registered manager had continued to develop and improve the service. This had led to improved outcomes for people and excellent levels of support. The registered manager had worked in partnership with other professionals and organisations to share practice and develop innovative models of care with an emphasis on continuous improvement both within the service and within the care industry.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was outstanding (published 11 June 2018). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the date the service moved premises.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Love To Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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.

Inspection activity started on 17 September and ended on 19 September 2019. We visited the office location on 17 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service, two relatives, and one representative. We spoke with six members of staff including the registered manager and care workers.

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

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with two professionals and received feedback from a further five professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff engaged with people and other organisations to assess and minimise risks to the environment. For example, staff identified fire risks as a person who was living with dementia was smoking in their home. The local fire safety officer visited the person's home. Fire equipment was replaced and introduced. The person's relative told us, "They (the service) arranged fire safety checks on his place as his dementia got worse to make sure he was safe, they arranged and did it all."
- People were supported to take positive risks to maximise their independence. For example, one person fell out of their wheelchair whilst out in the community on their own. Following this the service's community wellbeing coordinator and the person attended a health and wellbeing event at the local hospital and obtained information about a falls detector.
- The service was proactive in preventing risks associated with hospital admissions. Staff reported concerns about one person's mobility and risk of falls. They spoke with the person to discuss additional care or a respite break. The registered manager visited a local care home and took photos of the available room. The person had a short stay in the home. As a result, the person was safe and did not have any falls.
- The service was proactive in ensuring hospital discharges were well managed. When a person was admitted to hospital from the service, staff continued to visit them to provide personal care and support. This meant staff were continually assessing the person's progress and needs. They worked with community professionals to ensure a safe discharge on their on their return home.
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency. When it snowed, staff walked to people's homes and the registered manager had access to a 4 x 4 vehicle to get staff to visits. The registered manager made their telephone number available to the local NHS trust in the event they needed support.

Staffing and recruitment

- Each person benefited from a small, consistent team of staff. Staff were matched to people based on their needs and mutual interests. People told us they were always introduced to new staff before they carried out a visit on their own. People had developed extremely positive and trusting relationships with staff. One person said "I have a great team, they're brilliant. I trust them to do the right thing."
- The service had enough staff with the right skills to meet people's needs. The registered manager had grown the business steadily to ensure continuity of care and staffing levels were maintained. People confirmed the service was extremely reliable.
- Robust staff recruitment practices ensured the right staff were available to support people to stay safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed.

This made sure they were suitable to work with people.

Using medicines safely

- Most people managed their own medicines. Where staff assisted people with their medicines, this was done safely.
- When staff identified concerns about people managing their own medicines, action was taken to keep them safe. For example, staff discussed concerns with one person and their relative. It was agreed staff would administer medicines and the service would supply a lockable medicines tin to ensure medicines were stored safely.
- People received their calls at the right time to ensure medicines were given at the correct intervals.
- Senior staff carried out observations of staff administering medicines and audits to ensure safe practice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable when staff visited them in their home.
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.
- When staff found out some people had received 'scam' calls, they communicated with all staff and asked them to raise awareness with other people.
- Staff told us they felt confident the registered manager would respond and take appropriate action if they raised any concerns.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training.
- Staff used personal protective equipment to prevent cross infection when assisting people with personal care, for example, gloves and aprons.

Learning lessons when things go wrong

- When the registered manager carried out a medicines audit, they identified some issues. As a result, they had introduced medicines ambassadors to monitor medicines and provide training and support. This reduced the risk of a reoccurrence.

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The service had worked collaboratively with other professionals to ensure people received the best possible care and support. A professional told us "The quality of care delivered by Love to Care is quite honestly astounding. There have been numerous instances in which a client's circumstances may have changed but the one consistent theme from the client is "I have to still have my carers from Love to Care." Other healthcare professionals told us "I've found the service really responsive in working with us to support clients" and "Clear direction and focus to ensure the best for the client is apparent from every interaction I have had with Love to Care."
- The registered manager told us whilst people were in hospital, their regular workers continued to carry out visits with them. This meant staff were able to support the person with reviews and ensure they were safely discharged back into their care. One person told us how much the visits had meant to them.
- When a person had a suspected heart attack, they initially refused to go to hospital. They then agreed to go with their regular worker. The service covered the shift to ensure the worker was available to provide support and reassurance. When the hospital wanted to discharge the person back to the service, the registered manager felt it was too soon. They contacted a community healthcare professional and discussed the person's needs. As a result, the person went to an alternative care setting to get the right support before returning home.
- Where appropriate, staff supported people living with dementia to attend appointments with healthcare professionals. Staff knew the person well and were able to tell the professional how their dementia affected them and if there was any deterioration. Staff then contacted the person's relative to discuss what had happened. This meant the person got the right treatment.
- Staff met with community professionals in the person's home to ensure joined up care was delivered. For example, one person received suggestions from a physiotherapist. They told us "Staff gave tremendous support and encouragement through that time and helped me to regain gradual independence." A community professional praised staff for their knowledge which meant equipment was swiftly put in place to support people in the best possible way.

Staff support: induction, training, skills and experience

- The service continued to use 'values based recruitment' to match potential staff's values to the service's values to ensure they would fit in well as a staff member to deliver support for people. The service received

the Skills for Care Accolades Award for best recruitment initiative in 2018. Skills for Care said, "Recruitment workshops designed and delivered by Love to Care illustrate a very different approach to recruitment that has proved to be successful." A relative said, "They are mindful to take the time to employ staff who really care" and "We are really pleased, its five star, excellent."

- Staff were extremely committed and well trained. An external training provider said, "Our trainers speak very highly of their commitment and professionalism." Staff told us training had improved. For example, staff had recently been on a study day at the local hospital. This covered a range of topics including food and fluid, pressure sores, and oral hygiene. Staff were aware of CQC's recent report on oral health care and following their training, care plans and risk assessments had been updated to ensure people's needs were fully met.
- The service had introduced two wellbeing ambassadors. One of the ambassadors told us the training had been of 'massive benefit' to them. They felt more confident to deal with conversations and in particular difficult conversations with people and staff.
- Staff told us they continued to be very well supported and were encouraged to further develop their skills. One staff member told us how the registered manager had acted as a mentor and helped them to progress their career within the service.

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

- Staff supported some people with eating and drinking. Care plans included very detailed information about people's food preferences. A staff member told us how a person they supported liked home cooked meals. When preparing meals, staff followed the person's recipes so they knew and enjoyed the taste.
- Staff identified when people were not eating and drinking well and took action to provide effective support for people. For example, staff were concerned one person was having difficulty lifting their cup to drink. The service spoke with the person's occupational therapist and amended the care plan to provide support with eating and drinking. Staff were monitoring food and fluid intake, weighing the person weekly and reporting back to their GP.
- Staff found solutions to support people with eating and drinking. The service had purchased grip mats for people, so their plate would not move when they were eating. One person told a worker their tea always went cold. The worker went out to buy a cover for their cup so it stayed warm and this encouraged them to drink it.
- Staff supported some people to plan their meals and went food shopping with them. For example, a staff member told us they supported a person living with dementia. They ensured they went shopping at a quieter time. When they first went, the person used to stop at the entrance and wouldn't move. They encouraged them to push the trolley and the person now had the confidence to push the trolley on their own. Staff explained they would buy food and then have lunch together. The person would show an interest in what the staff member was eating, and this gave them ideas for other foods the person liked.

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

- Before the service started, staff met with the person and their support network to ensure they could meet their needs and wishes. One relative said, "They communicated and liaised with us really well when we first came to the service, the carer even went to the home mum was in to meet her and took her a card before she started supporting her."
- Assessments were holistic and included information on people's physical, social, mental, spiritual and cultural needs. They contained what was important to the person as well as understanding their goals and wishes. A professional told us the service was passionate about providing the best support for people and used creativity and community based approaches to deliver outcomes.
- Where people's packages of care were shared with another agency, staff communicated well to ensure they received consistent care. Two care providers commented on how the services worked really well

together to ensure best outcomes were being met by both companies.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

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

- Most people who used the service had capacity to make decisions about their care and support. Care plans were signed by each person and showed they consented to care and treatment.
- Staff had completed training in MCA and understood people's rights. Staff knew how best to support people who lacked capacity and encouraged them to make day to day decisions.
- Where people who used the service did not have capacity to make decisions, mental capacity assessments had been carried out and best interest decisions had been made and recorded. Relatives and representatives held power of attorney so they could make decisions about the person's 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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Since the previous inspection, the service had focused on valuing and keeping the same staff. Without exception, people told us staff were exceptionally caring. Comments included "Excellent, in one word", "I'm very happy, the staff are absolutely marvellous" and "They're absolutely lovely, really caring and compassionate, she loves them dearly." Professionals said, "The level of care and compassion shown by Love to Care is outstanding" and "An example of what can be provided when people combine a passion for providing the best support and real empathy." A staff member said they had built trust and friendships with people they supported and always got a big smile.
- People continued to have small regular staff teams and they really appreciated the continuity. A relative said "I'm extremely happy, I know who's coming and we know everybody. They're all lovely and they sit and chat." As a result, staff told us they got to know people really well and had built relationships with them and their families. This enabled staff to look for ways to improve each person's quality of life. For example, one person taught a staff member how to crochet. The person really benefited from additional companionship outside of their visits. They both enjoyed this time together and the staff member made a teddy bear. Following this, the person taught the staff member new techniques to improve on their skills.
- Staff continued to go above and beyond people's expectations to provide a service which treated people with true kindness and promoted well-being and happiness. For example, one person loved to play the piano but wouldn't play if they were on their own. Staff took time to sit and listen to the music and this increased the person's sense of wellbeing. Each person's birthday was celebrated. Their regular staff team discussed what they would like and the service bought them personalised gifts. We saw lots of correspondence from people thanking the service for these. For example, "(name) had a little tear this morning when she opened her birthday present and card she was over the moon." Staff took another person to the beach and enjoyed fish and chips and a bottle of wine. The person 'loved every minute' and the photos showed them smiling and having a hug with staff.
- Staff made themselves available to people and their relatives at times when they needed caring and compassionate support. For example, a relative was finding it increasingly difficult to support a person due to their behaviours. Staff met with the relative several times to support them by talking about what had been happening and to discuss coping strategies. The relative said they felt a sense of relief after this. Another person went into hospital. Their cat became unwell and the person's friend took it to the vet, where it had to be put down. The person's staff member knew their wishes in relation to the cat. Therefore, the service arranged and paid for an individual cremation. After their hospital admission, the person moved into

a care home. Staff visited them and delivered the ashes back to them.

- The registered manager had ensured the recommendations made by the Equality and Human Rights Commission in relation to home care were incorporated into their service. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, and faith. People's wishes and beliefs were included in their care plan. For example, one person expressed an interest in going to church again. They chose the staff member who would support them to go and the service amended the rotas so this could happen. The person was 'overjoyed' their regular staff member was able to take them.

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

- People had control over their lives and were fully involved in making decisions about how they wanted to be cared for and by which staff.
- Staff put people at the centre of the service and reflected the provider's values. One staff member said "We're so involved and get to know people really well. It makes you a better carer. We speak with people and make sure everything's organised so they can relax."
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support from the initial assessment through to regular care reviews and surveys. One relative, "I can't praise them enough, they take a weight off my mind."
- Staff were skilled at communicating with people's relatives, where appropriate. One relative said, "If they have any worries they ring me, I do the same, we share a lot."
- The service signposted people and their relatives to sources of advice and support. Staff had supported people to complete forms. As a result, people had been granted payment awards.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were excellent at respecting and promoting their privacy, dignity and independence. A relative said "They are very respectful, Mum has total control." The service placed respect for people's privacy and dignity at the heart of its culture and values. These values were discussed at staff supervisions and in team meetings.
- Staff were proactive in encouraging people to maintain and improve their independence. There was lots of evidence of the number of care visits being reduced as people regained their independence. Care plans provided detailed information on how to involve people in their care. A relative said, "Carers are in tune to help Mum be as independent as she can be" and "They've literally helped her get back on to her feet."
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships. For example, a staff member told us how they dialled phone numbers for one person so they could speak with their family and friends. They then respected this person's time for privacy during the call.
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People continued to receive an exceptionally personalised service to meet their specific needs, preferences and wishes. The service used the 'Buurtzorg' model of care. This model starts from the person's perspective and works outwards to find solutions that bring greater independence and improved quality of life. In 2019, the service received an award for 'Domiciliary provider of the year' at the Outstanding Care Awards for Devon and Cornwall.
- Staff worked with people to put together a care plan that was person centred and achieved their desired outcomes. People's care plans were very detailed. They gave clear information about the support people needed to meet their physical, emotional, and social needs.
- People benefited from a small team of staff who knew them really well. Staff quickly identified people's changing needs and actions were taken. For example, one relative we spoke with was very positive and full of praise for the service. They were finding it difficult to get a diagnosis for their dad. They asked the service to support them with this. As a result, the person was diagnosed with dementia and was receiving treatment.
- People received personalised care that was responsive to their needs and preferences. People told us the service was flexible and responded to requests for additional visits or changes. For example, one person fell and needed a hip replacement. When they returned home, the service arranged a longer visit in the morning and added a lunchtime visit. The service did not have staff available to cover the additional evening visit. However, staff members picked up evening visits outside of their normal working hours to ensure the person was safely discharged. Staff liaised with the community professionals to ensure equipment was in place. As a result, the person was eating well and managing better.
- Where people had specific cultural or religious needs, these were discussed and respected. For example, one person needed to be at prayer at a certain time every day. Staff ensured the visit was carried out at the same time so the person had time to get ready. Their representative said, "I couldn't commend them highly enough."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The serviced continued to employ a community wellbeing coordinator to support people to re-engage with their local community and reduce isolation. This service was provided free of charge. People were full of praise for the support they had received from the coordinator and the difference it had made to their lives.

For example, one person had moved from a different area. They had limited mobility due to a stroke. Staff had supported them to become more independent whilst researching opportunities for them to link with their community. This person told us the service's community engagement co-ordinator had been 'terrific'. They used to love doing arts and crafts. They proudly told us, at a recent event, they had received assistance to produce a piece of craftwork.

- The service arranged events for people and had strong links with the community. For example, at Christmas, staff picked people up to go to their party at a local community centre. Food and drink was donated by a local company. People enjoyed doing activities with children from the local nursery as well as watching their performance. Staff identified who was alone at Christmas and offered to cook dinner and spend time with them. Menus were planned together. One person enjoyed a drink with staff at a local hotel before going home for dinner. The person said they would always remember this and called the staff member 'Her Christmas chef'.
- Staff supported people with activities and found ways to enhance people's quality of life. For example, taking people for a drive, to clubs, shopping, and for walks by the sea. One person was finding it difficult to write. Staff discussed this with them and identified a typewriter would help. The staff member found an electronic typewriter in a charity shop. Another person living with dementia liked music and war books. They had CDs but nothing to play them on. Staff found a CD player and books in a charity shop. These were given to people free of charge.
- When the service heard about a person who had had a stroke and wanted to go swimming they worked with others to achieve this. The person's relative and staff looked at swimming pools and equipment. Two staff were matched with the person. Staff carried out a trial visit to make sure it was safe and this went really well. The service wrote a report and took photos to secure additional funding from a charity so this could continue. The person was happy they had this opportunity and by the third session managed to stand independently at the side of the pool.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's information and communication needs. These needs were identified, recorded and highlighted in care plans. People's needs were shared appropriately with others.
- People's information and communication needs were met. For example, one person who was living with dementia couldn't remember which staff member was visiting and when. The service purchased a white board and updated this each day so the person knew who was visiting. This reduced their anxiety. Another person was unable to see well. They received their rota in large print. Staff sat and read their care plan and letters with them. Staff had obtained a radio for this person and ordered talking books.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. People's wishes were discussed with them, and their families where appropriate. A relative told us "We had a meeting not long ago and discussed end of life, they were really sensitive and lovely and got dad involved."
- One person asked the community engagement officer for support to write their order of service. They met with the person and discussed each element of the layout over several visits. The person was very happy with their personalised order of service which was saved onto a memory stick for their family.
- Staff members had specific skills and knowledge to support people and their families. For example, the service invited the local hospice to a team meeting so they could better understand what was available. Staff told us they had found this useful and felt better prepared to

support people's families. Advanced care planning documents had been introduced to record people's wishes, beliefs and preferences.

Improving care quality in response to complaints or concerns

- People were extremely pleased with the service and didn't think they would ever have to complain.
- Each person had a copy of the complaints procedure in their home.

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People continued to benefit from an exceptionally well led service. Without exception everyone we spoke with told us they were very happy with the service. When we asked one person if the service was well led, they responded "A big yes from me". Other comments included "They're the best agency I've had, you couldn't better them" and "They're brilliant."
- In 2019, the service was nominated for five outstanding care awards and achieved two awards. The registered manager received an award for 'Home Care Manager of the Year' at the Outstanding Care Awards for Devon and Cornwall. Professionals said "The management at Love to Care is a jewel in the crown within this already fantastic agency. Unlike other agencies the management are hands on and inclusive, driving the heart of what makes Love to Care stand out" and "This service is extremely well led. They lead with passion and enthusiasm with a clear heart for delivering great care. They are a beacon of how a home care service should be operated."
- The service had initiatives to show staff they were valued, to promote staff wellbeing and retention. For example, staff had been invited to an afternoon cream tea and Christmas party to celebrate their achievements. Staff received regular praise, thank you cards, vouchers and gifts for achieving excellent outcomes for people. Every staff member received a gift for their birthday. The two trained wellness ambassadors were available to support staff's physical and emotional health.
- Staff were passionate, highly motivated and proud to work with the service. Comments included, "I'm so proud to work for the company. Love to care has such a good reputation", "I love it" and "We're all treated equally". When speaking about the registered manager a staff member said, "I think she's an inspiration; a nurturer, encourager, and a leader in a lovely way."
- Since the previous inspection the provider has continued to develop and improve the service. This has led to improved outcomes for people and excellent levels of support. The service had moved to larger office premises and recruited a deputy manager. This meant the registered manager was able to further develop the service. The number of people receiving care had increased but only at a pace that meant the high standards were maintained. People had been offered and taken up more opportunities to reduce social isolation. Links with local organisations had been strengthened. Additional staff training opportunities had been identified. Wellbeing ambassadors had been trained and introduced to support people and staff.

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

characteristics

- People continued to be very much involved in the running of the service. The person-centred approach meant people were in control, directed their care and support, and lived their lives the way they wanted. People were asked for their views about the service via visits, phone calls and surveys. They were involved in planning events and activities. They were involved in checks on staff within their home and invited to give feedback on staff. Each person was invited to complete a questionnaire. A recent survey showed people were very happy with the service. Comments included "Could not be happier, would recommend to anyone without hesitation" and "Everything I ask them to do for me is 5 stars."
- People received information about what was happening in their community. Since the previous inspection, the community wellbeing coordinator had built up their contacts and links. The service's social media site and monthly newsletter contained up to date information about events, clubs, and exercise classes. One person told us they were looking forward to attending a community food feast where people could come together to enjoy food.
- The service offered local organisations a community sponsorship to support their work. They had recently chosen to fund a local majorettes group.
- Staff felt able to contribute their thoughts and experiences informally and through regular meetings. Newsletters and social media were used to communicate updates in best practice. Staff were invited to give their feedback to an independent organisation. The responses were all very positive. Comments included "Since working for Love to Care, I have found passion in my job role again" and "I don't feel like I go to work anymore, it is such a rewarding feeling."
- The service was committed to protecting everyone's rights in relation to equality and diversity. Staff were trained to understand how they supported people's rights, and this was embedded in their practice. Staff showed a clear understanding of equality and diversity that ensured everyone was supported equally with respect for protected characteristics.

Continuous learning and improving care; Working in partnership with others

- There was a strong emphasis on continuous improvement both within the service and within the care industry. The registered manager had recently been asked to support the local care managers network with agenda planning and hosting meetings.
- Innovation was celebrated and shared. The registered manager was working with other home care services to improve outcomes for people receiving care. They were working with another provider to identify innovative models of care they could share with all other local providers. They had set up a local social media chat app and regular meetings to share good practice and support each other. The registered manager was mentoring another home care service to make required improvements. A professional said "Love to Care's model of care, ethos and commitment is reflected in all the work they are doing and positive outcomes are openly shared and celebrated."
- The registered manager was asked to attend a meeting to help shape the launch event of 'Proud to Care' in Torbay. This is a regional initiative which aims to raise the profile of careers in health, care and support. Following this, they spoke about their career journey at regional 'Proud to Care' events. Staff had become 'Proud to Care' Ambassadors. A professional involved in the events said, "Her passion for working in adult social care is infectious and she inspires others through her career story." Staff told us they felt privileged to attend the events, share their experiences and learn from others.
- The registered manager was working with the Institute of Public Care and other professionals to develop plans for individual service funds (ISFs) and self-directed support. They planned to promote and pilot ISF's in Torbay. People would benefit as they would introduce a method similar to direct payments, making it easier for them to pay for their services. This will be an additional service, but free of charge. A professional said "She is a passionate advocate of self-directed support and also gives her time voluntarily to help promote and spread the message around self-directed support and approaches to developing self- managed teams

with other Local Authorities in England."

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

- People benefited from strong leadership and oversight. The management and staff structure provided clear lines of accountability and responsibility. There was a stable and experienced staff team.
- Staff understood what was expected of them, were motivated, hardworking and enthusiastic. They shared the philosophy of the management team to put people at the heart of everything they did and to focus on what mattered most to them. They understood their roles in achieving the vision of outstanding personalised support.
- Effective quality monitoring systems were in place to continually review and improve the service. For example, staff had audited the daily communication logs. This highlighted variations in how the team communicated. Guidance was put in place and as a result, recording had improved and people received more person centred care. The provider was in regular contact with the registered manager and staff through an information sharing site. The provider carried out regular audits and reviewed the business plan with the registered manager every three months. Checks and observations to assess staff competency were carried out regularly.

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 registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.
- The provider and registered manager understood the duty of candour in respect to being open and honest with people and relatives.