

Love 2 Care Homecare Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Love 2 Care is a domiciliary care service providing personal care. The service provides support to older people in their own homes in the Swindon area. At the time of our inspection there were 56 people using the service.

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

There were systems to monitor the service. However, these systems were not always effective and did not always identify concerns relating to risks, planning, training and punctuality.

Risk assessments did not always identify how potential risks should be managed to reduce the likelihood of people experiencing harm and we saw that not all staff were trained to carry out care related to specific risks. However, staff we spoke with understood the risks to people, delivered safe care and knew how to seek guidance if needed. There were enough staff to keep people safe and meet their needs.

People's care plans were person-centred and focused on what was important to people. However, not all care plans were accurate or up to date, and some missed key information to ensure people were supported safely.

Not every staff member had received training to enable them to meet people's needs effectively. We saw that supervision/spot check meetings for staff had not been held regularly since the last inspection, but we saw a supervision schedule was now in place. Staff told us they felt supported by the management to perform their role.

People told us staff were not always punctual and that visit times varied from day to day, however, we also heard that staff often communicated to people if they were going to be very late. A new system had very recently been installed to monitor visits.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns.

People and their relatives were involved in reviews and were supported to express any concerns they may have. People felt they were treated with kindness and spoke positively about staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

We carried out an announced inspection of this service on 29 June 2022. Breaches of legal requirements relating to safe care and treatment and good governance were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains requires improvement based on the findings of this inspection.

We have identified continued breaches in relation to Regulation 17 (Good Governance) and Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014 at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can read the report from our last inspection, by selecting the 'all reports' link for Love 2 Care Homecare Services on our website at www.cqc.org.uk.

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 well-led?

The service was not always well-led

Details are in our Well-Led findings below

Requires Improvement ●

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. 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 carried out by 2 inspectors, 1 inspection manager 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.

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 48 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 31 March 2023. We visited the location's office 8

March 2023 and on the 17 March 2023.

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 and professionals 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. In addition, we referred to the last inspection report and the action plan we received from the provider and used all this information to plan our inspection.

During the inspection

During the inspection we looked at the care records for 10 people. We also looked at 6 staff files and other records relating to the management of the service. We spoke with 7 people, 7 relatives, the registered manager, the deputy manager, the in-house trainer and 6 staff members.

After the inspection

Following the inspection, we continued to seek clarification from the provider to validate evidence found.



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.

Assessing risk, safety monitoring and management

- People's care plans identified risks to their health and wellbeing but did not always contain information about the risk, or guidance for staff on how to mitigate the risk. These omissions in care plans increased risks to service users. For example, one person's assessment page identified they were diabetic. There was no information relating to diabetes and no guidance for staff on how to mitigate the risks associated with diabetes. Staff told us and training records confirmed, no staff had received diabetes training. However, when questioned, staff were knowledgeable about the risks associated with diabetes and we found no one had been harmed from these omissions.
- Another person was at risk of falls. There was no guidance for staff on how to mitigate this to help the person mobilise safely.
- Training was delivered online and in person. Records indicated that not all staff had completed the relevant necessary training, therefore we were not assured staff had the skills to keep people safe.

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Staffing and recruitment

- People and their relatives told us that whilst things had improved since the last inspection, staff were still not always punctual. Some people told us staff would call them if they were running late. Their comments included; "They [staff] are more or less on time now", "It was poor at the start. They don't seem to be able to organise schedules easily. Sometimes they [staff] are late", "They [staff] usually arrive on time. I have different carers, but they are all alright" and "They [staff] visit four times per day, it's somewhat irregular. My [person] is not aware of the timings. I'm not aware of any missed visits."
- There were sufficient numbers of staff available to keep people safe. Agency staff were only used at weekends and were accompanied by regular staff.
- Staff recruitment checks including criminal record checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. People's comments included; "I feel safe with them [staff], I definitely trust them. I have no problem with the carers" and "They [staff] are very good and obliging, I feel

safe with them."

- Systems were in place to safeguard people from harm and abuse. The registered manager told us all safeguarding concerns would be recorded and investigated. We saw that these investigations were carried out appropriately.
- 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 record the concern and phone my manager." Another staff member said, "I would contact my manager and the local authority."

Using medicines safely

- People received their medicine as prescribed.
- Staff told us and records confirmed staff had received medicines training and their competency to safely administer medicines was regularly checked. One staff member said, "Yes I am trained, my competency was checked recently."
- One person spoke with us about their medicine. They said, "They [staff] do my medication. I get it at the right time no problems."

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was using PPE effectively and safely.
- People and their relatives told us staff wore PPE.

Learning lessons when things go wrong

- There was a system in place to report incidents and record actions taken as a result. Staff knew how to report incidents and reflective meetings were held to learn from incidents.
- The management team were open and honest when things went wrong and promoted a learning culture within the service. For example, following a late visit the service apologised to the person and discussed with staff.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Requires Improvement

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.

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

- Following our inspection on 29 June 2022 the registered manager submitted an action plan stating how they would improve the service to meet the regulatory requirements. At this inspection on 8 March 2023 the registered manager told us the action plan had been completed and improvements had been made. At this inspection we found the actions had not all been completed and had not been effective in ensuring the service met the regulations.
- There were systems in place to monitor the quality and performance of the service. However, these systems were not always effective. For example, the shortfalls on risk management we have cited in the safe domain'
- The provider had not established effective governance systems to ensure the service was operating in line with policies and procedures. The Business Continuity Plan stated, 'Data Security and Protection Toolkit completed and updated annually'. At the inspection the registered manager confirmed to us they had not carried out any audits or assessments of data security. We saw a very recently created management oversight spreadsheet with a list of 4 regular governance actions. However, there was not a systematic approach to populating this spreadsheet to ensure there were good governance systems in place. The registered managers actions were reactive to external audits, rather than proactive from reviews of services own policies and procedures.
- The provider did not have an effective system in place to ensure staff received training in line with the training policy. The training matrix identified staff had not received training specified in the providers policy, which linked to the skills for care guidance on mandatory training. This was not identified through auditing and no action had been taken to ensure staff received appropriate training to carry out their roles.

At our last inspection the provider had failed to have effective monitoring systems in place and records were not always accurate and up to date. This was a breach of regulation 17(1)(2)(a)(b)(c)(d)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- People and their relatives told us the service was well-led. People's comments included; "I am pleased with the service it's marvelous; I can't find fault with them. I am very happy with everything" and "Absolutely fine at present. We are satisfied with everything."
- The registered manager engaged with the inspection in a positive way and reflected on how they were managing the service and improvements they wanted to make.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.

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 was responsive to issues and concerns. We saw completed investigations and staff understood their responsibility to be open and honest if things went wrong.
- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- People and their relatives were encouraged to express their opinions via the telephone or during visits. Surveys had been conducted in the past and we saw future surveys were planned. One person told us, "They have phoned and asked if everything is as expected."
- Staff had a clear understanding of their roles, and their day-to-day work was steered by the people they supported. Staff had opportunities to develop their skills to ensure provision of better quality of care.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up-to-date professional guidance.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Records did not always evidence the mitigation of risk.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems to monitor quality were not always effective and records were not always accurate or up to date.</p>

The enforcement action we took:

Warning notice issued