

Total Loving Care Limited

Total Loving Care Ltd

Inspection report

Flat 15, Fulke House
Brooke Road
London
E5 8AX

Tel: 07415218111

Date of inspection visit:
22 February 2023
28 February 2023
10 March 2023

Date of publication:
18 April 2023

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

Total Loving Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection the service was providing support to 2 people with a personal care service.

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

People told us they were safe with staff. People were kept safe while using the service and staff knew people's risks and how to reduce them, records showed this. Staff were knowledgeable in safeguarding procedures and were aware how to escalate concerns if appropriate action was not taken by the provider.

There were enough staff to provide safe care and support to people using the service. Staff were recruited to the service safely. People's medicines were managed safely where the service was responsible.

People told us an assessment of their needs took place before they began to use the service and it made them feel involved in their care. Relatives were also involved where they acted on behalf of their family member, to ensure their needs were fully assessed and choices respected.

Staff received training to develop their skills and understanding. People told us staff demonstrated they had a good understanding of their needs and knowledge in how to provide safe care. Staff received regular support from the registered manager through supervisions.

People were supported to have a balanced diet and to have enough to drink.

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 kind and caring towards people and people told us they were treated with kindness and respect. People's privacy and dignity was respected. The service was inclusive and did not discriminate, the registered manager welcomed all to use their service.

People appreciated being encouraged to maintain their independence as much as possible to feel empowered with tier care.

Care was personalised and meet people's individual needs. Staff told us the information provided in the care plan was detailed and gave clear guidance on how care should be delivered to people.

People's communication needs were met. People were provided with information on how to make a complaint should they wish.

People were positive about the management of the service. People, relatives and staff told us the registered manager was approachable and had time to speak with them when needed.

The registered manager had implemented extra monitoring to check the quality of care provided to people.

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

Rating at last inspection and update – and update: The last rating for this service was requires improvement (published 16 December 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Total Loving Care 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 1 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 and specialist housing.

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 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 22 February 2023 and ended on 10 March 2023. We visited the location's office on 28 February 2023.

What we did before the inspection

We reviewed the information we had received about the service. The provider was not asked to complete a

Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, 1 care staff and 1 relative. We reviewed 2 people's care records including their risk assessment and care plan. We reviewed 3 recruitment, training and supervision records and other records relating to the management of the service.

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 has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and Recruitment

At our last inspection the provider had failed to follow effective recruitment procedures to ensure persons employed were of good character and had the competence, skills, qualifications and experience to perform the role. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- There were enough staff to keep people safe while receiving care and support.
- The registered manager had systems in place to cover absences and was currently in the process of recruiting more staff.
- People told us they were kept informed if their carer was running late. One person said, "Any problems, [registered manager] will ring me."
- Staff were recruited to the service following safe recruitment procedures. Staff had completed an application form, provided reference and completed a Disclosure and Barring Service (DBS) check. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- Staff had received safeguarding training and were aware of the policy and procedure to follow should they suspect abuse.
- Staff knew how to escalate concerns, a member of staff said, "If I saw a bruise, I'd report it. I'd tell [registered manager], if they didn't do anything I will go to social services, the GP or the CQC."
- The registered manager was aware of their safeguarding responsibilities. The registered manager said, "No form of abuse is tolerated in this organisation, my job is to act in best interest of people. I encourage my staff to whistleblow we discuss this during supervision."

Assessing risk, safety monitoring and management

- People using the service were kept safe and risks they faced were reduced.
- People told us they felt safe with carers. One person said, "I trust [registered manager] and I feel safer with them, they've never given me any concerns to worry." A relative said, "Yes, [Person] is safe, [registered

manager] keeps the area clean and makes sure there is nothing there to trip [person] over."

- Records confirmed people and their relatives were involved in monitoring risk and risk was assessed and regularly monitored. Risk assessments included, premises, moving and handling, falls and medicines.
- Staff we spoke with knew how to keep people safe and were aware of the risks they faced.

Using medicines safely

- People were supported to receive their medicines safely, where the service was responsible.
- Records showed staff had completed medicines training. At the time of the inspection the registered manager was the only person administering medicines.
- The registered manager had documented they were supporting people with medicines and had listed all the medicines people were taking.
- We viewed a sample of medicine administration records (MAR) and found they had been completed appropriately with no gaps.

Preventing and controlling infection

- People using the service were protected from the risks of acquiring an infection.
- Staff were able to explain how to reduce the risks of infection as they told us they wore appropriate personal protective equipment (PPE). A member of staff said, "I always wear my PPE, my gloves and mask."
- A person using the service told us staff wore their PPE, they said, "Oh, they [staff] always do."

Learning lessons when things go wrong

- Systems were in place to learn after accidents and incidents.
- The service had no accidents and incidents since the last inspection. However, staff we spoke to were aware if there were any accidents these needed to be recorded and the registered manager told us they would investigate to determine how the accident could be prevented in the future. The registered manager said, "If [person] had an accident we have to report it and log on the body chart. I would inform family, we encourage staff to be open and honest, accidents do happen."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to demonstrate how they were providing training and support to staff to ensure the safety of people using the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff were provided with a structured induction and training programme.
- Staff we spoke with told us the training they completed was useful and effective to support them in their role.
- A member of staff said, "The training has helped me a lot, the best thing is it has me to do my job and help [Person] and other people."
- Relatives told us they thought staff had the skills to perform the role effectively and knowledge.
- The registered manager said, "I ensure staff do proper training, the induction, I do a day with them (staff) and shadowing. They (staff) will also then get to meet the person using the service and their family."
- Training consisted of online learning and on in person training. Staff told us the registered manager was available to provide support if staff did not understand any aspects of the training.
- Staff completed The Care Certificate. 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.
- Staff told us, and records confirmed supervisions were taking place. The registered manager was able to explain gaps in supervision due to them being the only person providing care during Covid-19 pandemic.
- Staff appreciated the time to speak with the registered manager about how work was going and if they had any other matters to discuss. Staff told us they could speak to the registered manager outside of scheduled supervision times.

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

- People's needs and choices were discussed and assessed before care began, records confirmed this.
- One person said, "When we first met, [registered manager] did that, asked me what I wanted and needed."
- A relative said, "[Registered manager], spoke to all of us, and asked what [person] needed and what they

like. [Registered manager] always asks is there anything else they can do for [person.]"

- People were supported to have care put in place to meet their needs. The registered manager said, "I ask them what they want us to do and what can they do. I will see how much can do for themselves and see if they need 2 staff. I talk to the family there as well. Then carry out a risk assessment."

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

- People were supported to have enough to eat and drink to stay healthy.
- Care plans contained detailed information on the foods people could eat to stay healthy where they were diabetic. For example, a care plan stated, "Meals should be naturally rich in nutrients and low in fat and calories. Lots of vegetables should be given with each meal. Staff should encourage [person] to drink lots of water."

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 to receive prompt medical care when needed and appropriate referrals were made to health professionals to help people get the right care and support.
- Health professionals who worked with people were recorded within their care plans, these included the GP and hospital specialist.
- The registered manager documented people's medical and health needs in their care plan to ensure staff working with people were fully aware of these. The registered manager also provided information on people's health conditions to help staff understand how it affected people.
- The registered manager told us they supported some people and their families to attend hospital appointments and people had hospital passports. A hospital passport tells the hospital about your healthcare, your learning disability, how you like to communicate and how to make things easier for you. You can carry your hospital passport and show it to healthcare staff at the hospital. Records and relatives 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was obtained before care was provided to people, records confirmed this.
- People told us staff would ask them before they provided any care and checked if they were happy to receive personal care at that time.
- People also informed us they were encouraged to make their own choices as much as they could, this included choosing what to eat and wear.

- A member of staff said, "Before I do anything I will tell [person] and ask if they are ok."
- The registered manager was aware decisions needed to be made in the best interest of people where they lacked capacity. Records confirmed the basis of these decisions were documented in people's care plan.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 supported by staff who were kind and respectful.
- One person was especially pleased with the care they had received. They said, "I'm looked after so well, they're like family, really nice to me."
- A relative said, "It's going good, they look after [person] well. We all get on like friends."
- Staff enjoyed supporting people and spoke of people in a respectful and caring way. A member of staff said, "I know I'm doing a good job as when [person] sees me they are happy. I just want to look after [people] the way I would want to be helped."
- The registered manager told us they always spoke to people and asked them how their day was to engage people. The registered manager said, "You need to spend time with people, so they don't feel rushed."
- Equality and diversity was respected at the service. The registered manager welcomed people to use their service regardless of gender, age, sexuality, health condition or religious beliefs.

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

- People and their relatives were involved in making decisions on how they wanted their care to progress.
- People told us they were asked at every stage if they were happy with the level of care and where it needed to be changed or improved.
- Where people who could not use words to communicate the registered manager would still involve them by asking them and speaking to their relatives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected at the service and people were encouraged to maintain their independence where possible.
- People told us staff put them at ease while they received personal care and they felt respected by staff. One person said, "They [staff] maintain my dignity."
- The registered manager and staff were aware to respect people's privacy and dignity. The registered manager told us they ensured privacy while providing personal care and would ask relatives to respect this in order to maintain dignity.
- A member of staff told us it was important they knocked on people's door before entering.
- People appreciated they were encouraged to complete tasks themselves. One person said, "I take my own medicine, while I can do it myself, I want to."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Care was planned around people and was personalised to them.
- Records had improved and detailed information on people's likes and dislikes and exactly how care should be provided was documented. For example, information on the timings people wanted to receive person care and the different coloured wash flannels (and their location) staff were to use was provided. This helped staff know exactly how to deliver personalised care to people.
- People told us staff knew their personal needs and when a different staff member provided care there was no break in continuity. One person said, "[Staff] at the weekend was introduced to me and does [care] just like [registered manager]."
- The registered manager made it clear staff were there to provide care for people as stated in their care plans and not to work outside of that without contacting them first.

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.

- Records confirmed people's method of communication had been documented.
- Where people who did not use words to communicate, information was provided on how to communicate with people. The registered manager said, "Even though [person] cannot talk, I still talk to them. I encourage them, make things fun."
- The registered manager told us they were able to provide information in different formats to ensure people were able to understand the information presented to them. For example, the registered manager said, "I would ask if the person could lip read, I can show them pictures, use my phone to support communication. You have to tailor it [communication] to their needs."

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was present at the service.
- People and their relatives knew how to raise a complaint or concern, however, people and their relatives told us they had not needed to make a complaint about the care.
- One person said, "If I wasn't happy about anything I can tell [registered manager] and she will sort it out." A relative said, "I have no complaints, but if the care was bad, I would stop [staff] from working."

End of life care and support

- At the time of the inspection no one required end of life care and support.
- The registered manager had documented people's and their relatives wishes when it came to end of life care and support.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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; Working in partnership with others

At our last inspection the provider failed to demonstrate they had robust systems in place to demonstrate the service was being managed safely and effectively. The manager was not always following relevant legal requirements in relation to managing the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The registered manager put in place a number of monitoring systems to improve quality checking within the service.
- Records management had improved, and the registered manager was able to show the content of records was more detailed and provided information to reflect people's care needs and risk management.
- Staff knew what was expected of them from their role as the registered manager had regular contact with them to discuss expectations. The registered manager told us they had Whatsapp groups (Whatsapp is messaging and telephone application) and held team meetings to discuss expectations.
- The registered manager had begun to work with an external organisation to provide them with support in quality checking the service, this included performing medicines audits, records confirmed this.
- The registered manager had a system in place to monitor staff training and staff recruitment records to ensure the correct information was in place.
- The registered manager told us spot checks were now completed every 3 months and there was increased communication with people, staff and relatives to find out how care was progressing and whether there were any issues to resolve. We did note spot checks did not always take place within the 3-month time frame. The registered manager explained this was due to the pandemic when they were the only person providing care.

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

- People received care that was person centred and inclusive at every stage of their care.

- One person said, "[Registered manager] is so dedicated, I now know what good care looks like, [registered manager and staff] are so warm, they go the extra mile."
- A relative said, "[Registered manager] is doing all the things she should and taking the lead."
- Staff told us they enjoyed coming to work and felt they had good leadership. A member of staff said, "I can speak to [registered manager] anytime, when I need support, I get it. I'm always kept informed and prepared for any changes in people's care as [Registered manager] will tell me."
- The registered manager was committed in building a quality service for people to use and the staff who supported them shared this view.

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

- People told us their views on the quality of the service was requested by the registered manager.
- One person told us they had completed a questionnaire since they had begun to use the service. The registered manager told us they would use the information provided to improve the service.
- Relatives told us they were regularly asked to provide feedback and meetings took place with the registered manager and their family member to discuss the quality of care, any significant events and whether any changes needed to be made to improve the care provided.
- The registered manager understood their responsibility under duty of candour and to be open and transparent.
- The registered manager said, "I should be open, honest, and transparent with service users, their families, and anyone in my care whether an incident happens or potentially can lead to harm, distress, or significant danger."