

LAC Northampton Limited

# Loving Angels Care (Northampton)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Loving Angels Care (Northampton) is a domiciliary care agency providing personal care to people living in their own homes. 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 the inspection 80 people were receiving personal care.

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

Medicine management required improvements. Records were not always clear regarding administration, dosage and reasons for 'as required' medicines being given.

Risks were not always assessed or mitigated. People with known risks did not always have details for staff regarding how to respond to certain situations.

Some people and relatives did not always feel staff stayed the allocated time. Records were not consistently completed to evidence support was offered for tasks required.

Care plans required more information to support staff in understanding people's individual needs and what activities they required support with.

Systems and processes to ensure oversight of service required improvement. Audits completed did not always identify shortfalls.

Staff received training and support when they started with the company and training was then ongoing. However, some training was not evidenced.

People were supported by staff who knew them well and had been safely recruited. People told us they felt safe with staff. Staff wore appropriate personal protective equipment and followed government guidance on COVID-19.

Staff felt supported within their roles and described the registered manager as approachable and supportive.

People were supported to access healthcare as required and people told us staff supported them in being referred to specialist professionals such as occupational therapist.

People, relatives and staff were offered the opportunity to feedback on the service. Action plans were then completed in response to these. Lessons learnt were shared with staff to improve the service.

People described staff as kind, caring and respectful. Staff were aware of how to report any concerns about neglect or abuse and were confident if they raised a concern it would be addressed.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was requires improvement, (published 28 November 2019). The service remains rated requires improvement.

#### Why we inspected

This was a planned inspection due to the change of provider .

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines, risk assessment and oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Loving Angels Care (Northampton)

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 May 2022 and ended on 10 May 2022. We visited the location's office on 5

May 2022.

#### 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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager and care workers.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three 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.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicine records required improvement. People's medicine administration records (MAR) were not always clear regarding whether a medicine had been administered. The registered manager told us they had emails from staff to confirm medicines were given. However, this had not been recorded on the medicine record. People told us they received their medicines regularly. One person said, "They (staff) do my medication, they (staff) never make any mistakes."
- Staff had regularly used the wrong code on MAR to record if a person had refused their prescribed medicine. Codes used to identify refused medicines included 'not required' and 'other'. When 'other' was recorded we did not always find evidence of the reason. This put people at risk of not receiving their medicines as prescribed.
- People's MAR and records did not always contain up to date correct information. For example, some records did not include maximum dosage for medicines prescribed and we found some 'medicine tasks' for people did not match their prescribed medicines. This put people at risk of not receiving their medicines as prescribed.
- People were at potential risk from known risks. Risk assessments were not always in place or did not always contain the relevant strategies to ensure staff understood how to mitigate the risks identified. Risks associated with physical and mental health needs had not always been assessed.
- Staff did not always have the information recorded regarding people's individual needs. For example, records were not detailed in how often a person required support to reposition, or if staff were required to support with oral health. Records were also inconsistent in how often these tasks had been completed. However, staff told us, they knew people well and knew what tasks were required. This meant people could still be at risk of not having their needs met.

The provider had failed to ensure risks to people's health and safety had been assessed and done all that is practical to mitigate those risks. The provider had failed to ensure the proper and safe administration of medicines. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments had been consistently completed and strategies identified for environment, fire, falls and manual handling.
- People and relatives told us people felt safe with staff. One relative said, "I feel [person] is safe with them (staff). The carer is marvellous."
- Staff told us they felt safe and they were told of any risks they needed to be aware of. One staff member

said, "I was told of a risk [person] presented, I was asked if I was comfortable to continue supporting [person]."

Systems and processes to safeguard people from the risk of abuse

- People were at risk from injuries. Records of people's injuries did not always contain the size, shape or colour of the injury. This meant staff could not review the injury correctly to ensure healing was appropriate. The registered manager implemented new paperwork immediately after inspection to capture these details.
- The registered manager submitted notifications to the relevant agencies as required.
- Staff received safeguarding training and understood their responsibility to protect people. Staff were aware of the signs of abuse and how to raise any concerns they may have.

Staffing and recruitment

- Records evidenced staff were not always staying with people for the allocated time and we received mixed views from people and relatives regarding staff time keeping. However, we found no evidence of harm.
- One relative said, "Some (staff) are excellent but the one on Sunday only stayed for 20 minutes of the hour we were meant to have." Another relative told us, "The regular carers who come mostly in the week are excellent. Some others don't stay for their allotted time." A person said, "They (staff) do all the jobs they need to do then go. They don't stay for the full hour, but we pay for an hour."
- People were supported by staff who were safely recruited. The provider requested references from previous employment and the employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- Staff used personal protective equipment (PPE) effectively and safely when supporting people. Relatives and people confirmed staff always wore appropriate PPE.
- The registered manager followed government guidance on regular testing for staff for COVID-19.
- There was an up to date infection prevention and control policy in place.

Learning lessons when things go wrong

- When a situation occurred the registered manager completed a case study to learn from any mistakes made and put actions into place to ensure these don't happen again. Lessons learnt was then shared with staff.
- The registered manager shared the outcomes of audits with the staff.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Not all care plans contained detailed information. We found information was lacking regarding people's health or mental health needs. For example, not all care plans identified the individual signs and symptoms staff should be aware of, to inform healthcare services as required. The registered manager added additional information to care plans after the inspection.
- Staff did not always have the information recorded regarding people's individual needs. For example, records were not detailed in how often a person required support to reposition, or if staff were required to support with oral health. Records were also inconsistent in how often these tasks had been completed. However, staff told us, they knew people well and knew what tasks were required. This meant people could still be at risk of not having their needs met. We have written about this further in the well-led section of this report.
- We received mixed views regarding staff completing all of the tasks required. Some people and relatives felt that staff did not complete specific tasks required. One relative told us, "[Person] needs their [specific task] completed weekly but the carers are refusing to do this for [person]. This is one of the specific things we have asked the agency to do. One carer will do it, but they are the only one who will." Another relative told us, "The quality of care seems to differ between carers; one example being them serving meals without thinking how [person] will be able to eat the food." The registered manager agreed to investigate these concerns.
- People's needs were assessed before any care was provided. Pre-assessment paperwork was completed to identify the person's main needs.

Staff support: induction, training, skills and experience

- Staff received training in most areas of care. However, we found no evidence of staff receiving training in mental health, epilepsy or diabetes and people required support with these needs. Staff told us they felt their training was adequate to complete their daily tasks. People and relatives told us they felt staff received adequate training to understand people's needs. We found no evidence of harm occurring to people.
- Staff completed an induction, training and shadow shifts before completing any lone working with an individual. (Shadow shifts are when an unexperienced staff member follows and observes a trained and experienced staff member.) One person told us, "They're (staff) well trained and know what they're doing. Sometimes there is a trainee comes with an experienced one, to learn how to do the job."

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

- Staff worked closely with other professionals, people were referred to appropriate health professionals such as, speech and language therapists or occupational therapists, when required. One relative told us, "They (staff) are chasing the council now for some aids for [person], that would be helpful. It has taken a huge pressure off me."
- When people needed to access health care professionals such as doctors, dentists or opticians. Staff understood their responsibility to either ensure they passed the information onto relatives so that this was organised, they assisted the person to call themselves or they contacted the relevant professional.
- People had health passports which were used by health and social care professionals to support them in the way they needed.

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

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

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

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

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

- People's care plans clearly identified if a person was assessed to have capacity or not for specific reasons. When a person had a power of attorney this was also documented. (A power of attorney is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions.)
- People had documented consent in place for photos, care plans and sharing information with professionals.
- People were supported to have 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.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported with dignity and respect. People and relatives were positive about the interactions staff had with people. A relative told us, "[Person] has built up a good rapport with carers which is nice to see and hear about from [person]. [Person] has three to four regular carers. They do seem to genuinely care." A person said, "They (staff) are friendly, kind and caring."
- Staff told us, they built relationships with people and their relatives. One staff member said, "I know [person] really well, but we still need to knock before entering, and ask for consent before we complete any task. I also just sit and chat with [person]."

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

- People and relatives told us staff listened to what they told them and supported them in a way that suited their needs. A person said, "They (staff) offer to do bits of shopping, I do most of it online, but it is helpful for me when they offer." Another person said, "They do what I ask them to."
- Care plans identified if a person wanted a specific gender of staff to support with personal care. Records we looked at evidenced this need was met.
- Most care plans and risk assessments had been signed by the person or their representative when appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a dignified way. Staff told us how they protected people's privacy and dignity by knocking before entering, closing doors and curtains when completing personal tasks, and not discussing people's needs outside of the workplace.
- People were supported to remain as independent as possible. One person told us, "The carer doesn't seem to mind me telling them what to do. They (staff) are always polite and ask me things. They fill the gaps of what I am unable to do. I like to be independent wherever I can."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were documented within care plans. Staff understood people's communication needs however, specific information when a person did not speak English had not been recorded. For example, key phrases or words in the person's native language to support staff in communication. On most visits the service had a staff member who could speak the same language. The registered manager and staff told us they use "google translate" to communicate with the person.
- The registered manager told us information could be documented in a format that met people's needs. For example, easy read or large print. However, for one person their care plan had not been translated into their language. The registered manager agreed to implement this after the inspection.

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

- People's life history, significant relationships and any spiritual, cultural or religious needs were documented within the care plan. If people had a preferred gender of staff supporting them with personal care, this was documented and fulfilled.
- Information regarding personal preferences and choices were documented within their care files. For example, likes and dislikes, activities, hobbies and interests.
- People were supported by a consistent staff team who knew them well. One person said, "They (staff) are responsive to my needs. They are tidy in their work; they wash up if needed. They do all they're supposed to do. They get me up well and are cheerful in the mornings." Another person said, "They are kind and caring. I have mostly the same ones (staff) come so they do know me well now. They always make sure I have everything I need before they leave such as a glass of fresh water within reach. I couldn't ask for anything better."

### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain.
- Records of any complaints were kept and evidenced that complaints were responded to appropriately and within the providers specified timeframes.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- People had evidence in their care plans regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status.
- If anyone required end of life support the registered manager would ensure all staff had the appropriate training and support and they would need to liaise with the appropriate health care professionals.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes for medicines were effective in ensuring people received their medicines but were ineffective in ensuring records were kept up to date.
- Systems and processes were in place to review people's care plans and risk assessments. However, they had not identified missing information regarding signs, symptoms and strategies linked to people's health or mental health needs.
- Systems and processes to ensure recorded notes were person centred were not effective. We found two records for a person that described them using language which was not respectful or person centered.

The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a system in place which highlighted and alerted when a task had not been completed for a person. There was an allocated staff member who reviewed these alerts and checked with staff the reason for missing recording.
- The registered manager had implemented changes since the last inspection based on the feedback given.

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 understood and had acted on their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

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

- People, relatives and staff were asked to feedback on the care provided. The provider sent out surveys and analysed the responses. A letter was then sent to all parties outlining the actions taken from the feedback. A person told us, "They (managers) do spot checks every few weeks. I have spoken to the manager. I think it is a well-run company."

- Staff were offered regular meetings and supervisions to support communication between managers and staff. Staff told us they felt supported by the management team. One staff member said, "They (managers) are always available to us and open to discussing anything needed."

Continuous learning and improving care; Working in partnership with others

- Relatives when appropriate, were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred.
- The registered manager was open to the inspection process and remained open and transparent throughout.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks to people's health and safety had been assessed and done all that is practical to mitigate those risks.</p> <p>The provider had failed to ensure the proper and safe administration of medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.</p>