

MoreLoved Care Ltd

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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

MoreLoved Care Ltd is a home care service providing personal care to people within their own homes. At the time of our inspection there were 8 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 now received safe, effective, caring, and responsive care and support. There had been significant improvements since the last inspection in key areas such as, assessment of and acting on risk, recruitment of suitable staff, ensuring people received person-centred care and support, and management and governance.

Improved governance procedures were in place that ensured there was continuous assessment of the risks that could affect people and staff. People felt able to raise concerns and that they would be acted on. Staff felt valued and enjoyed the role. People and relatives would recommend this service to others.

People felt safe with staff. Their needs were assessed and risks addressed. Staff were recruited safely. People received the support they needed with medicines. Infection control measures were in place to reduce the risk to people. Accidents and incidents were appropriately investigated and acted on.

People received care from suitably skilled and experienced staff. They were supported to access other health and social care professionals where needed. People received support with maintaining a balanced diet.

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.

People felt staff were kind, caring and respectful. People were treated with dignity and respect and their independence was encouraged. People felt their views mattered. They were supported to achieve positive outcomes and to lead meaningful lives. Complaints were handled appropriately.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 June 2023)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for MoreLoved Care Ltd on our website at www.cqc.org.uk.

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.

MoreLoved Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience (EXE). An EXE is a person who has personal experience of using or caring for someone who uses this type of care service.

Inspection activity started on 21 November 2023 and ended on 24 November 2023. We visited the location's service on 21 November 2023.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We 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. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 2 relatives, we asked them about their experience of the care provided. We spoke with 7 care staff, care coordinator, office manager and registered manager.

We reviewed a range of records. This included all or parts of 5 people's care records, medication administration records and the daily notes recorded by care staff. We looked at 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

We asked the registered manager to provide us with a variety of policies and procedures and additional information after the inspection. All information was sent within the required timeframe.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question as requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service which placed people at increased risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care plans and risk assessments were now reflective of people's needs. This has now reduced the risk to people's health and safety.
- There were improvements in the way people's assessed needs were recorded and then written into meaningful and clear care plans. The care plans provided guidance for staff on how to care for people safely. This included providing care for people with mobility issues and people who may be at risk of choking. This was an improvement from our last inspection.
- Where people were at risk of developing pressure sores, we found processes were now in place to assess the wound, record the care given and to monitor how the wound was healing. This now reduced the risk of people not receiving appropriate care and support should they develop a pressure sore.
- Plans were in place to support people to leave their homes safely in an emergency. Regular checks of people's home environments were also carried out to ensure people and the staff who supported them were protected from potential hazards.

Staffing and recruitment

- Staff were now recruited safely.
- At our previous inspection we had concerns on the suitability of foreign national workers to work legally as some required paperwork was not in place. At this inspection these procedures had improved. All required paperwork was now in place. This reduced the risk of people receiving care from inappropriate staff.
- Recruitment procedures for British national staff were completed appropriately.
- People told us staff, on the majority of occasions arrived at their home time. A person said, "If they are going to be late, they will always ring me." The registered manager told us they monitored call arrival times, and they were confident the vast majority of calls were completed on time. Feedback from people supported this.

Learning lessons when things go wrong

- When things went wrong, the provider acted by investigating and addressing any issues relating to

people's health and safety.

- Improvements had been made since our last inspection to the process for recording all actions taken when an incident had occurred. Incident records now included details of investigations completed and action taken to prevent reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect.
- People and relatives told us staff provided safe care and they or their relatives were safe when staff provided care. A person said, "I feel very safe. They make me feel that I am not alone." A relative said, "It's the familiarity of the staff. [Family member] has a good rapport with them."
- People and relatives were provided with guidance on how to report concerns about their or their family member's safety.
- All staff spoken with had a good understanding of how to identify and act on the signs of potential abuse and neglect. They knew how to report concerns if needed.
- The registered manager had the processes in place that ensured the relevant authorities were notified when a safeguarding incident had occurred. Records showed these incidents were recorded, reviewed, and used to reduce the risk of recurrence, reducing the risk to people's safety.

Using medicines safely

- People either administered their own medicines or relatives helped them to do so.
- A person said, "I can do my own. They [staff] remind me and ask: 'Have you taken your medication? Don't forget.'"
- Any support provided by staff such as prompting a person to take their medicines was recorded on a medicines administration record. This helped the registered manager to monitor whether people were taking their prescribed medicines and to address any concerns before they affected a person's health.
- People's care records contained a care plan and risk assessment which recorded how independent people were with their medicines and what level of support they required from staff. This was regularly reviewed to address any changes in people's support needs.

Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19.
- People told us staff wore gloves and aprons whilst carrying out personal care and continued to wear face masks. A person said, "They wear gloves, aprons, and masks. I'm very happy with that."
- Each person had a COVID-19 risk assessment in place that assessed their individual risks. Extra protective measures were put in place for people at increased risk.
- Measures were in place to prevent visitors to the provider's office from catching and spreading infections.
- The provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

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

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

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

- People received a comprehensive assessment of their care and health needs prior to starting with this service. This enabled the provider to assure themselves that they were able to provide effective care, reducing the risk to people's health.
- Where people had specific health conditions that required specific care to be provided such as support with repositioning, care plans and risk assessments were written in accordance with recognised best practice guidelines.

Staff support: induction, training, skills, and experience

- Staff had the skills and training required to provide people with effective care.
- People spoke positively about the care they received from staff. One person said, "I am happy with the level of care. They [staff] know how to administer the care. A new person might ask a few things they're not familiar with." A relative said, "[Staff] have got used to [family member]. They'd say, 'They're very quiet this morning. Keep an eye on them.' They know [family member] quite well."
- Staff received regular supervision of their role and assessment of their on-going practice. Where any areas for development were identified, staff were supported with extra training or support from more experienced staff. This helped to ensure people continued to receive effective care from competent staff.

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

- People received effective care and support in maintaining a healthy, balanced diet.
- People told us where needed they received support from staff with preparing/choosing their meals. One person said, "They always give me a choice what breakfast and lunch I want. They ask if I want a cup of tea or coffee. They make sure I've eaten and have drinks." A relative said, "They give [family member] their breakfast and squash and make coffee. If I'm away, then there is a lunch call. That's not very often."
- Where people had conditions that could affect their dietary health, robust care plans and risk assessments were in place to guide staff on how to prevent, or react to responses that could cause people harm.

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

- People were supported to receive effective, timely care with other agencies where needed.
- Staff understood how to identify the signs of deteriorating health and to report the concerns to other agencies.
- People were provided with information about how to access other healthcare agencies. Staff attended

appointments with people if they needed support.

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.

- All people cared for were able to make their own decisions. Evidence of their involvement in decision making was recorded in their care plans.
- The registered manager had a good understanding of the MCA and how to ensure people's rights were respected.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were now encouraged and supported to give their views about all aspects of their care.
- People told us they felt involved with decisions about their care. They told us they had a care plan, understood its contents, and felt able to discuss any issues with staff. A person who had just commenced receiving care and support from this provider told us they "feel very much involved" with decisions about their care needs.
- People were provided with a 'service user guide' which explained to people the levels of care they should expect from staff and how to report any drops in standards to the registered manager.
- The provider had ensured people had the information needed to contact an independent advocate to assist with making decisions on their behalf. This is especially important if a person has no family or assigned power of attorney to act on their behalf. An advocate can contribute to decisions made about a person's care, ensuring decisions made are in their best interest and do not unlawfully or otherwise affect the person's rights.

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

- The improved care records now included reference to people's protected characteristics.
- People's religious beliefs and cultural choices and preferences were recorded. This provided staff with the required information and guidance to ensure people's rights were respected.
- Staff completed equality and diversity training. People did not feel discriminated against.
- People told us they felt well treated and supported by staff. One person said, "They are lovely people and do care. I have no anxieties at all with them. All 4 [regular carers] know exactly what to do." Another person said, "They take good care of me. They are very kind and caring."

Respecting and promoting people's privacy, dignity, and independence

- People's privacy, dignity and independence was respected.
- People spoke positively about the way staff respected their privacy, especially when receiving support with their personal care. One person said, "When doing your [personal] hygiene, they try to respect your privacy. They close the door and curtains and give a towel to cover you up."
- People's ability to do some or all parts of their personal care were assessed, and then clear guidance provided for staff in people's care records. A person spoke about this process and said, "One [staff member] puts a towel over me. They get a bowl of water and soap and I go to them. I wash myself. They do my back and legs. When I go to the commode, they go to the kitchen."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider failed to ensure people's care records were appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's individual care needs, preferences and choices were now reflected in meaningful, person-centred care plans.
- People felt able to make their choices known and they would be acted on. One person said, "Staff say, 'you're in charge. We're here to help you'." Another person told us when they had a hospital appointment a staff member said, 'let us know straight away when you're going in and going out. We'll get things organised'." The person also told us when they were in hospital a staff member rang them and asked them if they needed anything for when they returned home. This made the person feel valued.
- Care records now included more detailed information about people's individual care needs, this included reference to triggers which could cause anxiety and distress. People's day to day routines were improved with more detailed information for staff.
- The registered manager told us they or other relevant staff met with or called people regularly to discuss their care needs. People confirmed this and their views were then reflected within their care records.
- We did note that some overly complex language to describe people's wishes was used at times in some people's records. The registered manager told us this was their input and they agreed these were not words used by people. They agreed to amend this to ensure staff had easy to understand information at hand to provide care in accordance with people's 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.

- The provider was able to produce documents such as care plans and company policies and procedures in

alternative formats such as larger or different fonts. This will help people who maybe visually impaired and protect them from discrimination.

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

- Care plans recorded people's interests and what was important to them.
- A person told us they played an instrument and had discussed this with a staff member. The staff member had a keen interest in that instrument and the person has started to teach the staff member to play. This has had a positive impact on the person.
- Where people had social calls included as part of their care, we saw there had been improved guidance on what staff should do to support people. This included how to keep people safe when visiting local shops or areas of interest without placing unnecessary or unlawful restrictions on their freedom.

Improving care quality in response to complaints or concerns

- The provider had processes in place to act on complaints or concerns, and used that information to seek ways to improve the quality of care people received.
- People told us the registered manager, or other appropriate staff, responded to their complaints or concerns well. One person told us they had raised an issue about the informal way a staff member addressed them. Within days this was sorted.
- Another person told us they felt comfortable raising any concerns with the registered manager but knew the process to report concerns to the local authority or the CQC.

End of life care and support

- End of life care was not currently provided.
- The provider had ensured if a person required this care, there were enough suitably trained staff to care for them.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have effective governance systems in place to assess, monitor and improve the quality and safety of people's care. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems for identifying, capturing, and managing organisational risks and issues had improved since our last inspection. Legal requirements were now met and were fully understood by the provider and the registered manager.
- The provider no longer recruited staff via the Home Office sponsorship scheme. They had also improved their protocols for recruiting foreign national workers outside of this scheme. This meant the risk of people receiving care and support from inappropriate staff had significantly reduced.
- Other organisational risks had been addressed. The recruitment of an experienced manager to work alongside the registered manager has seen significant improvements in the assessment of risk, resulting in higher quality and meaningful care records.
- There has been improvement in the quality of policies and procedures, the reviewing and monitoring of accidents and incidents, the quality and performance of the staffing team, the provider's compliance with the Mental Capacity Act 2005, and ensuring people's personal wishes and preferences were recorded and acted on.
- The staffing team, including office-based staff had a clear understanding of their roles and how they contributed both individually and collectively to the successful running of this service.
- All of these improvements have led to high levels of satisfaction on the quality of the care from people who use the service and their relatives.

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

- People were supported by staff to receive their care in their chosen way, helping them to achieve positive outcomes.
- All of the people and relatives we spoke with told us they would recommend this service to others. A

person praised the staff saying, "They do their job well and make sure you're satisfied with your care." A relative said, "I would recommend them. I like their flexibility and their care. I would ask, 'Can you do me a call this afternoon?' 'We will try our hardest', their reply would be." Another relative said, "I've already recommended to friends of mine, because I am happy with the care they give my [family member]."

- People and relatives also praised the office-based staff. They commented on their helpful and reassuring approach. Many commented positively about the office staff stating they ensured they received a regular, consistent team of staff. One person said, "There's the same consistency. That means a lot to me. That goes a long way."
- A person told us they looked forward to seeing their staff and enjoyed their company. "It's just the company. I sit here on my own all day. They come in and greet me, and ask, 'Have you slept well?'"

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

- The positive culture and approach of all staff had ensured people felt valued and respected.
- Although people told us they had not been asked to take part in a formal survey process for providing feedback about their care, they did receive regular calls to discuss their on-going care needs.
- People felt able to give their views and raise any concerns and were confident they would be acted on. A person said, "I am quite happy and feel confident I can go to the company, and they listen, and they do want to know discrepancies." Another person said, "The manager tries to respond to my requests. That could be talking about the call hours. If you have someone at 7am and I ask, 'could they come at 7.30am?' They're adaptable."
- Staff found this an enjoyable and rewarding place to work. A staff member said, 'I am truly grateful for the enriching experience of working with such a remarkable company. I have not only found immense joy in contributing to the team but also gained valuable insights and skills that have significantly enhanced my professional growth'."

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 provider had processes in place to ensure if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

Working in partnership with others

- The provider worked alongside other health and social professionals when required.
- A person told us staff were particularly helpful in supporting them to attend a medical appointment which was causing the person some distress.