

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 people in their own homes. At the time of our inspection there were 91 people using the service.

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

People, and their relatives were not always aware of who the registered manager was but found the office team approachable and supportive. Staff told us the registered manager was supportive when approached but was not always visible in the day to day running of the company. There were systems to monitor, maintain and improve the quality of the service. However, these systems were not always effective and did not identify concerns relating to risks, planning and punctuality.

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

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.

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 were not held regularly, however, staff felt supported by the management to perform their role. 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's care plans were person-centred and focused on what was important to people. Although care plans were regularly reviewed, we found that information was not always consistent across different systems. People and their relatives were involved in the reviews and 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

The inspection was prompted in part due to concerns received about, staffing, infection control, and training. A decision was made for us to inspect and examine those risks. This was a planned focused inspection of the service.

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 changed from good to requires improvement based on the findings of this inspection.

We have identified 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.

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

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.

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 one inspector, and one inspection manager who supported with interviews.

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.

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. We used all this information to plan our inspection.

During the inspection

During the inspection we looked at the care records for five people. We looked at three staff files and other records relating to the management of the service. We spoke with the registered manager and the deputy manager.

After the inspection

Following the inspection, we continued to seek clarification from the provider to validate evidence found. We spoke with five members of the care team, two people who used the service and five relatives.

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 good. At this inspection the rating has changed to 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

- Risks assessments were in place to help keep people safe. The service had completed risk assessments for the majority of people. These included risks associated with mobility, medicine, eating, drinking and environment. However, risk assessments did not always contain guidance for staff to manage the risks.
- One person's care plan referenced that they were at risk of seizures. The guidance for staff relied on staff training and we saw not everyone who visited this person had received the correct training. This placed the person at risk if they had a seizure.
- We received an action plan in place to support a person. The action plan outlined the care the person required, however, not all staff who visited this person were trained to deliver appropriate care.
- Training was delivered online and in person. Records indicated that not all staff had completed the relevant necessary training, therefore we were not assured that staff had the skills to keep people safe. We saw that two people had received care calls by staff that had not been trained to provide the specialised care required. This meant people had been placed at risk of harm.

The provider did not always ensure that action was taken to mitigate risks and protect people from avoidable harm. These concerns were a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

- Incidents were logged by staff; these were then reviewed by the care manager. People told us that they were supported by regular staff who understood their needs and could respond swiftly as and when their needs and risks changed.

Staffing and recruitment

- People told us that staff were not always punctual but would try to inform people ahead of time where possible. Their comments included; "I would rather know an hour slot of when they are coming, but as I don't it's so frustrating," "Sometimes they [staff] come very early and on a few occasions in the evening it's been very late, they did call to let me know and so I cancelled the call."
- There were sufficient numbers of staff available to keep people safe, when staff sickness occurred, agency staff were used to support the service. A relative told us, "As we have regular carers, if they [staff] are sick, the office know to call us so we can cover the call as to not upset my mother with changes."
- 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; "Staff are really nice, they always do things properly" and "The staff are absolutely brilliant I can't fault them, they keep my relative

safe and also look out for my wellbeing."

- Systems were in place to safeguard people from harm and abuse. The registered manager told us that all safeguarding concerns would be recorded and investigated. We saw that these investigations were carried out appropriately by the deputy manager.
- 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 log the concern straight away and phone my manager, people should always be safe."

Using medicines safely

- Records relating to the administration of medicine were not always accurate or up to date. We found three people's medicine assessments and support they required was not always clear. We informed the registered manager who said they would take action to resolve these concerns.
- We saw records to demonstrate that staff carried out medication compliance training prior to administering medicines to ensure they could do this safely. In line with the company's policy this was renewed yearly and was documented on the training matrix. Staff told us, "If I am worried about someone and their medicine, I would call the office".
- We saw limited evidence of medication audits being carried out, management assured us that a more robust documented procedure would be implemented"

Preventing and controlling infection

- We were not always assured that the provider was meeting the IPC requirements. Staff were provided with PPE including testing, however we saw that the policy and information shared wasn't always up to date. We have signposted the provider to resources to develop their approach. Please see well-led domain for further information.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents, incidents.
- We could not always see where learning was used to improve the service. Following the inspection, we received an action plan identifying that more action was required in order to evidence how lessons learned have been incorporated into service development. The registered manager recognised that more robust documentation was required.

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 good. At this inspection the rating has changed to 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

- There was a range of checks and audits to monitor the quality and safety of the service to help drive improvements. These included care plan reviews, spot checks and regular quality phone calls to people using the service. However, the systems to monitor quality were not always effective and did not always demonstrate how action was taken to address issues raised. Systems to monitor the quality of the service did not identify our concerns.
- Care plan reviews were carried out regularly, however, we saw that information was not always up to date on all systems. For example, we saw that three people's care plans contained inconsistent information regarding support they required with their medicines and two people's care plans contained incorrect information about their mobility. One person told us, "Even after my review, it still contains incorrect information, I've just crossed it out of the care plan and they [staff] know it's wrong."
- There were limited systems in place for the monitoring, management and communication of risks as supervisions were not held regularly and there had not been a staff meeting held this year. Staff also told us the service did not always share outcomes about risks.
- We looked at a range of policies which listed the registered managers responsibilities; however, we saw these responsibilities were often carried out by other members of staff.
- A system to monitor the frequency and results of staff's bi-weekly COVID-19 tests had not been implemented to ensure that staff were testing in line with government guidance and were safe to support people.

These concerns were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

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

- Some people and their relatives told us the service was well-led. People's comments included; "They are on the ball, and good at keeping me informed," "Management listen to what I have to say and are lovely, they always update the care plans when there have been changes."
- The deputy manager and care manager were reported as working closely with staff, relatives, and professionals in order to offer a good service. 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 through their action plan.

- 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.
- 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. We heard from staff that the company has supported their development and support staff to achieve NVQ qualifications.

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