

Lovage Homecare Ltd

# Lovage Homecare Ltd

## Inspection report

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Date of inspection visit:  
22 November 2022  
24 November 2022

Date of publication:  
05 June 2023

### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Lovage Homecare Ltd is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people. At the time of our inspection there were 9 people using the service.

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.

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

People were placed at risk of harm because the provider failed to effectively assess and manage risks. Systems used for the safe management of medicines were not established and there was no oversight of medicines administration. People were supported by staff who had not been safely recruited as the provider failed to establish effective systems and checks to ensure they were safe to work with people. The provider failed to notify CQC of safeguarding allegations as required by law.

People were placed at risk because the provider had not ensured staff had received an induction and training relevant to their role. Where people received support with their mobility the provider had failed to ensure their competency had been checked to reduce the risk of avoidable harm. The provider had failed to act in accordance with the Mental Capacity Act (MCA) which placed people at risk of having decisions made without their consent.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's care was not planned to ensure staff received guidance on how to provide people with caring, dignified support. Care plans failed to identify people's individual preferences and were generic in nature. People's needs had not been fully assessed and the provider had failed to carry out reviews of people's care to ensure it met their current needs. Planning for people who were at the end of their lives was limited and did not reflect people's individual wishes.

The provider had failed to establish governance systems to monitor the quality of care people received. The registered manager and nominated individual were not aware of their responsibilities as registered persons and had failed to ensure people's care was planned safely to meet their individual needs. Most people and relatives were unaware of who managed and led the service, which meant they did not always know how to offer their feedback.

People received support from staff at the time they needed it and were notified of any delays in support

calls. Staff used PPE in accordance with the provider's infection control policy and the provider had made changes in response to incidents and events to reduce the likelihood of reoccurrence.

People spoke positively about the support they received and the provider had responded appropriately to complaints about the service. Staff felt supported by the nominated individual and felt their feedback was considered and taken seriously 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 20 May 2022 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines and poor quality care. A decision was made for us to inspect and examine those risks.

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

#### Enforcement

We have identified breaches in relation to consent, medicines management, management of risk, poor governance, staff training, unsafe recruitment practices and failure to notify of significant events at this inspection.

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.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our well-led findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Lovage Homecare 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 conducted by 2 inspectors 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 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. However, due to personal circumstances they were not working full time at the service.

#### Notice of inspection

We gave the service 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 22 November 2022 and ended on 30 November 2022. We visited the location's office on 24 November 2022.

#### 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 (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.

#### During the inspection

We spoke with 2 people and 3 relatives about their experience of the care provided. We also spoke with 3 staff members, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, these included 6 people's care records and complaints. We also looked at 3 staff recruitment files.

# 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 Inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- Risk assessments had not been undertaken to ensure staff could safely manage people's safety and wellbeing.
- Care plans contained limited information and there was no guidance available to staff about how to support people safely with their mobility, skin integrity or health. One person, who required support with their diabetes was supported by a staff member who had not received training in diabetes and did not know how to respond in an emergency. This placed the person at significant risk of harm.
- People were placed at risk when staff supported them with their mobility. For example, where people required the use of a hoist, there was no guidance available to staff and so staff relied on skills and training acquired from previous employers and not Lovage Homecare Ltd. This meant people were at risk of receiving inconsistent or unsafe care.

### Using medicines safely

- Systems had not been established to ensure the safe administration and management of medicines. For example, staff had not received training to ensure they were safe to support people with medicines.
- Where staff supported people with medicines, they documented this in the person's daily care notes, however this did not contain specific information about which medicines had been administered. This meant there could be no oversight about whether the correct medicines had been given to people.
- The nominated individual told us there was no other system for recording medicines administration, although one staff member told us they used a Medicines Administration Record (MAR). The nominated individual told us no checks were in place to ensure people received their medicines safely or as prescribed. This placed people at risk of not receiving their medicines safely.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- There were significant gaps in staff recruitment records. For example, information about people's employment history, gaps in employment and references from previous employers had not been gathered. Some application forms were incomplete and there were no interview records in the files we reviewed. Information about staff member's health had also not been requested or recorded.
- The provider had not ensured all staff had been subject to Disclosure and Barring Service (DBS) checks prior to commencing their employment. Instead they relied on checks conducted by staff member's

previous or current employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The lack of effective pre employment checks placed people at risk of receiving support from staff who had not been safely recruited and may be unsuitable to work with people. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they received support at the time they needed it and staff communicated with them if they were going to be late. One person told us "They always have enough time to help and even sit and chat for a couple of minutes if they finish everything a bit early." A relative said, "They come regularly. They were late this morning because of a problem with a previous client but they let me know."

Systems and processes to safeguard people from the risk of abuse

- We reviewed management records and found there had been at least one safeguarding incident. The nominated individual had responded appropriately to the local safeguarding authority and investigated the concerns in accordance with local processes. However, they had failed to notify CQC of the concerns as required by law. We discussed this with the nominated individual who advised they were not aware of their duty to notify us of safeguarding incidents.

This was a breach of Regulation 18 (Notification of other incidents) of the Health and Social Care Act 2008 (Registration) Regulations 2014

- Despite this, people told us they felt safe when receiving care from staff. One person said, "I feel completely safe in their care."
- Staff we spoke with understood their responsibilities to report any concerns for people's wellbeing and safety. One staff member explained how they had recently raised concerns about a person they supported and the nominated individual had taken appropriate action to ensure the person's safety.

Preventing and controlling infection

- Feedback about staff wearing appropriate Personal Protective Equipment (PPE) to protect people from the risk of infection was positive. One person told us, "They wear their uniforms and their PPE."
- People told us they were usually supported by a consistent number of staff which reduced the risk of transmission of infectious diseases.
- There was an infection control policy in place which staff adhered to.

Learning lessons when things go wrong

- Where incidents or events had occurred, the nominated individual had taken action to make improvements. They shared with us learning from concerns that had been raised and demonstrated they had taken steps to investigate and make improvements where possible.



# 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 Inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

- People were placed at risk by staff who had not been inducted to their role, trained or offered adequate support. There was no record of staff having received an induction and the provider relied on the skills and knowledge staff had acquired in other employment. The registered manager had not carried out any assessments of staff competence and in some cases, there was no evidence staff had received even basic training.
- Where people required support with their mobility, involving moving and handling techniques, staff had not always been trained to do this safely. The nominated individual told us the registered manager was competent to assess staff member's ability to support people safely, however there was no record of competency assessments ever being carried out. This placed people at risk of harm.
- Staff had not been trained sufficiently in the recording of people's care and support. We found daily notes were extremely limited and contained little information about the care people received.

This placed people at risk of receiving support from staff who may not have received appropriate support or training to enable them to carry out their role effectively. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this people told us they felt staff had the skills required to support them. One relative said, "The carers provide personal care for [person's name]. 2 carers come each time as they are bed bound...They are well trained; I think so any way."

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.

- The nominated individual was not aware of their responsibilities in relation to the MCA. They told us staff supported a person who did not have capacity to make their own decisions about their care, however, they were not aware it was their responsibility to assess the person's capacity. The nominated individual told us they relied on the judgement of social workers and healthcare professionals. This placed people at risk of being deprived of their liberty without authorisation.
- We reviewed training records in relation to capacity and consent and found only the registered manager, who did not support people directly, and one other staff member had received training in the MCA. This meant people were placed at risk of being unable to consent to their care and having decisions made for them unlawfully.

We found no evidence people had been harmed, or had decisions made on their behalf unlawfully. However, systems were not in place to ensure care and treatment of service users was only provided with the consent of the relevant person. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care and support needs had not been fully assessed by the provider. Staff relied on information provided by external agencies as the registered manager had not carried out individual assessments of people's needs.
- The provider failed to identify information about people's care needs, likes, dislikes and personal histories. There was little guidance for staff to follow when providing people's care, which meant the provider could not ensure people's needs were known or being met.
- The registered manager failed to ensure staff received training or understood how to promote inclusion or diversity. For example, there was a lack of information available for staff about people's individual needs in relation to race, religion or sexual orientation.

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

- We did not receive feedback from any one about the food and drink provided by staff. However, where people did require support with food and drink information in their care plans was limited and did not detail people's individual preferences.

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

- People made their own healthcare appointments, but staff liaised with relevant healthcare professionals where required.
- Where people had been assessed by healthcare professionals the registered manager had not always ensured this guidance was available for staff to follow. For example, the nominated individual told us one person had been assessed by an occupational therapist, however they were not aware of the guidance provided so this had not been shared with staff.

# 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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- The provider had not ensured people received care that reflected their diverse needs or was dignified. Information was not available to staff about how to meet people's individual needs, which placed people at risk of receiving inconsistent support.
- People's care plans did not contain information about how staff should promote people's independence or maintain their dignity. Where people required support with their mobility information about how this should be done safety had not always been considered, which placed people at risk of receiving care that was undignified or unsafe.
- Staff did not always have a good understanding of people's health needs to ensure they received good quality care which promoted good health. For example, where people were living with diabetes, some staff did not know how to support them if they became unwell.
- Despite these concerns people's feedback about staff was positive. One person told us, "They are very positive in their approach. They know me really well. We chat and enjoy each other's company." Another person said, "They (staff) really care about me. They are friendly and chatty with me even when they are doing personal care which makes it easier for me."

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

- Records we reviewed did not reflect people had been involved in making decisions about their care. The provider told us people's care was discussed with them, but there were no records of conversations or discussion available for us to review. This placed people at risk of not being included in important aspects of their care, or decisions being made without them.
- Some people we spoke with told us they felt involved in decisions about their care and support. A relative said, "They (staff) ask her what she wants and respond well to her. They complete all their tasks in a caring manner."

# 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 requires improvement. This meant people's needs were not always met.

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

- People's care was planned based on assessments carried out by external agencies. The registered manager had not assessed people's needs or added detail to care plans once people had started to receive support.
- The nominated individual told us they had not reviewed people's care, which placed people at risk of receiving care that did not meet their current needs. However, they did share with us an example of how they had identified a person needed additional staff support and so had contacted the funding authority to request this.
- People's care records did not reflect how people, or their family members had been involved in planning their care. This placed people risk of receiving care that was not personalised to them and did not meet their needs or preferences.

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.

- People's care plans did not reflect that their communication needs had been fully considered. However, staff we spoke with understood people's methods of communication. People told us they were able to communicate well with staff and were understood by them.
- The nominated individual shared with us examples of how people who required information in alternative languages, had their needs met.

Improving care quality in response to complaints or concerns

- We reviewed records of complaints and found the nominated individual had taken action in response to concerns raised. They shared with us examples of investigations they had undertaken and actions they had implemented to reduce the risk of events reoccurring.
- Some people with spoke with knew how to raise concerns if they were unhappy about aspects of their care. One person said, "The manager checks that my care is going well. I would call the manager if I had a complaint. Once, when I was really tired, I called and asked for a bit of extra help. They were there in minutes to help me to bed. Can't be better than that can you?"

#### End of life care and support

- At the time of the inspection one person was receiving end of life care. While basic information was available to staff about the tasks required to support the person guidance about how they should be specific supported in relation to their end of life wishes had not been considered.

# 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 Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Due to personal circumstances the registered manager had not worked consistently in the service for a number of months, which meant the day to day management of the service was conducted by the nominated individual.
- We spoke with the registered manager who told us they had only been available to work at the service for approximately 2 weeks of each month. The registered manager acknowledged that their absence had potentially had a negative impact on the service delivery. They recognised they had failed in their responsibilities and that the lack of oversight and governance systems were detrimental to the care people received.
- The nominated individual failed to understand their responsibilities as a registered person. They failed to recognise their responsibilities in the absence of the registered manager and had failed to ensure people received safe, effective care and support.
- The nominated individual and registered manager had not established systems to ensure people received safe, effective care and support. While we did not find anyone had come to harm, risks to people were not effectively managed and unsafe recruitment practices and a lack of staff training as well as a lack of understanding about the MCA and consent, placed people at risk of harm.

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

- The provider failed to carry out full assessments of need for people and failed to review people's care to ensure it still met their needs. This meant people's care was not person centred as the provider could not be sure all individual needs had been identified.
- The registered manager failed to ensure care was well planned and risks were safely managed to meet people's needs. Although people spoke positively about the care they received, the registered manager had failed to recognise their holistic needs which placed people at risk of receiving task focused care, rather than being focused on the individual.

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

- The nominated individual and registered manager were not known by all people. Feedback we received from people and relatives reflected that only one person was aware of who the nominated individual was. No-one who spoke with us knew the registered manager. People told us they were confident to share

feedback about the care they received but were unsure about who they would approach. A relative told us, "I haven't had any contact with the manager. If I needed help, I would contact the hospital."

- The nominated individual told us they planned to formally ask people for feedback but had not yet done this.

The provider had failed to establish systems to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt the nominated individual was approachable and they were comfortable to raise any concerns about people's care.

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 nominated individual was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong there was some evidence from records to show the nominated individual had worked alongside other agencies to learn from events and implement changes or improvements.

Continuous learning and improving care; Working in partnership with others

- The registered manager and nominated individual were open to the feedback we provided during the inspection and acknowledged that improvements were required. They told us they would work together to improve the quality of care people received.
- The nominated individual shared with us examples of learning that had taken place following events and was keen to address any concerns raised with them. They told us, "We are not perfect. We are learning."
- Where people received support from external professionals, the nominated individual had worked with them where possible.

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 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to notify the Commission of an allegation of abuse in relation to a service user.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to ensure that where a person lacks mental capacity to make an informed decision, or give consent, staff had acted in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to adequately assess risks associated with mobility, healthcare needs and medicines.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to establish an effective system for the safe recruitment of staff.
Regulated activity	Regulation



Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure people received support from staff with the necessary skills, knowledge and experience.

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 provider had failed to establish systems to effectively assess, monitor and improve the quality and safety of the service.</p>

### **The enforcement action we took:**

We served a Warning Notice and asked the provider to evidence how they had made improvements to evidence compliance with the regulation.