

Loving Care Domiciliary Services Limited

Loving Care Domiciliary Services Limited

Inspection report

97 Chaldon Road
Caterham
Surrey
CR3 5PJ

Tel: 01883330687

Date of inspection visit:
30 August 2016

Date of publication:
04 October 2016

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

This inspection took place on 20 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be available.

Loving Care is a domiciliary care agency providing hourly support to people in their own homes. At the time of our inspection they were supporting 63 people.

There was a Registered Manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider was taking steps to improve the way that person-centred information was gathered to ensure that care plans were person-centred.

Risks to people were assessed and reviewed regularly to ensure people's individual needs were being met safely. People's medicines were administered by trained staff and records were up to date to ensure medicines were administered safely.

Staff were deployed in a way that ensured people received care from regular staff who knew them well. A contingency plan was in place to ensure that people's care could be provided safely in the event of staff being late or unavailable. The provider carried out checks on staff to ensure that they were suitable for their roles.

People told us that staff knew them well and that they were respectful in maintaining privacy and dignity when providing care in their homes.

People were encouraged to be independent and staff worked with people to offer choices when supporting them at mealtimes.

Staff understood their responsibilities under the Mental Capacity Act and demonstrated a good understanding of how to offer people choice. Records showed that staff worked alongside healthcare professionals where changes to people's mental capacity were identified.

People told us that staff were competent and skilled in carrying out their role. The provider had effective arrangements in place to train, supervise and provide induction to staff. Staff told us they felt supported by the provider and could call for assistance at any time.

People told us they were confident to raise any issues about their care. There was a complaints policy in

place and there was evidence that complaints had been recorded, investigated and responded to.

The service had systems in place to monitor and improve the quality of the service provided through seeking people's feedback and carrying out audits. People told us they had seen improvements in their care. The manager had a vision for the future of the service and was taking steps to overcome identified challenges.

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

Risks to people safety were assessed and monitored with appropriate measures in place to minimise them.

Accidents and incidents were recorded to identify patterns and actions taken were documented.

Medicines were administered by trained staff and recorded properly.

There were sufficient staff in place to meet people's needs. A contingency plan was in place in the event of an emergency, or if staff were delayed.

Is the service effective?

Good ●

The service was effective.

People's legal rights were respected as staff worked in accordance with the Mental Capacity Act (2005).

Staff received appropriate induction and training for their role.

People were supported to have a meal of their choice. People's dietary requirements were followed.

People had access to health care professionals and relevant services

Is the service caring?

Good ●

The service was caring.

People were supported by consistent staff who knew them well.

Staff supported people in their own homes in a way that promoted their privacy and dignity.

People told us they had a good relationship with management and could make suggestions about the care they received.

Is the service responsive?

Good 

The service was responsive.

Current care plans were not person-centred but people told us that they received person-centred care and work was underway to improve people's records.

People knew how to make a complaint and the provider responded to people's concerns.

Is the service well-led?

Good 

The service was well-led.

The provider had quality assurance systems in place and regularly asked for feedback from people and relatives.

Staff felt well supported and the manager sought their views in order to improve the service.

The manager had a vision for the future of the service and was taking steps to overcome identified challenges.

Loving Care Domiciliary Services Limited

Detailed findings

Background to this inspection

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

This inspection took place on 20 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be available.

The inspection was carried out by one inspector due to the small size of the service.

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.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at three people's care files, risk assessments, three staff files, training records, complaints logs and quality assurance monitoring records.

Following the inspection we spoke to two people and one relative to gain their views of the service. We spoke to the registered manager, one senior staff member and one care staff member.

Our last inspection was in January 2014 where we identified no concerns.

Is the service safe?

Our findings

People told us that they felt that the service is safe. One person told us, "Yes it is (safe)." Another person told us, "I can just trust the carers."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, one person was at risk of falls due to being unsteady when mobilising. This risk was assessed and staff were to assist with transfers during visits to reduce the risk of falls. Another person required the use of a hoist for transfers. This had been risk assessed and staff received input from a healthcare professional to ensure that they could use the equipment safely. Regular risks were considered as a matter of routine, such as the safety of domestic appliances and people's home environment. One person's risk assessment had identified that their living environment was quite cluttered. Staff were to be vigilant when supporting this person to mobilise in order to reduce the risk of falls.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. In their PIR, the provider told us, '(We ensure) our staff are aware of different types of abuse and how to recognise possible signs of abuse, that they act in a manner which protects people from abuse, encouraging them to raise any concerns they may have with their line manager.' One member of staff told us, "Anything that isn't right I'd report straight away. I'd speak to a manager or supervisor, or I could speak to CQC." Staff had completed training in safeguarding and the agency had their own safeguarding policy which was up to date with current practice. Care records and statutory notifications received by the Care Quality Commission (CQC) demonstrated that safeguarding concerns were being reported.

Accidents and incidents were documented and measures were introduced to support people to remain as safe as possible. For example, staff visited one person and found them struggling to breathe. They called paramedics immediately and the person received treatment quickly. Following this incident staff were more vigilant of this person, following guidance from healthcare professionals. Another person had left their property at night and become lost. Relatives were liaising with staff and social care professionals to prevent a recurrence of this incident.

People told us that staff were deployed in a way that ensured they received the support they required safely. One person told us, "They always arrive in a reasonable time." Another person said, "They're very timely and efficient." A relative told us, "They are on time and respectable." The provider had a policy in place for if staff were late. A recent audit demonstrated that no calls had been missed.

A contingency policy was in place that identified what would happen in the event of an emergency, such as extreme weather conditions or a pandemic. The plan identified how to best use available resources in different emergency situations to keep people safe, working alongside the local authority if necessary.

The provider carried out appropriate recruitment checks which helped to ensure they employed suitable staff to work at the service. The provider had obtained appropriate records as required to check prospective

staff were of good character. These included two written references, proof of the person's identification, employment history and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People told us that staff administered their medicines safely. One person told us, "I get my tablets at the right time." There were safe medicine administration systems in place and people received their medicines when required. One member of staff was the main point of contact for changes to medicines. A log was kept of any new medicines people were prescribed, for example someone had recently started a course of antibiotics. The length of the course was documented and MAR records updated to reflect the change. Medicine Administration Records (MAR) were up to date with no gaps, signatures on the sheets were clear and identified which staff had administered medicines.

All staff had completed training before administering medicines to people. Staff were aware of the medicines policy and told us that they would report medicines errors to the registered manager immediately. There had been no recent medicines errors at the time of our inspection.

Is the service effective?

Our findings

People told us that their needs were met by trained and competent staff. One person told us, "They give me the right care that I need." Another person said, "They are very good."

Staff received an induction and training included safeguarding, health and safety and moving and handling. A staff member told us, "The training is really good. It's now online which is a lot more flexible to how we work." Staff records showed that staff had completed the mandatory training as specified by the provider. There was a clear induction process. Staff would complete training and shadow an experienced staff member for two weeks to ensure they were competent in their roles before working with people. One staff member told us, "We do shadowing. It's often better to learn in practice."

Staff received training specific to the needs of the people that they supported. Some people using the service had suffered strokes and staff had attended training in this area. The registered manager told us, "It's important that they know the signs of a stroke as they are visiting people in their homes and some live alone."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. At the time of our inspection, all people receiving care were able to make the decision to do so and give consent. One person was going through a change in their needs which may have affected their decision making. We saw evidence that staff were working alongside social care professionals to establish whether they had the mental capacity to decide whether to receive care at home. Staff demonstrated a good understanding of how to act in accordance with the MCA and the registered manager told us they discussed this with people and relatives when they first came to the service.

People were supported to have a meal of their choice by organised and attentive staff. One person told us, "I put it all out ready for them and they make it." Another person said, "They can make whatever I want." Care plans contained details of people's preferences to enable staff to prepare people meals that they enjoyed.

Where people had specific dietary requirements, records contained guidance from healthcare professionals. For example, one person had been losing weight and a healthcare professional had requested they eat a high calorie diet. Care plans were updated to remind staff to encourage the person to eat regularly and contained information on how to add calories to foods. The person was weighed weekly and this was recorded in their records in order to identify any concerns. Records showed that this person's weight was now stable.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One person told us, "If I need to go to the dentist or something, they are quite adaptable." People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. Where people needed quick access to healthcare professionals, this was arranged by staff.

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "If (staff) aren't caring, then they're good actors!" Another person said, "They're very pleasant." A relative told us, "They are friendly and respectful."

The manager told us that as far as possible, they provided consistent staff to people so that staff knew people well. One person said, "I like having the same carer as it gives me continuity." The manager had a tool for deploying staff that ensured staff attended the same people wherever possible. People could request new staff and the system recorded people's favoured staff and staff they did not want to see again. People told us they spoke regularly with the office and felt that management understood their needs and they felt comfortable speaking to them. Staff told us that they normally worked with the same people so got to know their needs and how they liked their care to be provided. One staff member said, "I have regulars who I go and see. With new people I talk to them and find common ground to get to know them."

Staff knew how to involve people in their care and support them to make choices. For example, one person was living with dementia and would decide what they wanted to do on the day. Care records contained instructions to staff stating, "(Person) loves any interaction. To do this to find out what (person) wants. Make an effort to socialise." A member of staff told us, "We always give choices such as a bath or a shower. I give them options and take time to allow them to make a choice."

People were supported to remain as independent as possible. For example, one person's care records stated that they wanted to continue cooking as it was something that they enjoyed. It contained information about the support they needed from staff in order to prepare a meal themselves. Records contained information on what the person liked to cook and staff asked each week what they wished to prepare. The person had a longer call time on these days to ensure there was enough time for them to be fully involved in the process.

People told us that staff respected their privacy and dignity when providing support in their homes. One person said, "They're always respectful." A relative told us, "They deal with a lot of things in private." Staff demonstrated a good understanding of how to care for people in a way that maintained their dignity. One staff member said, "I do basic things like closing curtains and placing a towel over someone's lap whilst helping them to wash."

Is the service responsive?

Our findings

People told us that they knew how to make a complaint. One person said, "I've had no complaints but if I did I'd just ring them up." Another person told us, "They're very helpful on the phone. I asked for a change of carers and they did it."

The registered manager kept a log of complaints and could record any actions that had been taken. At the time of our inspection there had been no formal complaints. Where people had requested changes, these had been actioned. For example, one person cancelled a care call due to the staff member being late as they needed to go out. The registered manager documented that they had apologised to the person and the staff member was reminded of their policy to make contact if they are going to be more than fifteen minutes late.

The registered manager took a proactive approach to feedback and routinely asked people about the service that they were receiving during monthly spot checks. Any feedback received was documented and where needed acted upon. Staff told us that they were confident that if they had to raise a concern or pass on a complaint from a person, that the manager would respond appropriately.

People's records contained information on people's health needs and practical tasks that they required support with, but they did not contain person centred information about people such as their wishes, preferences and backgrounds. Assessments were carried out which captured health details and information on the person's family situation, but this did not capture person-centred information.

However, people told us that staff knew them. They told us they had been involved in care planning and that staff knew how to support them. A relative told us, "They did an assessment and then started care." Staff told us that working with people regularly helped them to get to know them. One person told us, "They give me the right care that I need." Another person said, "They know what I like and they don't always have to keep asking me."

The provider had identified a lack of person centred information in a recent audit and had updated their Care Planning Policy in July 2016 committing to a "person-centred approach to planning, including people's likes, dislikes and preferences." We saw evidence that planning for a new assessment form was underway. The form had been expanded to include information on people's preferences and backgrounds.

People's needs were reviewed regularly to ensure that they received the support they required. Where necessary health and social care professionals were involved. An example of this was one person who was being supported once a week. A review had identified that they would benefit from an additional call each week as their needs had increased. This person's care plan was updated as a result of the review. Reviews took into account changes in people's health, care needs and family situation. One person was being cared for by a relative who needed more breaks from caring. Staff identified this and the care plan was changed to provide the relative with more breaks. Another person's review had identified a need to change some equipment provided by a healthcare professional. As a result, staff made contact with them to help facilitate this.

Is the service well-led?

Our findings

People told us that they felt the service was well-led. One person told us, "They have a good reputation, I heard about them through neighbours." Another person said, "If anyone wants to set up an agency, this is a good example to look to."

The registered manager had put systems in place to assess the quality and safety of the service and make improvements. In their PIR, the provider told us they, 'carry out a regular programme of visits to observe care practice and they are available to members of staff for additional support and guidance as required.' Records showed that observed practice and spot checks were happening regularly and where changes were identified, they were acted upon. One spot check had identified that a person needed an increase in call time for staff to complete tasks, this had been actioned by the registered manager.

The provider completed regular audits to ensure quality. A recent audit of policies had identified a need to update the service user guide and some of the recording systems. Audits were carried out in order to minimise the risk of any missed or late visits. This ensured that people were getting support from staff at the right times. People spoke highly of the punctuality of staff. The registered manager sent out yearly feedback forms to people and relatives in order to get feedback on the care that they were receiving. This demonstrated a commitment to ensuring that people were receiving care that was of a quality that they were happy with. Comments on feedback forms included, "I can only say that (staff member) is very kind and helpful." And, "When you live alone and are housebound, it makes a great difference to have short visits from jolly people twice a day."

Staff told us that they could raise issues or make suggestions to management. One staff member said, "I can ask anything, they're really supportive." All staff visited the office on a weekly basis to discuss what they would be doing the following week. This provided an opportunity to discuss their work with management and to raise any concerns that they may have. Staff also frequently visited the office, which we observed during our inspection.

All staff received regular appraisals and records showed that these were used to discuss good practice and staff development. Staff told us they had received appraisals, one staff member said, "We get appraisals twice a year, they are really helpful. I can ask questions about things and it's good to get feedback." Records showed that staff were receiving appraisals and they were used as an opportunity by staff to discuss their training and development.

The registered manager had a vision for the future of the service and recognised the key challenges. They told us, "Delegating work can be difficult but we have a supervisor now who is able to take on some of the work." Records showed that the supervisor was undertaking most of the observed practice and supporting staff to identify development needs. One staff member was undergoing training to become a trainer, so that moving and handling training could be delivered to staff in-house, which would be more efficient. The registered manager identified recruitment as a key challenge, they demonstrated to us that they had clear plans to try to recruit more suitable staff in order to develop the service.

