

Lovingangels Care Ltd

# Lovingangels Care Ltd

## 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

This inspection took place on 8 January 2016 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

The service had not previously been inspected.

Lovingangels Care Ltd is a domiciliary care agency currently providing care and support to nine people living in their own homes. A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives were happy that the service provided good consistent care and kept people safe from harm.

People and relatives said they were appropriately involved in planning their care and that their wishes were listened to by staff. People's care was also reviewed with them periodically.

Staff were described as caring and people said they respected their rights and dignity well and gave examples of how they did so. People told us the staff always sought appropriate consent before providing care. They also said the staff would respond flexibly to people's needs on the day.

The service had a robust recruitment procedure to ensure that the staff employed were suitable to work with vulnerable people. Staff were given clear expectations about their conduct and care approach and received an appropriate induction, ongoing training and support. The management monitored their ongoing care practice.

The service was well managed. The management team monitored the operation of the service and sought the views of people, relatives, staff and external professionals appropriately. Action had been taken to address any issues which had been identified.

## 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.

People felt safe when being supported by the staff and were confident in their abilities. Appropriate action had been taken to safeguard people when necessary.

Staff understood their responsibilities and how to keep people safe. People were supported safely with their medicines where necessary.

The agency had a robust recruitment system to ensure staff were suitable to care for vulnerable people.

### Is the service effective?

Good 

The service was effective.

Appropriate training and support were provided to staff.

Staff communicated any concerns about people's wellbeing to management to be addressed.

People's rights were protected by staff who also sought their consent prior to providing care support.

### Is the service caring?

Good 

The service was caring.

People felt the staff were very caring and treated them with dignity and respect.

People felt well supported, consulted and involved in their care.

### Is the service responsive?

Good 

The service was responsive.

People praised the way the agency responded to people's changing needs.

People were involved and consulted about their care needs. Care plans were reviewed and updated when necessary and contained information about people's individual wishes.

**Is the service well-led?**

**Good** ●

- The service was well led.
- People, relatives and staff felt the agency was well led.
- The service sought the views of people, relatives, staff and external professionals about its practice and sought to continually improve.
- The registered manager monitored the operation of the service and provided clear expectations and values to staff.

# Lovingangels Care Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We had not previously inspected the service. The service was first registered in October 2014.

The inspection took place on 8 January 2016. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. The inspection was completed by one inspector.

Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

We sought feedback from four representatives of the local authority commissioners and external health professionals. None contacted us with any concerns about the service. During the inspection we spoke with the registered manager and other members of the management team about the service. Following the inspection we spoke with three people using the service, the relatives of a further three people who were unable to speak with us themselves and five staff.

We reviewed the care plans and associated records for five people, including related risk assessments and reviews. We examined a sample of other records to do with the operation of the service including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for the four most recently appointed staff.

# Is the service safe?

## Our findings

People and their relatives told us people were safe when being supported by staff from the agency. Everyone we spoke with told us this. People's comments included: "I feel confident in them" and: "I'd recommend them as carers".

Staff had been made aware of the agency's whistle-blowing policy as part of the interview process. They had either attended training on safeguarding vulnerable adults or were booked to do so within the next month. Safeguarding information leaflets from the local authority were also provided to staff.

Staff confirmed they knew how to report any concerns and understood their 'duty of care' to do so. They were also aware of how to safeguard people from abuse or harm and knew to record and report anything which caused them concern.

Staff were confident the management would respond appropriately to any concerns raised. In one instance where staff had reported some concerns the registered manager had taken appropriate action. The management reported these on appropriately to the local authority safeguarding team and liaised appropriately with them.

Potential health and safety risks to staff and the people supported were assessed through an appropriate environmental risk assessment when planning the care package. Copies of these were on people's files. Moving and handling equipment which staff would use in the course of providing support was checked to make sure it was safe. Staff had received training on moving and handling and their competency in this area had been assessed with the exception of most recent recruits who were still 'shadowing' experienced staff as part of their induction.

People were supported by staff with the necessary skills and approach because the agency had a robust recruitment process. Recruitment records for the four most recent recruits contained required evidence, including criminal records checks, references and copies of documents confirming identity. Two references which could not be located during the inspection were copied to the Commission immediately after the inspection. In one case where the person's application form included gaps in employment, these had been discussed appropriately and the reasons recorded. Documents confirming people's employment/residency status were on file where applicable for staff from outside the European Union. Following discussion during the inspection, the registered manager agreed to update the application form to make clearer the need to provide both the month and year for each employment period.

Four people received support from staff with their medicines. Where people required support with their medicines this was provided by staff who had received training in this. All staff had attended medicines training or were booked to attend within the next month. Four staff had subsequently had a competency assessment and the manager told us the remaining staff were due to have this done as part of their Care Certificate observations by the end of March 2016. There had been no medicines errors recorded in the previous twelve months.

A detailed medicines policy and procedure was in place. This was updated immediately after the inspection to provide more information regarding best interests decisions on behalf of people who lacked capacity to consent to medicines. Additional information regarding medicines storage was also added.

Staff had been transcribing medicines administration instructions from original containers onto the provider's own medicines administration records (MAR). Following discussion during the inspection the registered manager agreed to use the printed MAR provided by the pharmacy to remove the potential risk of transcribing errors. Management medicines audits completed for two people in September and October 2015 had identified some recording issues which had been appropriately addressed via a written action plan and with individual staff in supervision.

# Is the service effective?

## Our findings

People and relatives told us they were happy that the service was effective and met their needs. One person described the staff as: "All very good". Another said: "The level of care is very good" Other comments included: "I'm very pleased" and: "I'd recommend them as carers".

There had been no missed calls in the last 12 months. The agency did not have a call monitoring system but kept in close contact with staff and expected them to notify the office and/or the person they were due to visit, if they were going to be late. One person told us that in the rare event staff were going to be late; "they always call". Another person said staff were: "Always on time".

The registered manager told us and staff confirmed they had received a good induction to the service and were completing the Care Certificate written modules as well as core training necessary for their role. New staff shadowed more experienced staff and people confirmed this to be the case. Twenty staff were employed, of whom 19 were trained to deliver care support. The service had a comprehensive training programme and staff had either attended core training or were booked to attend it within January and February 2016.

Training was provided through a mix of classroom courses and Care Certificate modules. Staff practice was observed as part of validating Care Certificate modules. The registered manager and one member of staff were trained to deliver manual handling training and assess staff competency in this area of work. All staff who had attended the course had been assessed accordingly. An external training provider was used for some training.

A programme of supervision meetings with the registered manager was in place and records showed staff had attended some supervisions and had them scheduled throughout the year. The registered manager acknowledged they were still working towards their target of four per year. Annual appraisals were planned to review performance and identify future goals or training needs. However, none of the staff had been employed for 12 months so these had yet to be carried out although a format had prepared for use. Where staff had changed roles, a supervision had been scheduled to support this. The content of individual supervision records showed that appropriate issues were covered, including any issues relating to practice. Management had carried out spot checks to monitor care practice for some but not all staff in the previous quarter. The registered manager was aware of this and had plans to ensure these took place for all staff by incorporating them into Care Certificate observations.

The registered manager told us the management team provided out of hours on-call cover so staff always had someone they could call for advice or support. Staff confirmed this and told us they always felt supported.

The Mental Capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. People without capacity to consent to certain decisions may have a relative with power of attorney (POA) or a deputy



appointed by the court of protection to safeguard their rights. The registered manager was aware who had granted POA to a relative.

People and relatives were happy that staff communicated well with them. One person said: "I have a very positive relationship with them". Another told us they had: "Two or three regular carers who communicate well and keep good records".

Eight of the nine people supported had the capacity to make day-to-day decisions and consent to their care. One person's next of kin had power of attorney to make care decisions on their behalf. Consent for care plans was sought either from the person supported or their representative and recorded within their files. People and relatives confirmed this. One person told us staff: "usually" sought consent, others said this was always done. Care documents on people's files were signed by the person themselves or by the person with power of attorney. One person was due to have a capacity assessment by the local authority around their medical needs. A best interests decision had previously been made regarding one person's needs in line with the MCA.

Where staff had concerns about people's health or wellbeing they were clear they would either contact the office for them to seek medical advice or refer to the GP directly. The service had previously completed food and fluid intake monitoring charts for one person, at the local authority's request, where this was a concern about this. Staff had recently begun to monitor this for one person to identify whether there was a concern. An appointment had also been requested from the speech and language team to assess the effectiveness of their swallowing. Appropriate specialist nurse support had been sought for staff around other people's needs relating to their medical diagnoses. A relative commented favourably on this, saying that: "carers had sought a specialist review" regarding a health concern.

# Is the service caring?

## Our findings

Feedback about the care provided by the agency was positive. People commented that staff were gentle and patient and listened to them. One relative said that when they were seeking an agency: "they had been respectful of [their family member]" whilst also discussing their needs with the relative. One person said: "They do everything I need doing" another told us: "They have been coming a few months, we have a regular routine now".

One person told us staff: "Were always very caring [and] one or two of them are very good". Another person said: "I like most of them" but did not have any criticism of others. Relatives were pleased the staff offered people choice and didn't just stick to what was written down if the person wanted things done differently that day.

Staff described how they enabled people to make choices about things such as clothing or their preferred meals. They also explained how they involved people in their care and encourage them to do things for themselves. Staff also respected people's dignity and privacy in various ways and recognised clearly the need to respect that they were working in people's own homes. For example, one described how they always rang the bell and called out a greeting as they entered the house. This was confirmed by one of the relatives we spoke with. Another staff member said they asked the person about their clothes choices and whether they would like to wear jewellery.

The service discussed and reviewed people's needs with them and their family to ensure the care plan reflected their wishes and preferences as well as ensuring their needs were met. Care plans also identified the details about how people wished their needs to be addressed.

People felt the staff treated them appropriately and respectfully. People were also happy that the service told them in advance who would be coming to support them. People and relatives described staff having positive relationships with people and said that continuity of staff was usually maintained as much as possible so staff got to know people and how they liked things done. A relative noted that it was positive that new staff always worked alongside others who knew the person to get to know their needs.

The registered manager told us and people and relatives all confirmed staff looked out for people's dignity. They spoke of how staff kept them covered as much as possible and pulled curtains with their consent. One relative also commented that staff: "Look out for [name's] appearance" as part of maintaining their dignity. For example by helping them with their hair or makeup and ensuring they were appropriately dressed. People were encouraged to do as much for themselves as possible, to ensure that their retained skills were not undermined. Care plans also made references to maintaining people's dignity.

## Is the service responsive?

### Our findings

People praised the responsiveness and flexibility of the service to their changing needs. One person told us that staff always: "refer to the care plan". People and relatives also told us the registered manager and other members of the management team were readily available and contactable if anything needed to be discussed.

People's files contained copies of assessments and care plans. Where people's care was funded by the local authority, the authority's care plan was discussed with the person to identify their individual wishes to ensure the care provided met their needs and these were reflected within the service's care plan. Care plans had been reviewed and updated flexibly as people's needs or wishes had changed. For example some people's visit times had been changed to better suit their needs.

The registered manager told us people's care plans were reviewed with them or their representatives and people and relatives confirmed this. One person said: "I tell them what support I want". Another person told us: "If it's someone new I explain how I like it done".

Staff reported concerns or changes in people's wellbeing to the management so that any necessary amendments could be discussed. The care documents on people's files had been recently reviewed and contained a good level of detail to enable staff to deliver the care according to people's wishes. For example by identifying situations where people only required prompting to manage aspects of their own care. Where the service had consulted with external healthcare practitioners, relevant guidance or reports from them were on file.

Care plans referred to supporting people to make day to day decisions for themselves. For example one file noted: "Ask [name] if she would like..." Where people needed support around moving and handling to meet their needs, sufficient information was provided about how to achieve this safely and comfortably for the individual.

Staff described how they worked flexibly with people on a day-to-day basis depending on their wishes. One staff member said: "We have to promote independence and choice". Another told us they always: "Respected people's preferences regarding the gender of staff supporting them". All of the staff described how they supported people in a caring and person-centred way.

The registered manager told us people were given a copy of the complaints procedure with the service user guide and it was explained to them during their assessment. People and relatives told us they were aware of how to complain. People were happy that any issues they had raised had been resolved. Those who had not raised any issues were sure the service would respond positively if they did so.

Records showed the service had received two complaints in the previous 12 months which had been appropriately resolved.

## Is the service well-led?

### Our findings

People told us the service was well run and felt the registered manager or other senior staff were always contactable if anything needed to be discussed. People felt that the registered manager listened to what they had to say and took action about it.

The registered manager had clear expectations in terms of the care practice of staff and communicated these through induction, supervision and via the staff handbook. Staff told us the management had clear values around respect for people and said these were restated from time to time. One staff member said the service provided: "Good leadership and motivation". Another described the registered manager as: "Open minded" and told us the management: "seek ideas from staff". A staff survey had been carried out in November and December 2015 which led to actions in response to some of the feedback. For example staff were assigned to specific areas, additional recruitment ideas were pursued and communication between managers and staff improved.

Most staff had attended at least one team meeting and felt they were useful. One told us meetings were sometimes held on two occasions so all staff could attend them. A member of the management team attended staff training courses whenever possible to ensure that relevant care examples were discussed within the service's core values. The registered manager carried out spot check visits to monitor care practice and had regular informal contact with staff as well as through supervision and appraisals. The minutes of team meetings showed they provided opportunities to discuss practice as well as any concerns about individuals. The provider's core values and expectations were discussed as well.

The agency sought and acted on advice from care managers, health professionals and others and accessed external training to develop its staff. The providers had obtained office premises in the town centre. They had applied to register these as the new location for the service and planned to relocate as soon as the registration was completed.

People told us the service had sought their opinions about the care and support provided, both through a written survey and informally. Customer satisfaction surveys of a sample of people had been completed in May and December 2015 and had resulted in actions being taken to address any points raised. For example feedback about the timeliness of staff arrivals was sought and staff instructed to call the office if they were running late so people could be kept informed. Improvements were also made to staff rotas so people could be aware in advance who would be calling.

The management team monitored and audited various aspects on the operation of the service to ensure compliance with regulations. For example a medicines management audits has been completed in September and November 2015 with food and fluids records being audited in October 2015. Audits identified actions where necessary to improve practice. The management team met regularly to discuss the operation of the service and had developed a service improvement plan to focus on continued development and identify various initiatives and changes.

No notifications had been received from the service. Notifications are reports of events that the provider is required by law to inform us about. One event had occurred which should have been notified to the Commission at the time. The concerns had not related to the conduct of staff. The provider had taken the other necessary action at the time, including liaison with the local authority safeguarding team. A retrospective notification was made following the inspection.