

Lola Care (SW) Ltd

Lola Care

Inspection report

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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

Lola Care is an agency which provides personal care to people living in their own homes in Tiverton and surrounding villages. At the time of the inspection the agency was providing care to ten people.

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 protected from abuse. Staff received training in safeguarding, which helped them to recognise the signs of abuse and actions to take in response.

People told us they felt very safe with the staff who supported them.

People received support from a regular staff team and staff were recruited safely. Staff were trained to administer medicines safely. Competency checks had been completed to ensure staff were following safe medicine practices.

Staff had received training in infection control and demonstrated an understanding of what personal protective equipment (PPE) should be used when supporting people. People told us that staff wore PPE whilst spending time in their homes.

People's care needs were initially assessed at a 'care consultation' before they started to use the service and care plans were completed prior to support commencing.

Staff supported people with their eating, drinking and to access healthcare support.

People were cared for by staff with sincerity, kindness and compassion. Staff supported people in a dignified and respectful way and their independence was promoted. Their care was planned in an inclusive and caring way, respecting their equality and diversity and human rights.

Staff often went over and above their job role to support people and also on numerous occasions took special treats to make people happy.

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.

The provider had a clear complaints policy in place which explained how to make a complaint and what

action would be taken by the management to address any concerns and resolve them. The registered manager said they had not received any formal complaints but where a relative had raised concerns there were clear audit trails of actions they had taken.

People benefited from a staff team who were passionate about their jobs and proud to work for the organisation.

People and their relatives were able to give feedback about their care in a variety of ways. Examples included, through care reviews, periodic calls and surveys.

The provider had systems and processes in place to retain oversight of people's care and ensure good standards were consistently met.

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

Rating at last inspection

This service was registered with us on 3 July 2019 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

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.

Lola Care

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 one adult social care inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager was the director of the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service a two days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 5 July 2021 and ended on 16 July 2021. We visited the office location on 7 July and 13 July 2021.

What we did before the inspection

Before the inspection we requested a number of records to review before we visited the office. These included a variety of records relating to the management of the service, including policies and procedures, quality monitoring and staff training. We reviewed these before visiting the office. We also contacted people and their relatives to give them opportunities to share feedback with us. We spoke with six people who use the service and four people's relatives. We also contacted all of the eight staff and one volunteer and received feedback from six of them. We contacted six health and social care professionals who have people

they support being supported by Lola Care and received feedback from two of them.

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited the office and spoke with the Director who is also the registered manager and the operations manager.

We reviewed further records. This included a person's care folder and staff recruitment documentation on the provider's computerised system and staff schedule allocation.

After the inspection

We spoke with two further relatives of people being supported by Lola Care.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by an agency which had systems in place to identify and report concerns. Staff received training in safeguarding, which helped them to recognise the signs of abuse and actions to take in response. All staff asked, said they were confident action would be taken by the registered manager if they reported any concerns. Comments included, "Whenever I have addressed a problem or needed helpful advice. I have been met with great fast responses and gets taken care of as quick as possible."
- People told us they felt very safe with the staff who supported them.
- The provider had a safeguarding policy in place. This outlined the actions needed to help prevent people suffering abuse or avoidable harm.

Assessing risk, safety monitoring and management

- There was a business continuity plan in place. This detailed how the service would run safely in the event of emergencies such as staffing concerns or adverse weather. This helped to ensure there were clear plans in place to reduce risk associated with these circumstances.
- There were effective systems to monitor the punctuality of care calls. There was an electronic visit planning system that alerted when staff did not log into the start and end of their planned care calls. This helped the management team quickly identify any potential late or missed calls and take appropriate action.
- There was an out of hours telephone service in place which people or staff could call in an emergency. The registered manager and the senior carer rotated on-call duties, which meant that there were always senior staff available to provide guidance and support.
- People's individual risks and needs had been comprehensively assessed and planned for. For example, risks relating to falls, personal care, washing and dressing, commode, catheters, showers and bathing. Staff had access to clear information about people's personal risks and how they should be supported. Staff were very observant and took action to make sure risks were minimised and reported to the management team.
- The registered manager undertook 'care consultations' with the person, and their family if appropriate, when taking on their package of care. They completed an environmental risk assessment which included, looking at fire alarms, where people's electric and water cut off was, walkways were uncluttered, rugs on floors and pets in the home. On one occasion this had led to liaising with the fire brigade to discuss fire safety and a person getting fire equipment.

Staffing and recruitment

- Staff had been safely recruited. Employment and criminal checks had been carried out to ensure staff were of good character to work with people.
- People were supported by a small stable and familiar staff team who had been trained by the registered

manager, who was a qualified trainer, to understand people's support requirements. The registered manager explained that people received support from a small team of staff who visited them. This helped to enable them to build relationships. This was confirmed by a relative who told us, "...have had an excellent regular, consistent team of three or four carers."

- People were sent a schedule every four weeks telling them who would undertake the visits. If there were any changes to people's schedules they were contacted to advise.
- The operations manager oversaw rota management. They showed us how specific call times and staff were allocated to care calls.
- The registered manager said they were not currently taking on new packages of care as they were ensuring they had sufficient staff to meet current packages of people's needs and wishes.

Using medicines safely

- Staff recorded support provided with medicines on administration charts written by the registered manager. They supported people to order and collect their medicines if needed. The registered manager told us they only administered medicines from a blister pack.
- People's care plans included personalised information on how they liked to take their medicines and what level of support they needed.
- People told us they were happy with the support they received around their medicines.
- People received their medicines safely because staff members had received training to handle medicines safely and their competency was assessed every three months. One staff member said, "I feel the medicine system is robust and effective."
- Staff took time to familiarise themselves with people's medicines. When people were prescribed new medicines, staff read the medicine leaflets. On one occasion they had identified two medicines should not be taken together and had alerted the GP, who amended the mistake.
- The registered manager audited people's medicine administration charts to ensure they were being administered as prescribed. The registered manager said they fed back to care staff findings both positive and negative.
- There was a medicine policy in place.

Preventing and controlling infection

- The risks of the spread of infection were minimised because staff received training in how to reduce risks. All staff are tested on their knowledge during three monthly staff meetings
- Staff were kept well informed regarding Covid-19 and were kept up to date with all government guidelines about how to work safely during the pandemic. For example, emails were sent to staff about 'donning and doffing' of Personal Protective Equipment (PPE) (putting on and removing) with instructional videos to remind staff.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. The registered manager and senior carer undertook spot checks which included the use of PPE and infection control practice.
- PPE were stored at people's homes, so staff had access as soon as they entered people's homes. People told us that staff wore PPE whilst spending time in their homes.
- The registered manager implemented an effective COVID-19 policy and business contingency procedures which were up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered managers closely monitored the changes to the service provision in the last year. They

identified staff required more support due to the pressures of working during the COVID-19 pandemic.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider worked closely with people, their families and other professionals. People's care needs were initially assessed at a 'care consultation' before they started to use the service and care plans were completed prior to support commencing.
- People's needs were assessed and reviewed six monthly or when required if a change occurred. Where staff identified people required additional time to meet their needs. They evidenced the need and worked with families regarding the length of times of people's visits
- People's preferences likes and dislikes, past life histories and background information were recorded in their care documentation.
- People and relatives commented positively about the service provided and told us they were involved in developing their care plans.

Staff support: induction, training, skills and experience

- The provider had good oversight of staff training and competency. The registered manager was a trained trainer and completed two days training with staff prior to their recruitment. This included training and looking at Lola Care's goals, policies and procedures and expectations. This gave prospective staff the opportunity to see if the role was right for them and the registered manager the opportunity to see if the prospective staff member was right for the service.
- Staff received regular competency checks to ensure they remained competent to support people. Staff confirmed they received the training they needed.
- Staff received training to meet people's specific individual needs. For example, staff had received catheter care training to support one person.
- The majority of people and relatives said they felt staff had the right skills and knowledge to support them. Comments included when asked about staff skills, "Yes they are well trained" and "They seem to be very confident."
- Staff had regular supervision and an annual appraisal with the registered manager or the operations manager. This was to discuss any concerns and identify further training and development needs.

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

- Not all the people who used the service required support with eating and drinking. People's dietary needs were assessed, and plans were put in place that supported these needs. Staff assisted some people with the preparation of a favourite meal, drink or food.
- Staff recognise the importance of good nutrition. They made homemade meals not only for the people they support but for their family members. They work with people to get the ingredients for their favourite

meals, also sharing their home grown produce. They will batch cook portions to freeze so people can access home cooked food. Where one person had a scheduled power cut, they took them a hot flask of soup and tea to help them keep warm. Where one person required their diet to be of a softer consistency, staff ensured they had their favourite soup.

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 by staff who were aware of their healthcare needs. People's care plans included a detailed record of people's health conditions and personal care needs. For example, hygiene requirements and mental health needs.
- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed. For example, staff had recognised a person was at risk of falls and requested and urgent assessment by an occupational therapist. Mobility equipment had been put in place and staff had supported the person to become more independent. They also supported people get emergency appointments with their GP. At another time staff supported a person to get a commode from the local hospital.
- One healthcare professional working with the service said, "Lola Care are very attentive to their client and are good at communicating concerns for a patient on their behalf and requesting feedback from the GP." A relative told us, "We have complete confidence in the care given. We know that they will directly notify the doctor of any concerns they may have to ensure that treatment or medication is given when needed and at the same time have kept us fully informed."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- No one being supported by the agency was being cared for under the Deprivation of Liberty Safeguards (Community DoLS.) The registered manager was familiar with the legislation and knew the process to follow if anyone required this level of protection to keep them safe.
- Staff knew how to support people in line with the MCA and received appropriate training.
- People told us they were asked for consent and felt involved in day to day decisions around their care. We saw written evidence confirming that.
- Each person who received a service, or their representative, signed a consent form when they began to receive care.
- Staff checked with people on every visit that they continued to consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were very caring and considerate and they felt involved in their care and able to express their views. Comments included, "It is excellent, very pleased with it, they turn up on time, same carers, no complaints"; "Staff have always treated Mum kindly, taking her wishes into account and treating her with respect" and "The service from all staff at Lola Care is fantastic, they are a credit to the care industry."
- People were cared for by staff with sincerity, kindness and compassion. Staff supported people in a dignified and respectful way and their independence was promoted.
- The registered manager led by example to make sure people were always respected and cared for with kindness. An example of this was when a staff member called the registered manager as they were concerned about the presentation of a person nearing the end of their life. The registered manager joined the staff member and supported them and informed relevant professionals and stayed to support until settled.
- People's care was planned in an inclusive and caring way, respecting their equality and diversity and human rights.
- The registered manager ensured people's religious beliefs were respected and upheld. For one person they had attended a religious group to better understand the person's beliefs and how it impacted the person's life. This information had been shared with staff, so they respected the person's beliefs and wishes when supporting them.
- Staff demonstrated an understanding of people's care needs and the importance of respecting diversity. ● The registered manager and the senior carer carried out observed practices to make sure staff were working in a way that respected people and ensured they received kind care.
- Staff told us they enjoyed their role and had got to know the people they supported well.
- The registered manager told us how staff often went over and above their job role to support people. Examples included, doing people's shopping before their visits, taking care of a person's cat while they were away, in their own time taking ingredients and food to people and supporting a person to obtain and install shelving for their bathroom. One staff member had gone above and beyond supporting a person in hospital. They had visited them in hospital and reassured the person. They had liaised with hospital staff about their dietary needs, medication and communication difficulties. They cooked meals for when they returned home and washed their laundry whilst in hospital.
- Staff on numerous occasions took special treats to make people happy. This included, clotted cream and strawberries, flowers and favourite drinks. The management team send people birthday cakes and a card. At Christmas each person is sent a personalised present which is carefully chosen based on their likes, passions and hobbies.

- Staff supported people to save money by purchasing items in bulk, on the internet or they would travel further to get a cheaper option. For example, continence aids, a warm cardigan and toiletries.

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

- People confirmed their views were sought and they were involved in making decisions about their care.
- Staff understood people's needs and encouraged people to make choices about their care.
- Staff supported people to complete assessment paperwork to access additional funds for their health needs.

Respecting and promoting people's privacy, dignity and independence

People told us staff were respectful towards them, their home environment and their family members.

- People were encouraged to be as independent as possible. People's care plans included details on day to day tasks they could do themselves and what support they needed to enable that.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support which was personalised to them and their unique circumstances and wishes.
- People told us care they received was meeting their individual needs and preferences and staff knew them well.
- Staff were responsive to people's changing needs and people said they could count on the service to meet their changing needs.
- Care plans contained information about people's personal histories, likes and dislikes.
- Staff knew people well and how they liked to be cared for. The registered manager said they worked to ensure each person had a small team of staff who they got to know well and who knew their preferences. This had been difficult at times during the pandemic, so all new staff were introduced to people before they undertook a support visit. The registered manager said, "We ask for feedback about staff. The staff member knows the service user, so it is only right they know about the staff member. We never send a staff member who is a stranger."
- Staff said they found people's care plans very informative and gave them the information they required to undertake people's support. Comments included, "Care plans within Lola Care are amazingly detailed so you know what your role/duties include and make you feel like you know the client before meeting them." Another staff member said, "Care plans within Lola Care are amazingly detailed so you know what your role/duties include and make you feel like you know the client before meeting them." The registered manager told us that they had been praised by doctors about the information in people's care notes which had been sent with them to the local hospital.
- Where a person's needs changed the registered manager and staff involved health professionals to implement changes. For example, management of a person's catheter.

End of life care and support

- There was nobody at the service receiving end of life care during our inspection. However, people could be assured that at the end of their lives they would receive care that was kind and compassionate.
- The registered manager spoke passionately about the importance of supporting somebody at the end of their life in a compassionate caring way. They gave examples of when they had stayed with people themselves and allocated staff at no cost to the person to ensure they were cared for and supported. When people passed away the registered manager said they continued to be treated respectfully, were well presented and families were supported.
- Staff had received training to ensure people were cared for by competent and skilled staff at the end of their lives.

- The registered manager had received messages of thanks from relatives of people they had supported at the end of their lives. One wrote, 'We will be forever in your debt for the care you gave you gave mum... It's been incredible and so inspiring to witness'.

Meeting people's communication needs

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

- Staff knew people's communication needs well and knew how to effectively encourage them to engage in a conversation.
- People's care plans included information on their communication and sensory needs. For example, where people required hearing aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us staff spent quality time with them when on care visits, for example by chatting and spending some social time together and undertaking pamper sessions and using a foot spa.
- When people were low in mood staff supported them to undertake social activities to distract them. For example, undertaking arts and crafts, drives in the countryside, making cakes, gardening and shopping.
- The registered manager had purchased portable electronic tablet computers, so staff could have face to face meetings over the devices and people could speak with relatives who they could not see in person.

Improving care quality in response to complaints or concerns

- Information was provided to people about how to raise concerns or make a complaint. The providers complaints policy was in each person's care folder for them to refer to.
- The provider had a clear complaints policy in place which explained how to make a complaint and what action would be taken by the management to address any concerns and resolve them.
- The registered manager told us they had not received any formal complaints. They said, "Not had a complaint usually just a little word about something." Where a relative had raised concerns there were clear audit trails on the provider's computerised system of actions they had taken. During the inspection process they were in discussions with a relative regarding some concerns and were considering using their complaints process.
- People said they knew how to make a complaint and were confident the registered manager would take action. Comments included, "No complaints about them at all" and "no need...I would contact (operations manager)."

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a good oversight of the quality and safety of the service. People benefited from a staff team who were passionate about their jobs and proud to work for the organisation. This was evident throughout our inspection and from the positive feedback we received. One staff member said, "I feel Lola Care is such a passionate and respectful company and I feel privileged to be a part of it."
- People and relatives were very positive about the care and support they received and the leadership of the service. One relative commented "Admin at Lola Care is excellent. The company is well managed and well led."
- Staff felt very well supported by the registered manager which led to a happy and confident staff team. An example of the support given by the registered manager is where a member of staff was at a known risk in the community travelling alone. The registered manager transported the staff member to and from support visits, for their safety.
- Staff said they were very proud to work for Lola care and the registered manager and praised the support they received. Comments included, "She is approachable, professional, fair, knowledgeable, generous (with time and pay), trusting, trustworthy and, most importantly of all, she is caring, for her clients and her staff." Another said, "Very well supported, amazing communication and reassurance... I feel Lola Care is such a passionate and respectful company and I feel privileged to be a part of it. "
- The provider's values were compassion and empathy, trustworthy, reliability and patience and try to achieve every day. These values were demonstrated throughout the inspection. One staff member said, "I love the ethos of this organisation... focus is on providing outstanding care. I feel that myself and all other Care Givers treat every client as though we are caring for a relative of our own providing a high quality of care." Another said, "Great team spirit. Quality not quantity ethos."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager and operations manager were open and approachable. They had a clear understanding of their responsibilities and acted in line with the duty of candour. The duty of candour sets out actions that the provider should follow when things go wrong,

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

- People could be confident that their care was provided by an agency who monitored risks and followed

up to date guidance to keep people safe. This inspection was conducted during the Covid-19 pandemic and the agency were working in line with all up to date guidelines to keep people safe.

- There was a clear management structure in place. The registered manager, operations manager and senior carer had delegated key roles such, as recruitment of staff and assessment of people's needs. This helped to ensure the provider's office was well organised and efficiently run. One health care professional commented, "I have had no difficulty contacting their office by phone and the member of staff knowing about the matter in hand."
- The registered manager had numerous means by which they kept staff informed and asked for their views, through letters, a WhatsApp group and staff accessing an online portal to access policies and information. The registered manager gave an example where they had written to staff to ask if there was anything, they could do to help improve working for Lola Care. As a result of the staff response, about increased wear and tear on their vehicles because of the pandemic and increased visits a one-off wear and tear bonus was paid. Staff confirmed there was good communications. Comments included, "I feel the company is very friendly and welcoming if I ever need to approach them. Always in a happy and chatty manner."
- The registered manager carried out audits including care and medication records. They acted where improvement was needed to help achieve good outcomes for people.
- The registered manager and senior carer completed spot checks and observations on staff to monitor staff performance and competency.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.
- The registered manager was always monitoring and making changes to improve the service. For example, they had identified that staff were calling the out of hours when it wasn't always necessary. They had put in place training, so staff knew what to report and how to report. They had worked with staff to put more detail on people's activity logs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were always kept informed about their care and consulted on all aspects. The registered manager asked people and relatives for their views about the service through care reviews, periodic calls and comprehensive annual surveys.
- Staff had good relationships with local healthcare professionals and contacted them when they had concerns about a person's health. For example, we saw a trail of correspondence from family, GP and Lola Care about trialing removing a person's catheter, which was successful and had been suggested by Lola Care staff.
- Staff were encouraged to raise concerns if they had any, including through the whistleblowing processes. Staff told us they would feel confident raising any concerns or issues with the management team and that action would be taken to address these.
- The registered manager had a strong ethos to integrate Lola Care within the local community. They had completed weekly 'Acts of kindness in the community' by each week randomly selecting a local business and, on a Friday, delivering doughnuts for the staff. They had fund raised for the local hospice and supported the local mobility centre by hosting a summer party to raise money. Where they had excess stock of PPE, they had shared them with local people and services in the community.
- When the agency started the registered manager had built up strong links with local organisations. For example, Age UK, The Salvation Army, Mid Devon mobility and a local knit and knatter group. They had attended the knit and knatter group on a voluntary basis and supported the organizer. They had also helped waitressing at the Salvation Army breakfast club. Due to the pandemic these had reduced but the registered manager said they planned to become more involved when things returned back to normal.

