

Loving Hands Domiciliary 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

Loving Hands Domiciliary Care is a domiciliary care service providing personal care to people in their own homes. The service supported older people, people living with dementia and people with a physical disability. At the time of inspection, the service was supporting 17 people.

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

People and their relatives felt the care provided was safe and risks were managed appropriately. This was because staff were well-trained, and systems were in place to report any concerns. Risks to people's health, safety and well-being were assessed and measures taken to remove or reduce the risks. People were supported by a consistent staff team, who had been safely recruited.

People's medicines were managed safely. Staff received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable to safely administer medicines. Staff had received training in infection control practices and personal protective equipment was provided for them.

Before care commenced, the registered manager completed assessments to ensure people's needs could be met by Loving Hands Domiciliary Care. Care plans were then developed from these assessments. These were sufficiently detailed and contained important information about people's likes and dislikes. This ensured staff supported them in line with their needs and preferences. 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 and relatives praised the kind and caring nature of the staff team. People told us they would be confident to raise any concerns with the management team. Everyone we spoke with during this inspection was satisfied with the care and support they received.

The provider was committed to providing a high standard of care to the people they supported. People, their relatives and staff members spoke highly of the registered manager and told us that they were always available and supportive. A governance system was established, which included various audits and the monitoring of safeguarding concerns, complaints, accidents and incidences. The registered manager acknowledged that whilst this system was effective as a small provider, it will require some development and embedding, as the service grows.

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 08 October 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Loving Hands Domiciliary Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector 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 care service.

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. 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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 06 May 2021 and ended on 21 May 2021. We visited the office location on 10 May 2021.

What we did before inspection

We reviewed information we had received about the service since registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers

to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and 11 relatives about their experience of the care provided. We spoke with the registered manager, a newly appointed service manager and received feedback from three staff members. We reviewed a range of records. This included four people's care records and two people's medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also looked at training data and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- The registered manager understood their responsibilities to safeguard people from abuse. They had not been required to report any concerns, since registering the service, but had effective systems and processes in place to help protect people.
- Staff received training and were clear about how they would report any safeguarding concerns both internally to the provider and externally to the safeguarding authorities.
- People and their relatives told us that staff provided safe care. One person told us, "I feel safe with everyone." A relative told us, "I feel safe leaving [relative] with them [staff], which is important. They are very well trained."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and assessed, with appropriate management plans put in place. Risk assessments enabled people to stay as independent as possible.
- The registered manager worked with various professionals to ensure people received the correct support and any risks were managed safely. For example, staff identified that one person was not drinking enough to remain sufficiently hydrated and was also at high risk of developing pressure sores. The registered manager liaised with their GP and the district nurses. A referral was completed for a swallowing assessment, pressure relieving equipment was obtained and dietician input sought. This meant staff could support this person to manage their health needs in a safe way.
- The provider was looking to develop risk management processes further, as part of the introduction of an electronic care planning system.

Staffing and recruitment

- People's relatives told us there were enough staff available to meet people's care needs. All feedback indicated staff provided people's care within agreed timeframes and contact was made if staff were running late. One person told us, "They ring me if they are running late, it doesn't worry me as sometimes they are early, it's usually 5-10 minutes either way."
- The registered manager explained that as a small "close-knit" team, she was able to keep in touch with each staff member throughout their day and receive updates following each call.
- The registered manager operated robust recruitment procedures; appropriate checks were undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they worked with people.
- People told us they were usually supported by the same members of staff and they valued that consistency. One person told us, "it does change periodically but I know them all. They came with a new

carer recently and the new carer came for a few days so that they could get to know me, and I can get to know them."

Using medicines safely

- Staff received training to administer people's medicines safely. The registered manager undertook competency assessments once staff had completed their training to ensure safe practice.
- Where people were prescribed "as required" medicines (PRN), such as pain relief or creams, the service had individual guidelines in place for each. This meant staff knew when to administer these medicines and how frequently.
- Medicine administration was documented clearly and accurately on Medication Administration Record (MAR) sheets. These were checked by the registered manager.
- People's care plans identified their needs in relation to the ordering, storage and administration of medicines. People who were supported with medicines confirmed they received these as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection control and followed the current national infection prevention and control guidance. People confirmed that this was the case. One person told us, "They tidy up and are always wearing masks, aprons and gloves"
- Staff told us they were supplied with personal protective equipment (PPE) to help prevent the spread of infections and were clear on their responsibilities with regards to infection prevention and control. The provider held plentiful stocks of all PPE.

Learning lessons when things go wrong

- The registered manager took appropriate actions in response to any concerns and learning was shared with staff.
- Incidents were followed up and prompt action taken to ensure people were safe and to prevent reoccurrence. For example, one person experienced a fall when staff were not present. Staff sought support from the occupational therapy team to obtain equipment, such as a commode and grab rails, to enable this person to continue to mobilise independently when staff were not there.
- Few accidents or incidents had occurred since the service began but the registered manager had systems in place for monitoring these and to ensure any patterns or trends were identified in the future.

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

- People's needs were fully assessed before accessing the service. The registered manager confirmed people's care and support needs were thoroughly discussed before support commenced.
- The service was flexible in ensuring that people were supported in line with their assessed needs and choices.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role effectively. One person told us, "I feel as though a lot of training has gone on", whilst another person said, "Staff are friendly and well-trained. I could chat to them all day."
- Staff received supervision and competency observations to help ensure they had the knowledge to perform their job roles. Staff told us they had support from the registered manager and access to regular one-to-ones and team meetings.
- Inductions for new staff were thorough and their knowledge was tested by the management team during shadow shifts prior to the staff member working with people unsupervised.
- People and their relatives praised the staff team for their skills, knowledge and compassion. One relative told us, "We get the same people and they all know the routine, they are very experienced, kind and gentle."

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

- People and their relatives said that where people needed assistance to eat, staff supported them in a safe and effective manner. People's preferences were documented.
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding of how to support people with these. Care notes evidenced that people's intake of food and drink were monitored, where necessary.

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

- Staff and the management team worked well with other agencies to ensure that people received appropriate care. One person told us, "They are even contacting people to get extra aids for my bath."
- People were supported to attend appointments with healthcare professionals. One relative told us, "They even take [person] to the dentists and opticians, they are so caring and reliable!"

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.

- People and relatives told us staff always asked for consent when supporting them. People had been asked for their consent to be supported in line with their individual care plans and risk assessments.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this in to practice.

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

- Staff had a good understanding of the people they supported. They took the time to get to know people's individual likes and dislikes and spoke about people with kindness and compassion. One person told us, "Staff are very joyful, always smiling, easy to talk to, easy to get along with."
- People and their relatives praised the staff team for the care and support they provided. A relative told us, "They have a great relationship with my [family member]. It's been a 'gamechanger' going with them." Another relative told us, "They are delightful in every way. Communication is outstanding."
- The registered manager told us that where people had specific religious or cultural needs, staff worked with people and their families, to provide appropriate support.
- The provider sent flowers to every new person supported, along with a welcome letter. People were sent birthday cards and bought Christmas presents.
- People and relatives told us that staff completed additional tasks, outside of the agreed care plan, when requested. For example, one person told us, "They do my shopping, took me to hospital and [registered manager] even put up my curtains - they are all very good!"

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

- People using the service were encouraged to be involved in making decisions about their care and to take part in reviews.
- People we spoke to confirmed that care staff knew what they liked and how they liked to be supported. One person told us, "They know automatically what to do, they are very friendly and treat me like their own [family member]."

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.
- People and their relatives said that staff promoted people's privacy, dignity and independence. One person told us, "They always work at my pace, as I can't walk, so they have to take their time." A relative told us, "They are absolutely brilliant, they don't rush [person]."
- Staff supported people to be as independent as possible and do what they could for themselves. One staff member told us, "I always ask people and give them choices. It's about maintaining their independence. We are just here to help where they cannot do something."

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 to meet their individual needs and preferences.
- Care plans were detailed with regards to people's preferences, likes and dislikes. This meant staff had the information available to help ensure people received consistent care that met their individual needs.
- Staff spoke about a culture within the service of "not rushing" and making sure that they took the time to speak with people, in order to understand their needs and preferences.

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 communication needs were documented in their support plans. The registered manager explained that information would be made available in a different format, if this was required.

Improving care quality in response to complaints or concerns

- People told us they felt comfortable raising any concerns with the service. The service had a clear complaints procedure; which people were aware of. One person said, "I have all the telephone numbers, but I have no complaints." A relative said, "I would contact [registered manager] but I've never had to make a complaint. How can you be unhappy when everyone is so supportive?"
- Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure.

End of life care and support

- The registered manager explained that since registering the service, most people supported have moved to either a care home or hospital, prior to end of life. However, the service had supported some people to stay in their own home if they chose to do so and extra support was provided as needed from specialist services.
- Staff knew how to support people at the end of their life. Advance Care Planning documentation had been developed so was available to use, if required.

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; 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 had a good understanding of their responsibilities towards the people they supported and had a passion for delivering person-centred care.
- People and relatives told us they found the registered manager to be warm, approachable and helpful. A relative told us, "[Registered manager] visits a lot, they make it their business to know everyone. [Registered manager] helped with my problems with social services. They didn't need to. [Registered manager] rang every week when [name] was in hospital. I would recommend Loving Hands; in fact, I have."
- Staff reported a positive team ethos and knew they could go to the management team for advice and support. One staff member told us, "If we have any issues or problems, [registered manager] is always there. If they do not know the answer, they will go and find out. I've never had the support before that [registered manager] gives."
- The registered manager had a clear understanding about the duty of candour and told us they encouraged everyone to be open and honest in their feedback.

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

- The management team and staff understood their roles and respected the impact their roles had for people. One staff member told us, "We all give each other support. We all bring different skills to the role and can learn from each other."
- The registered manager worked alongside the staff team routinely and assessed the service provision as part of their daily work.
- The registered manager was a member of a local care provider's association. They had arranged training and attended network meetings to help keep up to date with changes in the care sector and legislation.
- A governance system was established, which included various audits and the monitoring of safeguarding concerns, complaints, accidents and incidences. The registered manager acknowledged that whilst this system was effective as a small provider, it will require some development and embedding, as the service grows. This was reflected in the Service Improvement Plan. Plans were already in place to introduce an electronic care monitoring system, in order to aid the management oversight of the service.

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

- Regular feedback about the quality of the service provided was gathered from people and their relatives. Where any issues were identified, however minor, these had been addressed by the registered manager.
- Staff feedback was sought via individual and face to face meetings with the management team. The registered manager had produced feedback surveys which they planned to introduce, in order to formally capture both staff and professional feedback.

Working in partnership with others

- The registered manager often worked with other professionals to achieve good outcomes for people.