

Like Care Limited

# Like Care Limited

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Like Care Ltd is a domiciliary care service providing personal care and support to 12 people at the time of inspection. 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.

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

The registered manager and provider did not always ensure risks to people's health and safety were documented and care plans were comprehensively completed. This included for people nearing the end of their lives. We have made a recommendation to the provider to refer to guidance and update their practice. However, the management team and staff knew people well and how to support their needs and monitor risks. People and relatives felt confident in the management of the service and felt included in planning and organising care. Staff felt supported by the management team and were confident in sharing their views. The management team worked effectively alongside other health and social care professionals.

People felt safe and were protected against the risk of abuse. Staff knew what to do if they had concerns for people's safety and had confidence in the management team to act on any concerns they had. Where staff administered medicines, this was done safely. Staff understood risks relating to infection prevention and control and wore the necessary personal protective equipment (PPE). The provider had systems in place to learn from incidents to prevent reoccurrence.

People were supported by staff who had received appropriate training and their practice was monitored and evaluated by the management team. People were supported to eat and drink enough to maintain their health. The registered manager worked alongside external health professionals to ensure people's needs were met in a timely way.

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.

Staff were caring towards the people they supported and provided care in line with people's preferences. People were encouraged and supported to make decisions relating to their care and where required, people's representatives were included. Staff understood how to provide dignified care and respected people's privacy.

People and relatives were supported to make and maintain meaningful relationships and engage in activities important to them. Staff recognised when people may be isolated and ensured they provided quality time by talking to people and getting to know them better. People were supported in meeting their communications needs to ensure they remained involved and informed about their care. People and relatives knew how to make complaints to the service if needed and these were acted upon by the

management team.

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

This service was registered with us on 08 February 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and due to concerns received about the care and treatment of a person supported by the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### 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 ●

# Like Care Limited

## 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

The inspection was completed by 1 inspector 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 homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 8 March 2023 and ended on 15 March 2023. We visited the location's office on 8 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority. 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 of this information to plan our inspection.

#### During the inspection

We spoke with 1 person who used the service and 7 relatives. We spoke with 6 members of staff including the registered manager, nominated individual, care coordinator and 3 care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 5 people's care records, 3 staff files and multiple medicine records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety had been assessed and systems were in place to monitor these. However, we found identified risks had not always been recorded thoroughly. This meant staff did not always have complete written information regarding people's risk management.
- However, staff we spoke with demonstrated knowledge of people's risks and the processes they took to monitor and escalate any concerns to the management team.
- We found no evidence people had been affected and feedback from people was positive. For example, a relative told us, "There have not been any mistakes or accidents, they [staff] are really good."
- The registered manager acted during the inspection to update people's risk assessments and introduce new risk assessment documentation where required.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe when care was provided and knew how to raise concerns. For example, a relative told us, "Yes, we feel very safe with the carers at all times. We would speak to the carers themselves first if we didn't feel safe and then the office if that didn't do the trick."
- People were protected from the risk of abuse. The provider had policies and processes in place to identify and respond to safeguarding concerns.
- Staff were able to explain what potential abuse may appear as and the actions they would take if they had concerns, including alerting the registered manager.

### Staffing and recruitment

- We found there were enough numbers of staff to ensure visits to people were completed as required and at the correct times. People and relatives told us their care call times were met. For example, a relative told us, "No issues at all, we are so pleased with them; the timings are spot on."
- Staff told us the provider undertook pre-employment checks to ensure they were suitable for their roles and records confirmed this.

### Using medicines safely

- Medicines were administered safely. Where medicines were administered by staff or if people self-administered their medicines, this was recorded. Staff responsible for administering medicines were trained and their competencies had been assessed.
- Staff were able to explain the processes they used to administer medicines safely. Staff informed the management team of any changes to people's medicines. The provider had appropriate policies in place.

### Preventing and controlling infection

- Staff had access to and wore suitable personal protective equipment (PPE) in order to reduce the risk of infection. One relative told us, "They always wear the correct PPE and we don't have to worry."
- The provider had infection controls policies in place and staff had completed mandatory infection control training.

### Learning lessons when things go wrong

- The provider had appropriate reporting systems in place for staff to alert the registered manager to any incidents, accidents or concerns. One staff member told us, "If we have any concerns or anything goes wrong, we have to contact our line managers straight away. We also call at the end of our shifts to provide a report. If there are any issues, they [management] respond quickly."
- We found where issues had been reported, the provider acted on the information and undertook further investigation to seek outcomes and resolutions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- The provider assessed people's needs prior to care commencing. Care plans contained personalised information to inform staff of people's needs, health conditions and preferences. Staff told us care plans gave them enough information to support people as required. However, we found care plans could be improved to provide more specific details about the approaches staff should take. For example, a person at risk of falls did not have a detailed care plan to advise staff on how to support the person whilst mobilising. The registered manager explained the person required verbal prompts and reassurance and agreed this should have been reflected in the care plan and they would update this.
- People and relatives were involved in the assessment and care planning process. For example, a relative told us, "We were involved in the writing of the care plan and it is totally geared towards [person] needs."

Staff support: induction, training, skills and experience

- Staff received an induction when starting their position and completed mandatory training which records confirmed. All care staff had either completed the Care Certificate or were working towards this. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider completed random spot checks to observe staff practice when supporting people to ensure the safety and quality of care provided. A staff member told us, "The managers arrive from time to time, we never know they are coming. They always provide me with feedback to help my development and sometimes they find areas of improvement and we have extra training and advice."

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

- People received effective support to ensure they had enough to eat and drink. Care plans detailed whether people required support and staff completed records to evidence the meals and drinks provided. A relative told us, "They [staff] prepare meals for [person] and will always leave food and drink nearby so they don't need to get up for it."

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

- People were supported in accessing additional support when their needs changed. A relative told us, "If [person] is not well they [staff] help me get the assistance we need."
- Staff understood their role in monitoring changes in people's health and the actions they should take. A staff member told us, "I always check with people on how they are feeling or look for any changes. For

example, when checking people's skin; if something has changed or does not look right, I report this to the managers straight away. They then call the district nurses in."

- The registered manager understood when external professional support was required. We observed contact records to other professionals and the action taken to ensure people received the support they required.

#### 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 were provided with copies of their care plans which they signed to evidence their consent to receiving care. Where people did not have the capacity to consent to care being provided; there was evidence of the person's representative/s being involved making decisions in the person's best interests. A relative told us, "I was involved in creating the care plan and it's an ongoing task that we discuss together as [person]'s needs change."
- Staff supported people to make choices when providing care. For example, a staff member told us, "Some people struggle in making choices; like what they want to wear or eat and drink. So, I explain or show to them what is available and give them time to decide." A relative told us, "[Staff] always ask what [person] would like to eat before preparing it."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff were consistently caring towards the people they supported. A relative told us, "I think they are extremely gentle and very caring. They listen and change the routine if [person] is uncomfortable with something."
- Staff members told us they supported people in line with their preferences. One staff member told us, "We have meetings with the management team before we first visit people, so we know beforehand about people's needs and preferences. But I also make sure with them when I'm there, so I'm doing as they wish."

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

- People were involved in the planning of their care and their relatives were able to provide further information where this was required. Initial assessments took place to identify people's care and support needs which were reviewed.
- People were supported by staff and involved in decisions about their care. A relative told us, "We make all our own decisions about the care and they help, they listen too and change the routine if [person] is uncomfortable with something."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us how staff supported people in a dignified and inclusive way. For example, a relative told us, "[Staff] are very polite and always ask permission before dressing or undressing [person]."
- Staff understood the importance in supporting and maintaining people's dignity. One staff member told us, "When I support people with a shower or wash, I close the door and ask if they are ready. I make sure they are covered over properly when helping them, so they feel safe and warm and respected."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- End of life care and support required improvement. Whilst people and relatives were involved in the planning of their care, more attention was required in capturing people's wishes, preferences, and external professional support in line with national guidance. For example, one person required end of life care, however no information was documented about their final wishes or specialist professional involvement. This meant staff did not have personalised information available to refer to when required. The registered manager responded by updating care documentation to capture this information.
- However, staff told us they had received training in end of life care and records confirmed this.
- Staff were able to demonstrate their knowledge of supporting people's end of life care needs. A staff member told us, "People may be afraid, so I take time to listen to them and check for any changes in how they appear or feel. I make sure I tell the office if I'm worried so they can speak with family or contact the GP and nurses."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people avoid social isolation. A staff member told us, "I support people who are isolated and aren't able to leave their house. It's important for them to have friendships because they live alone and companionship is important. I try to make sure I give them extra time just to talk and this helps me get to know them better also."
- Relatives felt reassured by the care staff provided, enabling people to have time for themselves. For example, a relative told us, "[Person] is never rushed, I sometimes apologise if I am going to be late and tell them to leave but they always insist that they will stay until I am back and they do. I don't need to worry now they are caring for them."
- People were supported to engage in activities important to them. A relative told us, "[Staff] help [person] with their drawing, so they most definitely know what [person] likes to do."

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.

- Documents were available in different formats on request, or if this was identified as a need during the

assessment stage.

- Staff effectively engaged with people experiencing sensory loss. A relative told us, "They talk with [person] but they are deaf and they still manage to communicate. Staff chat to [them] and explain what the plan for the visit is."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew who to speak with if they were unhappy with the service. A relative told us, "I would know how to complain yes but have not needed to."
- We found a complaint was in the process of being investigated and responded to by the management team. Initial investigation identified additional staff awareness and training was required and this was provided.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were not always effective in identifying shortfalls in people's risk assessments. Whilst the management team and current care staff understood people's needs and management of risks well, this was not always evidenced within care records. This meant existing or new staff would not have complete information available to them to provide safe care, increasing the risk of harm occurring.
- Care plans did not always contain complete and current information. The management team knew people's needs and preferences, however care plans did not consistently document the approaches staff should follow for them to provide personalised care. We found some care plans had not been updated to include changes in people's needs. This meant staff did not have up to date written information regarding people's needs and treatment.
- Policy and procedure was not always followed by the management team. The provider had appropriate policies and procedure in place, however these were not always effective. The provider had an end of life care policy, however, did not follow their own requirements to ensure people's wishes were captured effectively or comprehensively detailing peoples complex needs and external professional support. This did not meet best practice guidance.
- We found no evidence people had been harmed and the provider submitted an action plan to us detailing the measures they would take to improve these key areas.

We recommend the provider refers to current guidance on the assessment of risk and care planning management for people receiving adult social care and take action to update and embed their practice.

- The provider was not always clear about their statutory requirements. For example, providers are required to notify CQC of key events that occur in or about the service. We found 2 instances where we were not notified of key events or changes. The provider acted to ensure notifications were submitted as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff demonstrated a positive culture within the service in striving to meet people's needs and promoting their independence. People and relatives felt included and consulted with on how care was organised and delivered. Where people wanted to maintain their own independence, this was encouraged and respected by the service.

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 and provider understood their legal requirements. We found that there were systems in place to record, investigate and feedback on any incidents, accidents or complaints.

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

- People, their families, and other supporters were involved in the care planning process.
- Staff were provided with regular supervision and team meetings. Staff told us they felt able to raise any issues or concerns and they were listened to.
- The provider sought feedback from people about their experiences and care provided. This included formal methods, such as surveys and also during informal discussion. Where improvements or changes were identified these were acted upon.

Working in partnership with others

- The service had systems in place to monitor people's needs and request professional support when needed. The registered manager and staff worked with external health and social care professionals to ensure people's needs were being met.