

Luv To Care Ltd

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Inspection report

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Date of inspection visit:
23 March 2017

Date of publication:
23 May 2017

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

The inspection took place on 23 March 2017 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure they were available to support the inspection process.

Luv To Care provides personal care and support to people in their own homes. The service provided personal care and support to eight people at the time of our inspection. Mrs Rene Joseph is the owner of the service and the registered provider, referred to in this report as 'the provider.' The provider was also involved in the delivery of care to people.

At our last inspection on 6 September 2016, the provider was breaching regulations regarding the management of medicines, recruitment procedures and the induction and training provided to staff. Following the inspection, the provider sent us an action plan setting out how they would meet the regulations.

At this inspection we found the provider was meeting these regulations. Medicines were managed safely. Medicines records were regularly checked by the provider to ensure they were accurate. The provider followed appropriate procedures when recruiting staff, which included obtaining references. Staff who joined the agency had an appropriate induction and were given enough information about people's needs before providing their care. The provider had made appropriate training available to staff and had introduced one-to-one supervision, which they said would take place quarterly.

People felt safe when staff supported them. They said staff understood their needs and any risks involved in their care. Risk assessments had been carried out to ensure people receiving care and the staff supporting them were safe. Incidents and accidents were recorded and analysed to identify what action could be taken to be taken to prevent a recurrence. Staff attended training in safeguarding and were aware of their responsibilities to report any concerns they had about potential abuse. People received their medicines safely.

People received consistent care from staff who understood their needs. They said staff had the skills they needed to provide their care. Staff told us the provider always introduced them to people before they began to provide their care. They said the provider enabled them to understand people's needs and how their care should be provided.

People's consent to their care had been recorded and people said staff sought their consent on a day-to-day basis. Since our last inspection, the provider had introduced training in the Mental Capacity Act 2005 MCA, which they told us all staff completed. The provider understood that mental capacity assessments should be carried out where necessary to establish whether people had the capacity to consent to decisions about their care.

People's nutritional needs were assessed before they began to use the service and any dietary needs

recorded in their care plans. Where people needed assistance with eating and drinking a care plan had been developed to detail the support they required.

The agency worked co-operatively with professionals and people's families to ensure their healthcare needs were met. Relatives told us staff were observant of any changes in their family member's needs and said the provider contacted them if they had any concerns about people's health or welfare.

People were supported by kind and caring staff. People said their care workers were polite, friendly and treated them with respect. They told us their care workers provided their care in an unhurried way and encouraged them to be as independent as possible. Relatives said care workers were caring in their approach and sensitive to their family members' needs.

People received a service that was responsive to their needs. People's needs were assessed before they began to use the service and an individual care plan drawn up. People were encouraged to be involved in the development of their care plans and the provider reviewed plans regularly to ensure they continued to reflect people's needs and preferences. Staff were willing to be flexible to provide the service people needed.

The provider had a complaints procedure, which was given to people when they started to use the service. None of the people we spoke with had made a complaint but all were confident that any concerns they raised would be taken seriously.

People, relatives and staff had opportunities to give their views about the service and these were listened to. People and their relatives told us the provider visited them regularly to ask for their feedback and took action to address any issues they raised. People told us the agency was well managed and that they had always been able to contact the office when they needed to.

The provider had introduced team meetings to improve communication amongst the staff group. Meeting minutes demonstrated that staff discussed feedback from people and their relatives and how this could be used to improve the care they received. The provider had introduced systems to monitor the quality of the service, including regular audits of key areas of service delivery.

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.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were safe.

Staff attended training in safeguarding and were aware their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received their care from regular staff who understood their needs.

Staff had access to the induction, training and support they needed.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People's nutritional needs were assessed and any dietary needs recorded in their care plans.

Staff monitored people's healthcare needs and responded appropriately if people became unwell.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

Staff understood people's needs and how they preferred their support to be provided.

Staff respected people's choices and treated them with respect.

Staff supported people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs were assessed to ensure the agency could provide the care they needed.

People were encouraged to be involved in developing their care plans.

Staff were flexible in their approach to ensure people's needs were met.

There were appropriate procedures for managing complaints.

Is the service well-led?

Good ●

The service was well-led.

People who used the service, their relatives and staff were encouraged to express their views and these were listened to.

People and their relatives told us that they were able to contact the office when they needed to and had been satisfied with the provider's response.

The provider had introduced systems of quality monitoring which included seeking feedback about the service from people and their relatives.

Records relating to people's care were accurate, up to date and stored appropriately.

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Detailed findings

Background to this inspection

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

This inspection took place on 23 March 2017. The provider was given 48 hours' notice of our visit because we wanted to ensure they were available to support the inspection process. Due to the small size of the service, one inspector carried out the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We made telephone calls to people who used the service, their relatives, professionals and staff. We spoke with three people who used the service and three of their relatives to hear their views about the care they received. We spoke with two professionals who had commissioned care with the agency. We spoke with three staff members about the induction, training and support they received.

We visited the agency's office and spoke with the provider. We checked care records for two people, including their assessments, care plans and risk assessments. We checked three staff files and records of staff meetings, training, supervision. We also checked the complaints log and records relating to the management of the service, including quality monitoring checks and audits.

Is the service safe?

Our findings

At our last inspection in September 2016, the provider was breaching regulations regarding the management of medicines. Medicines records were not always checked to ensure they were accurate and up to date. At this inspection we found the provider was meeting this regulation. Medicines were managed safely. People who received support with medicines confirmed staff supported them to take their medicines safely and on time. The provider confirmed that any changes made to medication administration records were countersigned by a second member of staff. Medicines administration records completed by staff were regularly checked by the provider to ensure they were accurate. Medicines management had been included in the induction staff attended when they started work. The provider told us staff would attend refresher training in the safe management of medicines each year.

At our last inspection, the provider was breaching regulations regarding the recruitment of staff. There was no evidence that the provider had obtained references for some staff. One staff member had not completed an application form and the application form for a further two staff members was incomplete. In addition, none of the staff files contained evidence that the provider had sought information about staff health conditions which may be relevant to their work at the agency.

At this inspection we found the provider was meeting this regulation. Recruitment files contained evidence that prospective staff had completed an application form, which detailed their qualifications and experience. Applicants had completed a health questionnaire, which required them to declare any healthcare conditions that may affect their ability to carry out their role effectively. The provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People told us they felt safe when staff provided their care. They said staff understood their needs and kept them comfortable when receiving care. Relatives were confident their family members were safe when staff supported them and that staff understood any risks involved in their care. One relative told us, "They look after her very well. We have every confidence in them. We don't live locally so it's good for our piece of mind." Relatives said staff kept their family member's property secure when they visited, which they said was particularly important if they lived on their own.

People told us that they could rely on their care workers and that their care workers had never missed a visit. They said their care workers were always on time unless they had been delayed due to traffic or another person's needs at a previous call. Relatives told us the provider always contacted them or their family member to let them know if a care worker was running late. Staff told us they had enough time to provide people's care in an unhurried way. They said their rotas were planned to allow them sufficient travelling time between visits.

Staff understood their responsibilities to report any concerns they had about abuse. We saw evidence that staff attended safeguarding training in their induction and that safeguarding was discussed at team

meetings. The staff we spoke with confirmed they had attended safeguarding training and were able to describe the process they would follow if they had concerns about a person's safety or welfare.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Guidelines had been produced for staff about how to minimise any risks involved in the delivery of people's care. Any incidents or accidents that occurred were recorded and reviewed by the provider to identify what action could be taken to be taken to prevent a recurrence. The provider had developed contingency plans to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel.

Is the service effective?

Our findings

At our last inspection in September 2016, the provider was breaching regulations regarding the support provided to staff. There was no evidence that some staff had attended an induction when they started work. The provider could not be sure that all staff had attended the training they needed for their role. Staff did not receive supervision from the provider to discuss their performance and support needs.

At this inspection we found the provider was meeting this regulation. Staff told us they had had an induction when they joined the agency and this was confirmed by the records we checked. One member of staff told us their induction had covered the "duties and expectations" of their role. Another member of staff said the induction had trained them "how to keep the client safe and ourselves safe." The provider had made appropriate training available to staff, including moving and handling, medicines management, food hygiene, infection control, safeguarding and first aid. One member of staff told us, "I have had all the training I need but training is a continuous process so I am hoping to do more."

The provider told us that all staff would be enrolled on a course to achieve a relevant professional qualification. The provider said all staff who joined the agency would be expected to work towards a vocational qualification in social care if they had not already achieved this. Records demonstrated that the provider had discussed this with staff during individual supervision. The provider told us they had enrolled on a course to achieve a professional development qualification relevant to their role.

Staff told us they attended one-to-one supervision with the provider. They said this gave them the opportunity to discuss their performance and training needs. We saw evidence that the provider had held supervision sessions with staff and recorded these. Records demonstrated that staff had opportunities to contribute their views to the supervision process. The provider said each member of staff would have a supervision session every three months. The provider told us no appraisals had taken place as no staff had yet been employed for 12 months. The provider said all staff would receive an annual appraisal once they had been employed for a year.

People received consistent care from staff who understood their needs. People told us the provider did their best to provide regular staff, which they said was important to them. One person said, "I've got to know all the carers, which I like. I see [provider] most of the time." The provider said they were able to supply consistent staff due to the small size of the agency and the staff team. People told us the provider always introduced a member of staff before they began to provide their care. This was confirmed by the professionals we spoke with, one of whom said, "[Provider] always comes out herself to do the assessment, which is good because the client and their family like to meet the provider. And she always goes on the first call with the carer to introduce them."

People told us staff had the skills they needed to provide their care. Staff confirmed that the provider always introduced them to people before they provided their care. They said the provider showed them how the person's care should be provided and explained people's preferences about their care. One member of staff told us, "[Provider] always introduces us to a client the first time. It helps us establish a rapport with them."

She explains everything about their care, which is good because things differ from one person to another." Staff said a detailed care plan was kept in each person's home and the provider discussed the care plan with them at their first visit.

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.

Since our last inspection, the provider had introduced training in the MCA, which they told us all staff completed. The provider told us all the people using the service had capacity to make decisions about their care. The provider understood that a mental capacity assessment should be carried out where necessary to establish whether people had the capacity to consent to decisions about their care. People were asked to record their consent to their care and we saw signed consent forms in people's care records. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. People told us their care workers always asked for their permission before they provided their care.

People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. People who received assistance to prepare meals told us they were happy with this aspect of their support. Relatives whose family members received support to eat said staff prepared food that their family members enjoyed and provided the assistance they needed. The provider told us standards of meal preparation were checked during spot checks carried out on staff.

Staff worked co-operatively with families and professionals to ensure people's healthcare needs were met. Staff said they had been told to alert the provider if they noticed a change in a person's needs or suspected they were unwell when they visited. Staff provided examples of how they had responded when they had noticed deterioration in someone's health, which included making the person safe and contacting the office. Relatives told us the provider contacted them if they had any concerns about their family member's health or welfare. The provider made referrals to healthcare professionals where necessary to ensure people received the treatment they needed. For example the provider had contacted the community mental health team about one person's deteriorating mental health and had liaised with district nurses concerning one person's pressure ulcer care.

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us that staff were friendly and cared about their welfare. One person said, "I'm very happy with them, they are wonderful." People told us they got on well with the staff who supported them and enjoyed their company. One person said of a member of staff, "We have a lot of laughs together. I get on very well with her, she's got a good sense of humour."

Relatives told us staff were caring and provided their family member's care in a compassionate way. One relative said of a member of staff, "He's a very good chap, extremely good. He is very careful and considerate [when providing personal care]." Another relative told us, "We are extremely happy with them. [Member of staff] has been very good with Mum." A third relative said, "They look after her very well." Relatives told us their family members had established positive relationships with the staff who supported them. One relative said, "Mum loves [member of staff], she gets on really well with her. They have a laugh together."

People told us the staff who visited them were polite, courteous and treated them with respect. They said staff provided their care in an unhurried way and maintained their privacy. People told us staff were respectful of their property. One person said, "They are very helpful. They leave everything clean and tidy." Another person told us, "They respect our property." The provider said the principles of dignity and respect were discussed with staff in their induction and that spot checks assessed whether staff treated people with dignity and respect when providing their care.

Relatives told us staff supported their family members to be as independent as possible. They said staff respected their family member's choices when they preferred to do things for themselves. One relative told us, "[Family member] found it hard to accept having carers but they have been very good with her, very sympathetic. She only allows them to do a certain amount for her and they are respectful of that." The provider said staff aimed to provide care and support in a way that promoted people's independence. The provider told us, "We don't take over their lives. They lead their care. We encourage them to do what they can for themselves."

People told us they were as involved in planning their care as they wished to be. They said their care plan had been discussed with them and the provider had checked they were happy with its content. Relatives said they were consulted about their family member's ongoing care needs and that the provider contacted them if their needs changed. One relative told us, "We are happy with that side of things. [Provider] has always let us know about any changes."

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

Is the service responsive?

Our findings

People received a service that was responsive to their needs and reflected their preferences. People told us staff knew their preferences about their care and provided support in a way that reflected these preferences. They said staff were flexible in their approach and willing to carry out any additional tasks they needed doing. One person said, "[Member of staff] does any extra bits and pieces for me, anything I need doing, like the washing up or putting my bins out for me." Another person said of a member of staff, "She's very good if I need anything doing, she's always happy to help. She even went to the chemist for me the other day." Relatives told us the provider arranged the rota to accommodate their family member's wishes wherever possible. One relative said, "They make sure they are here early two days a week so she can be up in time to go to her club." Relatives told us the provider did their best to respond to requests for changes, for example requests for changes to visit times.

The provider assessed people's needs before they began to use the service to ensure the agency could provide the care they needed. People and their relatives told us they had been involved in the assessment process. They said the provider had been thorough and keen to ensure the assessment was an accurate reflection of their needs and wishes. Several people began using the agency following a stay in hospital. The provider had visited these people in hospital to assess their needs and arrange a package of care to be provided on their return home. Relatives told us the support provided by the agency had been valuable in enabling their family members to remain at home rather than moving into a care home.

Each person had an individual care plan drawn up from their initial assessment. Care plans provided detailed guidance for staff about the support required at each visit and the way people preferred things to be done. Care plans also identified the outcomes the person receiving care wished to achieve and the support they needed to these goals. Relatives told us their family member's care plans were kept in their homes and that they contained clear guidance for staff about the support their family member required.

The provider told us care plans were reviewed regularly with the involvement of the person and their family, especially if people's needs changed, for example following a fall. Relatives said they and their family members were involved in any reviews that took place. Staff told us they were always updated about any changes to people's care plans. We saw that the provider had reviewed and updated care plans in response to the recommendation made at our last inspection.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. The provider told us no complaints had been received since the registration of the agency. The people and relatives we spoke with knew how to raise a complaint or concern with the provider and felt confident issues would be resolved as a result. One relative told us, "I have not needed to complain but if I did, I'm confident [provider] would listen. Another relative said, "I know I'd be able to speak to [provider] if we had any concerns." We heard from a professional that the provider used feedback to improve the service people received. The professional told us, "There were a few problems at the start with the language barrier but they were soon ironed out." The professional said the provider had changed the member of staff who supported the person and that this had resolved the

issue.

Is the service well-led?

Our findings

There was an open culture in which people who used the service, their relatives and staff were able to express their views and these were listened to. The provider told us they were able to maintain regular contact with all the people who used the service and their relatives due to the small size of the agency. The provider said they remained involved in the delivery of care because they found this a valuable way of gauging people's experience. This was confirmed by people and their relatives, who said they said they spoke regularly with the provider. People told us the provider checked they were satisfied with the service when they visited and responded well if they gave feedback. One person said, "[Provider] visits regularly. She checks we are happy."

Relatives told us the provider communicated effectively with them and that they were always able to contact the provider if they needed to. They said they were able to give ongoing feedback about the care their family members received. One relative told us, "It's well organised. We've always been able to get hold of [provider] any time we've needed to." Another relative said, "We see [provider] regularly and we always let her know how things are going. She doesn't provide the care now but she still visits regularly." Professionals told us the provider liaised effectively with them concerning the planning of care for people awaiting discharge from hospital. One professional said, "We have placed quite a few people with them with no concerns."

The provider had encouraged people to give their views through satisfaction surveys. These provided positive feedback about the care people received and the staff who provided it. Where people identified areas for improvement, the provider responded positively to address these. The provider gave an example of how they had responded to feedback when people had not been happy with the service they received. One person said staff were not sufficiently careful when using equipment involved in their care. The provider had addressed the issue with the member of staff to ensure their practice improved. We saw evidence that the provider had carried out an observation of the member of staff to ensure their practice had improved.

The provider had introduced team meetings since our last inspection to improve communication amongst the staff group. Minutes of these meetings demonstrated that staff discussed feedback from people who used the service and their relatives and how this could be used to improve the care they received. Staff told us these meetings had been useful in ensuring people received consistent care. They said the provider had encouraged them to give their views about how the service could be improved. Staff told us the provider was approachable and available if they needed to speak with them. They said they had always had access to management support, including out-of-hours.

The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. People and their relatives told us that staff recorded the care they provided at each visit in a log book. They said these records were comprehensive and accurate. Relatives who did not live with their family members told us they found the records valuable because they could see the care their family members had received in their absence. One relative said, "They record everything they've done. We do look at what they write when we visit. It's always up to date." Another relative told us, "We are not local so it's

useful to see the notes when we visit. It's reassuring to see how much she's eaten and that she's had the care she needs."

The provider had introduced systems to monitor the quality of the service and identify potential areas for improvement. The provider carried out regular audits of key areas of service delivery to ensure people were receiving safe and appropriate care. This included audits of medication administration records and daily care records. The provider also carried out checks and observations of staff practice to ensure they were providing safe care that met people's needs.