

Total Loving Care Limited

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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 effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

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 it was providing a service to three people.

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

The provider was not following safe recruitment practices or providing staff with appropriate training to make sure they employed suitable staff with the right mix of skills, competences, qualifications, experience and knowledge to meet people's individual needs.

Systems for inducting and the ongoing support of staff were inconsistently applied.

The registered manager did not have enough time or understanding of their role to ensure their responsibilities in running the service were clear and that quality performance, risks and regulatory requirements were understood and managed.

Potential risks to people's safety had been assessed and people had been included in this assessment. Staff understood how to reduce these risks when providing care.

People who used the service were positive about the registered manager and were able to contact them when they needed to.

People using the service and their relatives were positive about the care they received. They trusted the staff and felt safe with them.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

Staff made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity.

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

This is the first inspection of this service since it was registered with us on 3 December 2018.

Why we inspected

This was a planned inspection based on our agreed inspection frequencies for newly registered services.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may

inspect sooner.

Enforcement

We have identified three breaches of regulations in relation to recruitment, staffing and good governance at this inspection.

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

Follow up

We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us on 3 December 2018. 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.

During the inspection

We spoke with the registered manager, who is also the nominated individual. We reviewed a range of records. These included three people's care records as well as records relating to the management of the

service, including risk assessments and policies and procedures relating to the running of the service. We looked at four staff files in relation to recruitment, training and staff supervision.

After the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We also spoke with two care staff.

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 was not following safe recruitment practices to ensure checks were routinely carried out on the suitability of staff. For example, the provider had employed three staff who they had previously worked with at another agency. No application forms had been completed and so the registered manager did not have information about the employees' previous employment history or where references should be applied for. Some references we saw had been personal references with no information about the employee's work conduct.
- This meant that recruitment procedures were not being operated effectively to ensure that persons employed were of good character and had the qualifications, competence, skills and experience which are necessary for the work to be performed by them.

The above issues were a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw that all staff had undergone a criminal records check, and the registered manager told us these were updated.
- People who used the service and their relatives told us there were rarely any issues with timings or lateness. One relative told us, "five to ten minutes you have to accept and if ever, ever they are running late they will call me."
- Staff told us the time they were allocated was enough for the tasks required.

Assessing risk, safety monitoring and management

- The provider visited people before they started the service and was identifying, assessing and acting on potential risks for each person in relation to their care provision. However, risk assessments in relation to staff and their working environment had not been completed.
- People told us they had been involved in discussions about any risks they faced as part of the assessment of their care needs.
- Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks. Information about people's risks was recorded in their care plans. We spoke with a relative about staff being aware of risks and they told us, "[The registered manager] did advise about [risks]. They always point it out. They are very careful."

Systems and processes to safeguard people from the risk of abuse

- People who used the service and relatives we spoke with told us they trusted the staff and felt safe with them coming into their home. One person told us, "We trust her very much, I'd be lost without [the registered manager]."
- Staff understood the procedures they needed to follow if they suspected abuse. Staff knew they could report any concerns they had about people's welfare to other authorities including the police, social services and the CQC.
- Staff understood that discriminating against people on the grounds of their protected characteristics was not only unlawful but abusive. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Using medicines safely

- At the time of this inspection no one required support with taking oral medicines. However, we noted that staff were applying a medicated cream that had been provided by a district nurse. This was not being recorded by staff. We spoke with the registered manager about the guidelines for medicines in community care services, published by the National Institute for Health and Care Excellence. They told us they would look at this to ensure it matched their procedures.

Preventing and controlling infection

- Staff understood their roles and responsibilities in relation to preventing and controlling infections. They told us they were provided with sufficient amounts of personal protective equipment. However, the registered manager was not able to provide evidence that all staff had completed the required training in this area of care. We saw an infection control policy and procedure.

Learning lessons when things go wrong

- The service had policies and procedures in place for reporting and recording of accidents and incidents and staff understood these. Staff were clear when they would need to call a doctor or an ambulance.
- The registered manager told us there had been no accidents and incidents and this was confirmed by the people we spoke with who used the service.

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 Requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Although staff told us they had completed training in relation to care provision, there was little evidence of this in the form of certificates. One staff member told us, "I have been doing this job for years. I did a lot of training but [my previous employer] didn't give me any certificates."
- We requested a training matrix from the registered manager, so we could see what training staff had completed, what training was required and when training needed refreshing. The registered manager told us they did not have this information.
- The registered manager acknowledged they had not been monitoring employees' training. This meant that we could not be assured that the registered manager had employed suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service. There was no formal system for supervising staff and the registered manager told us they did not record anything that came out from discussions with staff. This was not in line with the supervision policy of the service and made it difficult for the registered manager to have an overview of staff training and development needs.
- Although staff told us they had undertaken an induction with the registered manager when they first started working at the service, there were no records of these.

The above issues were a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was the main person providing personal care and support to the three people who used the service. Three other staff were employed on a part time basis to help when two staff were required or when the registered manager was off.
- Records showed that the registered manager had completed training courses including, skin care, first aid awareness, managing challenging behaviour and manual handling. They were also currently undertaking a management qualification.
- Staff confirmed they met with the registered manager when they were supporting people and spoke about how they were doing. They told us they felt supported by the registered manager. One staff member told us, "I feel supported 100%, there is good communication with [the registered manager]."

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

- At the time of the inspection only two people required minimal assistance with eating and drinking as

people's meals were provided by their family. One person told us that the registered manager would prepare food for them. They told us, "[The registered manager] cooks for us, she cooks very well."

- Staff told us, and records showed that no one who used the service currently had any risks associated with eating and drinking and this was confirmed by the people we spoke with. In one person's care plan it was recorded that they liked their meals cut up very small. We asked the registered manager if this was due to a swallowing problem, but they told us it was just their preference. This was confirmed by the person's relative. There were no records being maintained that staff had completed food hygiene and infection control training.

- Staff understood people's cultural or religious requirements in terms of food and drink and people told us this was respected.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked collaboratively across services to understand and meet people's needs. The registered manager understood the importance of referring people to external services when required.
- Where people required support from other professionals this was supported, and staff followed guidance provided by such professionals.
- The registered manager understood where they may need to refer people to other services such as occupational therapists, physio-therapists and speech and language therapists.

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

- Records confirmed assessments of people's needs were comprehensive, identified expected outcomes and care and support regularly reviewed.
- People's needs assessments included the person's life history, support needs around mobility, skin care, physical health, diet and hydration, personal hygiene and social and emotional needs.
- Care plans included information around the person's important relationships, culture and spiritual needs and care preferences.

Supporting people to live healthier lives, access healthcare services and support

- Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.
- Staff had a good understanding about the current medical and health conditions of the people they supported. Currently no one required staff to attend hospital or GP appointments as relatives undertook this task.
- People and their relatives gave us examples of where the registered manager had called out the doctor or other healthcare professionals when they had been ill. One relative told us, "[The registered manager] has called out the rapid response team for us."
- We noted that the registered manager was not always recording when they had called out healthcare professionals for each person. This made it difficult to review people's ongoing health.

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.

- We checked whether the service was working within the principles of the MCA and found that it was.

People's ability to consent to care and treatment was recorded in their care plans. No one who currently used the service was unable to consent to their care and treatment.

- Staff told us that, although they had not recently completed this training, they knew what the MCA was about and what was expected of them. One staff member told us, "If someone has capacity they can make their own decisions, even unwise ones. We might think it's unwise, I can try and advise but it's about their choices. Staff were aware of the need to always obtain consent when they supported people.
- People told us that staff asked their permission before assisting them, offered choices and valued their decisions. Relatives told us that staff understood the different ways that people communicated their consent to care and respected this.

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 that 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 and their relatives told us they received a caring service from staff who were respectful and thoughtful. A relative commented, "They treat him like a person, they know him well and he knows them well. "They are kind, you can tell that from [my relative's] expression."

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

- People and their relatives were involved in the assessment, planning and review of their care provision. A relative told us, "Whatever we ask for [the registered manager] does it."
- People told us, and records confirmed that people were involved in making decisions about their care on a daily basis. Staff respected people's views in relation to their care and followed their lead with sensitivity.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people's independence and people's needs were assessed so the staff would only provide support with tasks the person was unable to do themselves.
- Care plans contained information to encourage people to complete personal care tasks they were able to and staff encouraged people. This supported people to maintain as much independence as possible.
- People and their relatives consistently told us staff treated them with dignity and respect. A relative told us, "I really admire that a lot in both of them."
- Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others.
- Personal information held by the service and relating to people using the service was being treated confidentially and in line with legal requirements.

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 meet people's needs, preferences, interests and give them choice and control

- People and their relatives confirmed to us that they were involved in planning their care, from the initial assessment through to reviews and updates when required.
- We noted there were gaps in some needs assessment records. The registered manager told us this had been a recording oversight on their part and did not mean that this part of the person's care needs had not been assessed.
- Care plans gave staff information in areas such as people's background history, likes and dislikes, health and social care needs, care outcomes, and how they would like to be supported.
- Staff at the service understood what person-centred care meant and the importance of treating people as unique individuals with specific needs and preferences.
- Staff told us they spent time chatting to people they supported and their relatives. One staff member told us, "Sometimes you're the only person they see all day, so I do like to have a cup of tea and a chat. On a good day [person] tells me all about herself and [person] knows me well." A relative told us, "I have nobody else to chat with, they sit and chat. They are very friendly."
- The care documentation showed that the registered manager had identified and recorded people's different communication needs. Staff understood the way that people expressed and communicate their needs and wishes. Relatives confirmed that staff understood people's communication needs and supported people to express themselves. One relative told us, "[Staff member] has a lot of experience and she deals with [my relative] how you'd want to be treated. They know how to communicate with him." This meant the provider met the accessible information standards (AIS). The AIS set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and they felt their concerns would be heard. As the registered manager saw people on a daily basis, they told us they would always speak with her if they had a concern. A relative told us, "I've never had to criticise about anything. There's no problem with communication, [the registered manager] always answers the phone."
- The registered manager told us that no complaints had been received since people started to use the service.

End of life care and support

- The registered manager told us that she had spoken with people about planning their end of life care, but people had not wanted to discuss this. However, this had not been recorded on people's care plans, so the

section was blank. We spoke with the registered manager about this and they told us they would record that they had explored this with people and that they would revisit guidance in supporting people with end of life care.

Is the service well-led?

Our findings

Well-Led – this means 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The leadership, governance and culture did not always support the delivery of high-quality, person-centred care.
- The registered manager told us they had previously worked for another agency and had supported the three people before that agency closed. They said they had been encouraged to start their own agency by the people they supported. A relative told us, "Ever since I've had [The registered manager] my life has changed, and my life has been completely stress free. I was really happy when she said she would start her own business."
- Although the registered manager spoke with the people they supported every day, there were no formal systems to monitor the quality of the service. The registered manager had not identified or acted on the issues we found at this inspection including awareness of safe recruitment procedures, staff training, and they were not always following all relevant legal requirements in relation to managing a registered service.
- Records relating to the care of people and the general running of the service were inconsistent.
- The registered manager acknowledged that providing daily support to people as well as managing the service, monitoring quality performance, being aware of and following all relevant legal requirements was difficult. At the time of the inspection the registered manager was supporting three people with personal care. We discussed this with the registered manager who agreed that providing support to any more people would be currently untenable.
- This meant there was a lack of consistency in how well the service was managed and led.

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 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: 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 who used the service and their relatives were very positive about the registered manager and the

support they received. A relative commented, "It's excellent, I'd be lost without [the registered manager]."

- Both people who used the service, their relatives and staff told us the registered manager respected and supported their religion and culture.
- Everyone told us they felt involved in the service and could make suggestions for improvement and the registered manager encouraged their feedback. A member of staff told us, "[The registered manager always asks for our feedback. If I wasn't happy about something I would always speak up."
- Staff told us how the registered manager supported them, and they understood the registered manager's vision of the service. One staff member told us, "[The registered manager] is brilliant, she puts her service users before herself." Another staff member told us, "[The registered manager's] vision is good care in a loving way. She wants to make sure everybody is happy with the service and are being treated with dignity and respect."
- Both the registered manager and staff understood their responsibility to be open and honest if mistakes were made. We saw a policy and procedure which explained the requirements of this legislation.

Working in partnership with others

- We saw the registered worked in partnership with key organisations to support care provision. The registered manager wrote to us after the inspection and described what working in partnership meant to them. They wrote, "Client care is holistic and can include multidisciplinary team input and other health and social care agencies. Therefore, personal communication is paramount as this insures that a client's needs regarding their activities of daily living are acknowledged and met."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The leadership and governance of the service did not always support the delivery of safe, high-quality, person-centred care. The registered manager was not always following all relevant legal requirements in relation to managing a registered service.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)(e)(f)</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not being operated effectively to ensure that persons employed were of good character and had the qualifications, competence, skills and experience which are necessary for the work to be performed by them.</p> <p>Regulation 19(1)(2)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered manager was not providing sufficient support or training to staff to ensure the safety of people using the service.</p> <p>Regulation 18 (1)(2)(a)(b)</p>

