

Lovingangels Care Ltd

Loving Angels Care (Northampton)

Inspection report

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25 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

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 60 people were receiving personal care.

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

People told us they felt safe with staff. Staff knew people's needs and gained consent before completing tasks.

People told us, staff were often late to calls. The provider had not followed their own safer recruitment processes. Not all staff had the relevant checks required by the company policy.

Audits were completed, however certain audits had failed to identify some of issues raised on inspection. People were asked for feedback on the service via reviews or online.

People told us that staff were kind and caring. People had a good relationship with staff.

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 did not support this practice.

Care plans and risk assessments were completed with details of people's preferences, choices, communication, likes and dislikes. This supported staff to know how to support people well.

Staff supported people to access healthcare services when appropriate and made referrals as required to the relevant professionals such as, occupational therapy, GP's and district nurses.

Staff respected people's right to privacy and promoted people to be as independent as possible. People's communication needs were known by staff and the manager could provide documentation in different formats to meet people's needs.

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

Rating at last inspection.

This service was registered with us on 15 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 ●

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one assistant inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission, the company had a nominated individual who was covering the registered manager role, while the company recruited to this post. We will refer to this person as the manager within this report. This means that the provider was 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. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 22 October 2019 and ended on 25 October 2019. We visited the office location and visited people on 22 October and made calls to staff and people on 25 October 2019

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection

During the inspection

We spoke with ten people who used the service and one relative about their experience of the care provided. We spoke with ten members of staff including the provider, manager and care workers,

We reviewed a range of records. This included six 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 for this newly registered service. This key question has been rated 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.

Staffing and recruitment

- The provider had not followed their own policy on safe recruitment. Not all staff had received two references before starting work and the manager had not completed a risk assessment for this. The manager agreed to ensure references were received. We saw evidence of references received after the inspection.
- Staff records showed the provider had carried out an enhanced Disclosure and Barring Service (DBS) check and confirmed their identity and right to work.
- People told us staff were often late and they were not always informed when staff ran late. We saw evidence of 560 calls out of 4,000 delivered were over 30 minutes late in one month.
- One person told us, "Staff are often late, but they always turn up." Another person told us, "They [staff] do tend to turn up at different times each day, but they do turn up." We did not find that anybody that used the service required time critical support or was adversely impacted by this.
- We received mixed views from people regarding a consistent staff team supporting them. One person told us, "I always have [staff name], they are the absolute best." Another person told us, "I have a different person every time." People consistently told us they felt safe and staff were kind, No one raised a concern regarding changes in staff.

Preventing and controlling infection

- People told us that staff always wore gloves, however two people stated that staff did not always wear an apron or uniform when completing personal care. This meant there was a risk of cross infections.
- Staff had received infection control training, and all had access to personal protective equipment (PPE) such as gloves and aprons. Most staff kept PPE within their cars and took them into people's houses.

Assessing risk, safety monitoring and management

- The potential risks to people had been identified and risk assessed, however not all risk assessments contained strategies to reduce each risk area and one person's risk assessment had not been updated after a fall.
- Risk assessments had not been completed regarding flammable creams and fire. The manager agreed to complete these straight away.
- Most staff told us they felt there was enough information within people's risk assessment to support them appropriately and safely. However not all staff had read the risk assessments, one staff member told us, "They [risk assessments] are ok, I haven't really read them though, but if I need them they are on the app."

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were safeguarded from abuse. People told us they felt safe. One person said, "I feel absolutely safe, they [staff] make me feel safe."
- The manager understood their responsibilities in relation to safeguarding, how to report and investigate concerns, and how to protect people from potential discrimination or harm.
- Staff had received training on safeguarding adults and had a good knowledge of the signs of abuse and knew how to report concerns under safeguarding or whistleblowing procedures.

Using medicines safely

- Medicines were well managed. The provider used an electronic system which flagged up any missed or late medicines. The manager could then rectify any issues straight away.
- People's independence to manage their own medicines was encouraged if safe to do so. Any changes were made with people's full consent.
- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and staff knew what action to take if they made an error.

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.

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.

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

- It was not always clear in people's care files whether they had capacity or not. Mental capacity assessments had not always been fully completed. The manager agreed to complete these immediately.
- People told us that staff always asked for consent before completing task for them.
- Staff understood the principles of the MCA and how to follow them.
- One person's file had been signed by a relative who did not have power of attorney. The manager agreed to remove this section and ensure that either the person signed it themselves or care would be provided under best interests.

Staff support: induction, training, skills and experience

- Staff were confident in their roles; however, some staff felt the induction process was "too short" and "brief" however most staff had worked in care previously.
- Staff files confirmed staff received training and support appropriate to their roles and responsibilities. Staff told us their training was "Ok."
- Staff told us they felt supported by the manager who was available for support and guidance when required. We saw evidence that staff received regular supervisions. Staff supervision is used to advance staff knowledge, training and development by regular meetings between the management and staff group.

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

- People told us they or family members were involved in the care planning and they informed staff what

they wanted in their document.

- People's needs were assessed before any care was provided to ensure those needs could be met.
- The pre-assessment was used to develop people's care plans. These contained information on people's preferences, their likes and dislikes, communication needs and their cultural background.
- Care plans had detailed information regarding what support is required and how to support the person. For example, whether they prefer a wash or shower, how to enter the property, what equipment to use.

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

- Information in care records confirmed the service liaised with other professionals when required to ensure people had access to the right support and help. People told us staff would support them if needed.
- People's care plans included guidance about their diagnosis, such as Alzheimer's, diabetes and heart disease. This helped to ensure staff were aware of signs and symptoms associated with these conditions and advised them on actions to take in the event of changes in people's well-being.
- When people needed referring to other health care professionals such as occupational therapists, speech and language therapists or district nurses, staff understood their responsibility to 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 to make the referral.

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

- People were looked after by caring staff. One person said, "The staff are amazing, best I've ever had." Other people used words such as, "Kind," and "friendly" when describing staff.
- Staff we spoke with had a good knowledge and understanding of the people using the service. People told us that they were able to tell staff what they wanted, and that staff always completed those tasks.
- Care plans detailed people's preferences and included how they wished the staff to communicate with them.
- The manager recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally.

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

- People told us they were treated respectfully and were involved in decisions regarding their care.
- Care plans showed that people had been asked about their likes/dislikes, history and routines. Details of tasks that people may refuse was documented and strategies to encourage people were clearly written. Staff told us that they respected people's right to refuse care.
- A member of staff told us, "[persons name] can choose what they want and how they want things done." Another staff member told us, "I always ask people, it is their choice and their home, I do what they want me to."
- People told us they felt listened to. One person said, "Staff are always polite and courteous to me, they check I'm ok. I can tell them anything." Another person said, "Staff communicate well with me, If I ask them to do anything they do it."
- Care plans were reviewed with people and at these reviews people were asked if the care was good and if anything needed to change.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. A person told us, "Staff know what I need, they respect me." Another person told us, "Staff are respectful, they support me but let me wash and dry my intimate bits."
- A staff member told us what they do to promote people's privacy, dignity and independence, "Close doors and curtains. Ask if I can start the care. Check with them that it's OK."
- People were supported to do as much as possible for themselves. One person told us, "staff respond to my

needs, but they always encourage me to do things myself."

- The managers and staff ensured people's personal information was kept confidential. All records were stored securely in line with the provider's confidentiality policy and electronic records were password protected.

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.

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 did not have information documented regarding any end of life wishes. The manager agreed to discuss end of life needs with people. Immediately after the inspection the manager implemented a 'Planning for Your Future' document.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and we saw evidence of complaints that had been dealt with appropriately and within the specified timeframe.
- People, relatives and staff knew how to make a complaint.
- People told us they could phone the office or speak to staff if they had a concern or complaint. Most people felt that any issues would be dealt with. However, one person stated management had not kept them updated after they raised a complaint about staff being late. We spoke to the deputy manager who agreed to ensure this information was discussed.

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

- People's needs were identified. The service understood the needs of different people and provided the care and support in a way that met these needs and promoted equality. People's individual choices and preferences including those related to the protected characteristics to protect people against discrimination were documented.
- The manager told us how they matched people with staff, taking into account preferences, likes, personality as well as time of calls.
- One person told us, "Staff know me well, they treat me like family, I know their children's names and they know my grandchildren's names, we chat about things."
- Staff told us the care plans and risk assessments were updated and that any changes in a person's needs were communicated to them via an App on their phones.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager understood their responsibility to comply with the Accessible Information Standard and

could access information regarding the service in different formats to meet people's diverse needs. We were told that information could be adapted into large print, easy read or into a different language.

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.

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

- Systems and processes were in place to ensure person centred care was offered, however these were not always followed. For example six staff told us, they had not had a 'spot check' for a long time or not at all. We saw no evidence to collaborate this. A risk assessment had not been updated after a person fell. People told us and records confirmed that on average 14% of calls were over 30 minutes late.
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.
- Staff told us they enjoyed working for the service. Their comments included, "I would recommend this service as I know the care is good" and "I feel valued as a worker."

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

- Staff were not always clear on requirements of the role. For example, A person told us of a staff members conduct that was not in line with the provider's policies, although when investigated the staff had visited the person outside of working hours
- The manager looked at information to identify patterns or trends in incidents and accidents.
- The manager notified CQC and other agencies of any incidents which took place that affected people who used the service and was aware of their responsibility to display the rating on the publication of the inspection report.

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 manager understood, and said they would act on, their duty of candour responsibility, however no incidents had occurred which would require action or investigation in this regard.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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

- The provider did not send satisfaction surveys to people. During reviews people were asked if they were happy with the service and there was an online tool that people could use but one person told us that it

didn't work so they weren't able to feedback.

- Staff meetings were held, and we saw evidence of actions, suggestions and information sharing within the meetings.
- The manager had tried to set up a meeting for people using the service, however there was a poor uptake. The manager is going to arrange more meetings in specific areas to support people to attend. This meeting will be for information sharing.
- The management team met weekly to discuss staffing, any concerns raised, improvements required and to discuss people's needs.

Continuous learning and improving care

- The manager kept up to date on improvements and training by attending seminars and forums and signing up to social care updates.
- The service had designed a poster regarding discharges from hospital to highlight what was needed. These were agreed with the local authority and given to discharge services at hospitals.
- Staff were encouraged to complete additional training especially Qualifications and Credit Framework. An QCF is a work-based way of learning. Each QCF level involves a range of on-the-job tasks and activities that are designed to test the ability to do a job effectively.
- The manager and staff team worked in partnership with other professionals such as GP's, occupational therapists, physiotherapists, social workers and commissioners to promote and maintain people's quality of life.
- The manager was committed to working towards improving care for people. They welcomed feedback and were open to the inspection process.