

Love 2 Care Homecare Services Ltd

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## Inspection report

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11 April 2019

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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

About the service: Love 2 Care is a domiciliary care service that was providing care to 16 people in their own homes at the time of the inspection.

People's experience of using this service:

- People received person-centred care from a service that had developed a strong caring culture. People were supported by consistent staff which enabled them to develop positive relationships.
- The service was managed by a committed management team who ensured people were respected and treated as individuals.
- There were systems in place to protect people from harm and abuse. Where risks were identified there were plans in place to manage the risks. Medicines were managed safely
- Staff were extremely positive about the support they received. Staff received training to ensure they had the skills and knowledge to meet people's needs and were supported to access development opportunities.
- 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.

The service met the characteristics of Good in all domains.

Rating at last inspection: This is a newly registered service. This was the first inspection.

Why we inspected: We inspected this service within 12 months of the date of registration in line with our inspection methodology.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Love 2 Care Homecare Services Ltd

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. Not everyone using Love 2 Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity took place on 11 April 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we looked at information we held about the service. This included previous

inspection reports and statutory notifications. Notifications are specific events the provider must notify CQC about by law. We also asked the provider to complete a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we looked at the care records for three people. We looked at three staff files and other records relating to the management of the service.

We spoke with the registered manager, the director and four members of the care team.

Following the inspection, we spoke with two people using the service, two people's relatives and one health care professional who supports people using the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "I feel very safe with them". Relatives were confident people were safe. One relative said, "Yes she is very safe."
- There were systems in place to ensure people were protected from harm and abuse. The registered manager ensured any concerns were reported to appropriate agencies.
- Staff had completed training in protecting people from harm and abuse and understood their responsibilities to report concerns. One member of staff told us, "I would report to either a senior or [registered manager]. I could report to CQC."

Assessing risk, safety monitoring and management

- Care plans included risk assessments and where risks were identified there were plans in place to manage risks. For example, where people were at risk due to limited mobility, care plans detailed the support required to manage the risk.
- Accidents and incidents were reported and recorded. Appropriate action was taken to minimise the risk of reoccurrence.

Staffing and recruitment

- The provider had safe recruitment processes in place. This included seeking references and carrying out a Disclosure and Barring Service (DBS) check to ensure people were safe to work with people using the service.
- No one we spoke with had experienced any missed visits. People received support from consistent staff. Staff were usually on time and on the rare occasion staff were late people were contacted to advise them.

Using medicines safely

- Medicines were managed safely. Staff completed training and had their competency regularly checked to ensure medicines were administered as prescribed.
- Details of all medicines were included in people's care plans. Medicine administration records (MAR) were fully and accurately completed.

Preventing and controlling infection

- Staff completed training in infection control and understood how to prevent cross infection.
- Staff had access to personal protective equipment and used it appropriately.

Learning lessons when things go wrong

- Accidents and incidents were monitored by the registered manager to ensure there was learning from events.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and care plans developed to ensure people's needs were met.
- Care plans reflected good practice standards and guidance. For example, care plans reflected the National Institute for Health and Care Excellence (NICE) standards for home care for older people.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction, which included training and shadowing more experienced staff to ensure they were confident before working alone.
- Staff were supported to access development opportunities and complete nationally recognised qualifications in health and social care.

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

- People were involved in decisions about what they would like to eat and drink. One person told us, "They always ask me what I want to eat."
- Where people had specific dietary requirements, these were detailed in their care plans

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked closely with the lead provider partner who commissioned the service to ensure people received care and support in a timely manner.
- There was positive feedback from relatives about the support they received in accessing services and equipment. For example, one relative had thanked the service for supporting their loved one to come out of hospital by ensuring equipment was in place prior to discharge.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health professionals where they were unwell. One relative told us, "When [person] was unwell they have called 111 and then let me know. They always pick up when she is unwell and get help."

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

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

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

- Staff had completed training in MCA and understood how to support people in line with the principles of the act. One member of staff told us, "It's about knowing them and making sure we make decisions in their best interest".
- Records included information relating to people's capacity to make decisions.



# 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

Good: 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 positive about the caring approach of staff. One person said, "They [staff] are very polite and caring." One relative told us, "They are genuinely caring, not just doing a job. They are bothered and want to make [person] happy."
- There was a strong caring culture embedded in the service. The caring ethos was promoted by the registered manager, director and management team.
- There were many examples of management and staff going to great lengths to meet people's needs and enhance their well-being. For example, one person was socially isolated and a member of staff gave up her own time to take the person to a weekly coffee morning. Other examples included, staying to help a person get ready for a family event, visiting people in hospital and delivering Christmas presents and Easter eggs to people.
- Staff had completed training in equality and diversity and understood the importance of supporting people in a way that valued their individuality.

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

- People were involved in decisions about their care. One person told us, "They involve me all the time." Where appropriate, relatives were involved in people's care and were kept informed. One relative told us, "I am involved in the care plan and when things change they always have a conversation with me. I am very involved."
- Staff understood the importance of involving people in their care. One member of the care team told us, "I go out and meet all the customers. Make sure we are meeting their needs and if there is anything we can do. It's about the whole family, their life. We have a really good relationship with all our customers."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person described how staff protected his privacy and dignity when providing personal care. The person said, "They respect my privacy when they are helping me wash".
- Staff were extremely respectful when speaking about people. One member of staff told us, "We treat people how you want to be treated. You are in their homes and we respect that."
- Staff ensured they promoted and encouraged people's independence. One person told us staff encouraged them to do as much as they could for themselves, whilst recognising that this could vary depending on their condition.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were person-centred and included information that reflected them as individuals and respected their rights. This included information about their life histories, families and things that were important to them.
- Information in care plans enabled staff to get to know people and build positive relationships. One person told us, "I have the same care staff which is reassuring and I am building relationships with them. They know and understand me and are very supportive of [condition]."
- Care plans detailed people's communication needs in line with the Accessible Information Standard (AIS). This ensured communication needs were identified, recorded and shared.
- Staff told us care plans contained all the information they needed to meet people's needs. One member of staff said, "Care plans definitely have enough information."
- The service was responsive to people's changing needs. Staff gave examples of the management team immediately increasing support for people to ensure their needs were met. This on occasions was provided without funding whilst the service waited for funding to be agreed.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints and were confident to do so. One person told us, "I do call the office if I've got any problems. They always listen and make sure they do something about it."
- There was a complaints policy and procedure in place. Records showed that complaints had been responded to in line with the policy.

End of life care and support

- At the time of the inspection the service was not providing end of life care.
- The service had received letters and cards of thanks from relatives whose loved ones had been supported at the end of their lives by Love 2 Care. One relative had thanked staff for also looking after them when they were unwell and described the staff supporting their loved one with end of life care as, "Nothing short of outstanding."
- One health professional who had worked with Love 2 Care in the care of someone receiving end of life care told us, "Carers were all great. They looked at the whole picture and provided really holistic care."

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and director promoted a person-centred approach to care that ensured people, relatives and staff were respected and valued.
- The registered manager put people at the centre of everything the service did and ensured people received the high-quality service they deserved and that they were safe. This had included increasing care packages to meet people's needs where funding was not always available.
- There was an open and transparent culture that valued everyone as individuals and respected their opinions. One member of staff told us, "Yes I am very valued. They always take things on board. It has been a very positive experience for me. They are doing really well."
- Throughout the inspection the registered manager and director were open and accommodating. They provided all the information requested and shared their vision for the future of the service with passion and commitment.

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

- There was a clear staffing structure in place. The structure had been developed to ensure staff had the skills and knowledge to carry out their roles and considered future development and careers.
- Staff were extremely positive about the service and were proud to work for Love 2 Care. Comments included; "It is truly about love 2 care. It's all about positive relationships, being part of a huge family. Everything we do is about the client's well-being." and "It's a fun place but very professional. The support is amazing".
- There were systems in place to monitor and improve the quality of the service. An electronic system was being introduced that would improve the quality assurance processes and enable the registered manager to have a clear overview of all aspects of the service.

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

- There were systems in place to enable people and relatives to provide feedback about the service. A quality survey had been sent out to people and relatives in January 2019. Changes had been made in response to the feedback and as a result people told us the service had improved greatly over the last two months.
- Staff told us they were very involved in the development of the service. One member of staff told us, "Definitely listened to and respected. I didn't think care was provided as it should. I reported it and [RM] has addressed it and given staff additional training."

Continuous learning and improving care and Working in partnership with others

- The service worked closely with the lead provider partner who commissioned the service. Regular monitoring visits were carried out and the registered manager and director used reports from the visits to continually learn and improve.
- The registered manager used their own skills to develop staff and promote an inclusive culture. The registered manager told us, "[Director] and I are fluent in sign language and are currently teaching our staff these skills as we believe not only may it help them with their job but it will also help the local community."
- The registered manager and director had developed a business plan that showed a clear strategy for developing the service whilst ensuring the continuity of good quality care