

Loving Care Domiciliary Services Limited

# Loving Care Domiciliary Services Limited

## 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: Loving Care is a domiciliary care service providing personal care and support for people in their own homes in Surrey. At the time of the inspection, 32 people were receiving personal care regulated by the Care Quality Commission (CQC).

People's experience of using this service and what we found: The service had systems to ensure risks were managed meaning people and staff were kept safe. People and their relatives told us they felt safe and spoke positively about the staff. People said their medicines were managed well and that staff were punctual for care appointments.

People received effective care from a well trained and supported staff team. There were systems to monitor staff performance through supervision. People told us that where needed, they were supported by staff to eat and drink.

People received personalised care that was responsive to their needs and preferences. People were supported to have 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.

Staff understood the importance of respecting people's abilities and promoting independence. The service management and staff had built positive caring relationships with people and their families. The service aimed to achieve the best possible outcomes for people.

Care plans were person-centred. There was information about the level of support people required according to their assessed needs and preferences. There were systems to review care records and people felt involved in their care. People supported by the service told us they were treated with respect by caring staff. Feedback from people, their relatives and a healthcare professional we contacted was positive.

Staff spoke positively about their employment. There were systems being developed to allow staff to have opportunities to raise suggestions and be involved in the development of the service. The service worked in partnership with other healthcare professionals to ensure people received care that met their needs.

The service management used a variety of methods to assess and monitor the quality of the service. These included observations within people's homes, auditing and surveys.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was Good (published October 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

## 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.

# Loving Care Domiciliary Services Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

**Service and service type:** This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care service and we needed to be sure that the registered manager and other senior staff would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact and visit them for feedback about the service.

**What we did before the inspection:** 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 reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection: We spoke with four people who received personal care from the service and seven people's relatives. We also visited a further three people in their own homes. We also spoke with three members of staff. This included both providers, one of which was the registered manager and the deputy manager.

We reviewed a range of records. This included some people's care records and medication records. We also reviewed records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies and audits.

After the inspection: We received clarification from the providers to validate evidence found. We contacted four members of staff and three healthcare professionals who have had contact with the service to gain their views. We received feedback from all four staff and one professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- All of the feedback we received from people and their relatives was positive. All felt safe in the company of staff. One relative commented they felt the person receiving care was, "Very safe in the care of Loving Care staff."
- Feedback from people who received care included, "They are such lovely girls they have been so supportive" and, "They are very friendly and helpful, if I didn't have them, I wouldn't be able to do much with my day."
- The service management and staff knew people and their care needs well. Known risks were recorded within care records with supporting risk management guidance was in place. Risks associated with the environment were assessed and recorded so staff could provide safe care to people.
- Staff generally worked with the same people, so they were familiar with their needs and support plans to manage risk. People we spoke with told us they regularly received the same care staff to support them.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. The provider had ensured staff had received training in safeguarding and staff understood reporting processes.
- Staff were confident any concerns they reported would be listened and responded to promptly. One staff member told us, "Any issues or concerns we raise with our office are dealt with promptly and efficiently."
- The provider had effective safeguarding systems in place. Staff understood the external agencies they could contact to raise concerns with if required.
- The service had previously notified any safeguarding concerns raised with the local authority to the Care Quality Commission.

### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. There was a proactive approach to provide continuity of care by ensuring the same staff worked with people where possible.
- A comment from one person's relative was, "They are very reliable, the best thing we've ever done is go to Loving Care - they are amazing." A person who received care told us, "They are very reassuring; they are never late."
- The service had a consistent team of staff, many of which had been employed for a long period of time.
- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks and obtaining references from previous employers.

### Using medicines safely ☐

- People received support with their medicines as required. The support provided was documented on Medicine Administration Records (MARs).
- There was one appointed member of staff who was responsible for medicines management. This meant the service had a single point of contact for staff. The registered manager told us this system worked well.
- People we spoke with, and their relatives, told us they felt medicines were managed safely and effectively by staff.
- The provider had governance systems to review medicines. Where required, staff were spoken with in the event governance systems had identified recording errors.

#### Preventing and controlling infection

- Suitable measures were in place to prevent and control infection.
- Staff wore clean uniforms and understood the importance of promoting good standards and hygiene.
- Staff had received training in infection control and knew their responsibilities.
- There was a sufficient supply of gloves and aprons for staff available. Staff told us they always had access to this protective equipment.
- People we spoke with told us that staff always wore protective equipment when needed.

#### Learning lessons when things go wrong

- There were systems in place to ensure that learning could be identified where incidents or accidents had occurred.
- There were governance systems in place to monitor reported accidents or incidents to establish patterns or trends.
- Learning was identified following a review. For example, the review would identify if any safety issues were evident as a result of the incident, the immediate actions taken, and lessons learned. The review findings were shared with staff when needed.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support was reviewed.
- The service carried out pre-assessments of people and supporting environmental risk assessments before they started receiving a care package. This was to ensure people's needs could be met.

Staff support: induction, training, skills and experience

- People were supported by trained staff. Staff received a regular programme of training to aid them in care delivery.
- People told us staff were competent. One person told us they felt staff were well trained and commented, "They are excellent at what they do, not only do they do their job, but they really care about people."
- The provider had an effective electronic system to monitor all staff training to keep them up to date with best practice and skills to meet people's needs.
- Staff felt well supported and had supervision and an annual appraisal to discuss their further development. All staff we spoke with confirmed they received support. One commented, "I like knowing where I can make improvements and where they think I excel."
- All of the feedback we received from staff about the training package they received was positive.
- New staff had completed an induction. Where required, staff new to care completed the Care Certificate to learn and understand the national minimum standards.

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

- At the time of our inspection there were no people assessed as at significant risk of malnutrition, and staff did not support any people with any form of specialist nutrition equipment.
- People's care plans detailed their food and drink preferences where relevant to ensure they received consistent support.
- Staff supported people with food preparation and with eating if this was assessed as being required.
- People and the relatives we spoke with said they received the right level of support with food and drink.

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. 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.

- People were asked for their consent before they received any care and treatment, for example before assisting people with personal care or getting dressed. We made positive observations during our home visits.
- Staff understood the importance of obtaining consent prior to any care intervention. Staff carried booklets issued by the provider detailing the principles of the MCA. There were systems to assess staff knowledge and competency of the MCA.
- There was a system to record if people had a registered Lasting Power of Attorney (LPA) in place. The registered manager told us that reviewing LPA documentation formed part of the pre-assessment process.
- Where required, an assessment of a person's mental capacity was undertaken and recorded for specific decisions.

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

- The service had a working relationship with other healthcare professionals and communicated with them when required.
- Care records we reviewed evidenced where communication had been undertaken with professionals.
- People and the relatives we spoke with told us staff were proactive in contacting a person's GP if required. During the inspection the registered manager contacted a person's GP for support following a discussion with their relative and the district nursing team.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported

- People received care from staff who developed positive, caring and compassionate relationships with them.
- The registered manager and staff we spoke with understood the needs of the people they supported well. It was evident the service committed to achieving positive outcomes for people.
- All of the feedback we received about the service and staff was positive. Comments included, "They are lovely, I enjoy their company." Another person told us they felt staff were very caring and friendly and that they respected their home.
- The service had received compliments from people or their relatives. A compliment from August 2019 read, "Many thanks for your amazing service -we hope to use you again soon." An extract from a compliment from February 2019 read, "My thanks to you at Loving Care for the excellent care you provided."

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

- People were involved in day to day decisions and in regular reviews of their care. We made observations to support this on our home visits and it was also confirmed by people and their relatives we spoke with on the telephone.
- People and relatives told us they felt their views were listened to and respected. A relative we spoke with commented, "Mum is very involved in decisions about her care, she would not have it any other way, she is very strong willed."
- Comments from people included them telling us they were involved in decisions around their care, and also that staff would carry out checks to make sure that everything is okay and if anything needed to be changed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives commented positively about how staff respected them and promoted privacy and dignity.
- One person we spoke with told us how staff supported them and described the level of care they needed. They told us that their privacy and dignity was always respected. Another person who commented positively on this also commented on the staff, telling us, "They are lovely, I enjoy their company."
- The observations we made between people and staff when we visited people in their homes were positive and there were evidently good relationships between people and staff.
- People were encouraged to be as independent as possible, support plans detailed the level of support people needed.

- People's confidentiality was respected, and people's care records were kept within their own home or securely within the providers registered office.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised. Records were unique to the individual and recorded details about each person's specific needs and how they liked to be supported.
- Care plans were reviewed. This was completed at a scheduled frequency or when a change in a person's needs was identified. People and their relatives confirmed reviews were completed.
- A relative we spoke with commented on how the person who received care from staff made all decisions around their care, but felt they were kept very well up to date either by carers via the telephone application or when they communicated with the manager."
- Another relative, when asked if they felt the service was responsive said, "They treat her as an individual, they never rush her to move on to the next appointment, she looks forward to seeing them too."
- Staff understood people's specific needs. They had built up relationships with them and were familiar with their preferences. This was evident through conversations we had with staff and through the observations made at home visits.

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.

- People's individual communication needs were assessed and recorded in care plans. Staff knew people well and responded to their individual communication needs.
- The registered manager told us that there was no person with any specific communication needs receiving care at the time of inspection. However, they were aware of the AIS and how they could support people if needed.

Improving care quality in response to complaints or concerns

- There were complaints procedures and policies in place. A complaints policy and information for people on how to raise a concern was within people's records in their homes.
- People and their relatives said that they had never yet had reason to complain but would feel comfortable doing so if the need arose.
- A person we spoke with told us they had not complained in the past and, "Cannot imagine having a reason to." A relative told us the service was, "Very accommodating."
- We saw documentary evidence that complaints received verbally by the service had been recorded, investigated and resolved quickly.

#### End of life care and support

- The service were not currently supporting anybody with any end of life care provision at the time of the inspection.
- The registered manager advised us they had previously supported a person with end of life care, and this was done in partnership with the local district nursing team and local hospice.
- The growth and production of end of life care planning documentation was part of the service's continual development plan.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. The service was consistently well-led. Leaders and the culture promoted high-quality, person-centred care.

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

- All of the feedback we received about the service management and leadership was positive. One person told us, "They are very professional people right from the day we set up with them, I am very lucky, they are a good company." A relative told us they had previously recommended the service to others.
- The registered manager was committed to providing person centred care. People told us this was reflected in the staff and said they were committed to their roles. One member of staff commented, "I enjoy caring for the lovely clients as it is a very rewarding job, to me it is about giving back to people that have done so much for us in their life time."
- Staff told us the registered manager listened to them and all of the staff were positive about their employment and said they would be happy for a friend or relative to receive care. Feedback about the service leadership was positive.
- All of the staff we contacted as part of the inspection process told us that morale within the staff team was good and that it was a good place to work.

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 understood their responsibility to let others know if something went wrong in response to their duty of candour.

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

- There were systems in place to monitor the standard of care provided at the service. Surveys were completed annually by people or their relatives and representatives. The surveys in 2019 evidenced positive feedback.
- There were systems to ensure care records were periodically reviewed or if a change in need arose. There were also systems to monitor medicines management. The quality of care delivered was monitored through observations of staff practice during care appointments.
- The Care Quality Commission (CQC) had been notified by the provider and registered manager of all incidents which had occurred in line with their legal responsibilities.
- The latest performance rating for the service was clearly displayed within the service location and on the providers website.

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

- People were engaged and involved in the service. People were involved in choices about their care delivery and were encouraged to express themselves.
- One person's relative we spoke with told us, "[Registered manager] is willing to discuss anything at all, any concerns or queries we have about Mum."
- Whilst no formal staff meetings were held, staff told us communication was good. There was a small team of regular staff employed at the service which promoted continuity.
- Staff we spoke with gave mixed feedback on involvement in the service delivery, however the registered manager was in the process of developing a staff feedback system to improve this.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, community health professionals and GPs. A healthcare professional we contacted told us, "There seems to be an open and honest line of communication between the agency and other professionals."
- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.
- The registered manager was a member of the Surrey Care Association. They attended conferences and other events as part of a continual development process for the service.
- The service had development plans for improving care delivery and service management. The introduction of a full electronic care system and medicines system was being reviewed. Additionally, the service were looking to introduce champions in subjects like dementia to increase awareness and support care delivery.