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Love Life Care

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

Love Life Care is a domiciliary care agency which provides personal care to people living in their own homes in and around Ely. At the time of our inspection there were 12 people being supported with the regulated activity of personal care.

This inspection was carried out on the 14 and 23 July 2017 and was an announced inspection. This was the first inspection of this service since its registration at this location in April 2016.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 CQC is required by law to monitor the operation of the mental Capacity Act 2005 (MCA) and report on what we find. The registered manager had an understanding that people being supported by the service who lacked mental capacity to make day-to-day decisions should either have a lasting power of attorney (a legal document that lets a person appoint another person to help make decisions on their behalf) in place; or have an application to the Court of Protection. Staff were able to demonstrate an understanding of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff demonstrated their knowledge of how to report any incidents of suspected harm or poor care. Staff helped people in a way that supported their safety and people were looked after by staff in a kind manner. Staff assisted and encouraged people to make their own choices and live as independent a life as possible. People's dignity was promoted by staff and staff treated people with respect.

People were looked after by enough, suitably qualified staff to support them with their individual needs. Staff enjoyed their work and understood their roles and responsibilities in meeting people's care and support requirements. They were trained to provide effective and safe care.

Staff were supported to maintain their knowledge and skills by way of supervision, spot checks, and competency reviews. New staff were only employed to look after people once all pre-employment checks had been completed and were found to be satisfactory.

People's care arrangements took account of people's wishes and aspirations, including any likes and dislikes and how they wanted to be assisted. People's care plans and risk assessments recorded their individual assessed needs and any assistance they required from staff. Risks to people were identified, and plans were put into place by staff to monitor and minimise these risks, as far as possible, without restricting people's independence and choices.

Where this help was required, people were supported to drink and eat sufficient amounts of food and fluids. People's choice about what they wished to eat and drink was encouraged and respected by staff. Staff monitored people's health and well-being needs. They acted upon any issues identified and advice given by external health care professionals.

People were supported to take their medicines as prescribed and medicines were safely managed by staff who were trained, and whose competency had been assessed.

There was a process in place to manage any concerns and complaints received. Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. People and staff were encouraged to share their views and feedback about the quality of the care and support provided. Actions were taken as a result to drive forward any improvements required.

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.

Staff were aware of their duty to report suspicions of poor care and/or harm.

People's support and care needs were met by a sufficient, suitably trained, number of staff.

Recruitment checks were in place to make sure that only staff that were suitable to provide care for people were recruited.

Where required, peoples medicines were administered and managed as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the necessary skills and competencies to meet people's individual needs.

Staff had received training and understood the principals of the Mental Capacity Act 2005.

Staff followed any advice given by health care professionals to make sure people were supported to maintain their well-being.

Where required, people had enough to eat and drink and their dietary needs were met.

Is the service caring?

Good

The service was caring.

People's dignity, privacy and independence were respected.

People were involved and included in making decisions about what they wanted and liked to do and how they wished to be cared for.

Staff treated people in a kind and caring manner.

Is the service responsive?

Good

The service was responsive.

People's care plans were up to date and sufficiently detailed.

People were involved in the assessment of their health and social care needs. People's needs were kept under review to ensure their planned care was appropriate to their needs. People received individualised support from staff who were responsive to their requirements.

There was a system in place to receive and manage people's concerns and complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

People and their relatives were able to contact the service and provide feedback on the quality of the service provided.

Audits were carried out as part of the on-going quality monitoring process to identify and make the necessary improvements.

Love Life Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 the 14 and 23 July 2017 and was announced. This was so that staff would be available during the inspection. The inspection was carried out by one inspector.

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. We looked at this and other information we hold about the service. We also asked for information from representatives of the local authority contracts monitoring team, the local authority safeguarding team, a representative from the mental health team and Healthwatch. We also looked at questionnaires sent out to people and their relatives by the Care Quality Commission to feed back on the quality of care received, to aid us with planning this inspection.

During the inspection we spoke with one person who used the service, and three relatives of people using the service. We also spoke with the registered manager and the operations manager; a senior care worker and two care workers. The registered manager and operations manager run Love Life care as a partnership. We looked at two people's care records and records in relation to the management of the service; quality monitoring records; management of staff; management of people's medicines; compliments records; and three staff files. We also received additional evidence sent to us on the 23rd July 2017 that confirmed that some people had power of attorney in situ.

Good

Is the service safe?

Our findings

People and their relatives told us they/their family member felt safe using the service. This was because of the care and support provided by staff. One relative said, "[The] security of staff turning up each day is a great relief." Another relative told us, "I feel reassured by the staff attending [family member]."

Staff told us that they had undertaken safeguarding training and records confirmed this. Staff were able to demonstrate they knew how to recognise any suspicions of harm or signs of poor care. They talked through the action they would take in reporting such incidents, internally, or to external agencies such as the Care Quality Commission (CQC), police or the local authority. One staff member told us, "If I had any concerns I would raise this with the registered manager and possibly call the police; emergency services; social services; CQC or the mental health service." Another staff member said, "I would raise [concerns] with my managers or the CQC if not dealt with." This demonstrated to us that staff knew the process in place to reduce the risk of poor care and harm occurring.

People had individual care and support plans, and risk assessments in place in relation to their assessed needs. Risks included, people's prescribed medication; people being at risk of neglect of personal hygiene; nutritional needs; continence needs; sensory issues/ safe environment; moving and handling; poor skin integrity; and smoking. These records also risk assessed whether there was a pet(s) present at the person's home and the general safety of the environment. These documents gave guidance and information to staff to make sure the assessed individual risk was minimised.

Records showed that pre-employment checks were carried out to determine that the proposed new staff member was of good character. These included, but were not limited to; gaps in employment history explained; references from previous employment; a criminal records check from the disclosure and barring service; and proof of identity. One out of the three staff recruitment files we looked at did not have a documented reason for the gaps in the person's employment history. However, the registered manager and operations manager told us that this had been discussed with the staff member during their recruitment, but this discussion had not been documented. The registered manager and the operations manager told us that they would make this necessary improvement going forward.

People and their relatives confirmed to us that they either managed their prescribed medication themselves or had a relative help them with this. Records clearly documented who was responsible for the collection and disposal of this medication. We saw that records of the management of people's medication were maintained by staff. These were an accurate record, as we found no gaps found in the recording of people's prescribed medication. Staff told us, and records confirmed, that they were trained to administer medication and that their competency to do this was checked by a more senior staff member. Audits were also carried out so that people and/or their relatives could be sure that they/ their family member would be administered their medication as prescribed.

Care records showed that each person's care and support needs had been assessed and this information helped determine how many suitably skilled staff were required to assist them. Records also showed the

time of each care call, what was to be completed by staff during this call and the length of the care call. One relative told us, "Staff are punctual and stay the full amount of time and sometimes [stay] longer if they need to. A staff member confirmed to us," Travel time [between care calls] is included so you don't struggle to attend care calls unless there is an unforeseen circumstance." Documentation we saw showed that there were enough staff to meet the number of care hours contracted/commissioned.

Good

Is the service effective?

Our findings

Staff told us they were supported with supervisions, competency checks and spot checks. No appraisals had yet been undertaken as no staff had worked for the service for long enough. One staff member said, "No appraisal yet, I've not been here long enough. I [have] had supervision, it was a two-way conversation. They [managers] are really easy to talk to."

New staff completed the care certificate as part of their induction. The care certificate is a nationally recognised induction programme that applies across health and social care. This included training and 'shadowing' a more experienced member of staff. This was until new staff members were deemed competent and confident by the registered manager and operations manager to provide effective care and support. One staff member said, "[My induction] consisted of shadow shifts and training. I am currently completing the care certificate." Another staff member said, "I did a week of shadow shifts, we also used this time to meet and get to know the clients."

Staff told us about the training they had undertaken to ensure they had the skills to provide individual and effective care and support. Records confirmed this. Training included, but was not limited to; medication administration; mental capacity act 2005; food hygiene; moving and handling (practical); safeguarding adults; fire safety; health and safety; risk assessments; infection control; and first aid. Other training topics available to complete, included, diet and nutrition; equality and diversity; dignity and respect; communication; falls prevention; lone working; and pressure sore prevention. A staff member told us how they were being supported by the registered manager and operations manager to develop their skills set and knowledge by undertaking additional training. This would mean that they would then be trained to deliver training to other staff members. This demonstrated to us that staff were encouraged to develop their skills and knowledge set.

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 so that they can receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that people's capacity to make day-to-day decisions was assessed where necessary, and staff acted in people's 'best interest' where appropriate. People and their relatives told us that staff respected and promoted their/their family members choices, when delivering their care. One relative said, "Staff always explain [to family member] what they are doing; communication is very good."

Staff we spoke with demonstrated to us their understanding of how they put their MCA training into practice. One staff member said, "People's ability to make decisions can waiver in and out. A person with dementia can be extremely clear and know their own thought processes, so you would look at the best interest

decision of that client." The registered manager told us that two people supported by the service who lacked the capacity to make day-to-day decisions had a power of attorney in place. This was a legal process that meant that people could be supported with their decisions. After the inspection the registered manager reconfirmed to us that they had seen people's power of attorney (POA) legal documentation. This showed that care and welfare and/or financial decisions made for people by their POA was in their best interest.

The majority of people and relatives told us that they/their family member did not require staff assistance with the preparation of drinks and meals. One relative said that, "Staff sometimes helped with meals," and that they had no concerns. A staff member told us, "You always leave drinks around people's home so that they take on enough fluids during this hot weather. If we have any concerns we would inform he managers." There was guidance in place for staff for people at risk of malnutrition or poor fluid intake. Food and fluid charts were in place where required to monitor people's food and fluid intake each day. This showed to us that where necessary, people were assisted by staff to maintain good hydration and nutrition.

Records showed that people had access to external health care professionals when needed. We saw that those people assessed to be at risk were involved with specialist external health care professionals when appropriate and advice given by these professionals followed by staff. For example, the mental health team.

Good

Is the service caring?

Our findings

People and relatives made very positive comments about the care and support given to them/ their family member by staff. One person told us, "The carers that we have care. We are highly satisfied [with the service]." A relative said, "I am thrilled with the care…it has made such an improvement since the carers have looked after [family member]…it has meant that my own well-being has improved." Another relative told us, "I am happy with the service."

People's respect, dignity and independence were promoted by staff. This was confirmed by the person and relatives of people using the service. One relative said, "The staff are kind and speak kindly to [family member], even when [family member does not always speak nicely to staff. They [staff] are very good tempered." Another relative told us, "[Family member's] privacy and dignity are respected…this gives me such reassurance." They went on to tell us how their family member had made great improvements since this service was put into place. They gave us an example of how their family member used to neglect their personal care. They told us that with the support of staff, their family member now bathed regularly and enjoyed attending appointments at a local hair dressing salon.

Records showed that people wanted to maintain their independence and continue to live in their own home, with support from staff. These wishes and any other aspirations a person had were then taken into account and considered when planning those aspects of their care. Guidance was given to staff to help them understand how to support people to meet these needs. Staff confirmed to us that they had read people's care records and that this helped give them information on how the person wanted their care and support to be carried out. One staff member said, "Staff have enough time to read the care records. [Records] include enough information to guide staff on how to support people's care. Staff are invited to come in [to the office] to read [people's] care plans. If a care plan needs updating we would let the managers know."

We saw that people and their relatives were involved in setting up and agreeing the decisions about their/their family member's care. Care records showed that staff reviewed and updated care and support plans when needed. One relative said, "I was involved in the setting up of the [family member's] care record that staff write into." Reviews of people's care and support needs helped make sure that people were provided with care and support by staff based upon their most up-to-date care needs.

Advocacy information was available for people if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Records showed that compliments had been raised in response to the service provided by staff. Compliments included, "Thanks to you all. [Family member] came on leaps and bounds. You have given [family member] back some of [their] independence. Priceless." As well as, "I have truly not come across a care company that genuinely cares about their clients the way that you two do. You really made such a great difference to the quality of my [family member's] life."

The PIR stated that there had been no complaints recorded as having been received by the service within the last twelve months. This was confirmed by the records we looked at and by discussion with the registered manager and operations manager.

People who used the service and their relatives confirmed that they knew how to make/raise a compliment or complaint should they need to do so. They told us that this was because communication was good. A relative told us, "When I have raised a suggestion it was listened to and resolved to my satisfaction." Information on how to make a complaint was also made available to people and/or their relatives who were new to the service, within the providers service user guide. Staff were aware of the procedures to follow if anyone raised a concern with them. A staff member said if a person asked them to help support them to make a complaint, "I would explain that the complaint would be taken seriously and talk through with them [person and/or relative] how to raise a complaint formally, I would ask permission to raise a complaint on their behalf."

People's health and welfare continued to be met by staff who remained responsive to their needs. People's support and care needs were assessed, planned and reviewed to agree their individual plan of care and support. These records prompted staff on what a person was able to do for themselves, to promote their independence, and where a person needed some assistance. Staff demonstrated to us a good understanding of each individual's care and support needs. This demonstrated to us that staff understood the people they assisted with their personalised care needs.

People spoken with did not require support from staff to maintain their links with the local community to promote their social inclusion. Although people's care records included a 'what is going on in your local area' guide for people to refer to and take part in if they wished to do so.

Good

Is the service well-led?

Our findings

There was a registered manager and operations manager in post during this inspection. They were partners and co-owners of Love Life Care and took dual responsibility for the day-to-day running of the service. They were assisted in this by a senior care worker and team of care workers.

People and their relatives had positive opinions on whether they would recommend the service. One relative said, "I cannot fault the care and support…I feel supported by the agency." Another relative told us, "[There] are no improvements that I can think of that need making."

People and their relatives were given the opportunity to feedback on the quality of the service provided. This was gathered via a survey. Information from the feedback was used to improve the quality of service where possible. The feedback showed positive comments about the quality of the service delivered, with no areas for improvement noted.

Staff spoke of a positive culture that existed within the service and that they were free to raise concerns, make suggestions and drive improvement. They told us that the registered manager and operations manager were supportive to them and were approachable. This meant that staff could speak to them if they chose to do so. One staff member said, "I feel very supported and listened to." Another staff member told us of a suggestion they made around the service's paperwork and how their suggestion had been implemented. They said, "This is the nicest firm I have ever worked for. There is a good relationship between care [staff] and managers and staff and [people using the service], it is nice to be part of something [the service] that is being built slowly and effectively." This showed us that staff were made to feel supported and valued.

Staff were very clear on what the aims of the service were. One staff member told us that Love Life Care meant, "Love your Life and let us Care," and that this was the core value of the service and the service provided. This showed us that the values of the service and service provided to people were promoted.

The registered manager showed us records of their on-going quality monitoring process. Audits were carried out and these included audits for people's prescribed medication administration records; people's daily communication notes and staffing. Any improvements required were recorded in an action plan. Improvements included a reminder to staff to not use generic phrases within these records as these records were all about the individual. A staff meeting was also being set up for mid July 2017, to talk through with staff the plans for the service and any organisational updates and improvements required.

The registered manager was aware that they were required to notify the CQC, in a timely manner, of incidents that occurred within the service that they were legally obliged to inform us about, such as incidents of harm. They confirmed to us that no incidents had occurred to date.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This

demonstrated to us that staff understood their roles and responsibilities to the people who lived at the service.