

Love In Care Limited

# Love In Care

## Inspection report

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West Yorkshire  
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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

Love in Care is a domiciliary care service providing care and support to people in their own homes. The service was providing personal care to 11 people at the time of the inspection.

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

All the family members we spoke with felt their relatives were safe when receiving care and support. Risks to people's health and welfare were assessed but some improvements were needed to ensure a robust approach. People received their medicines safely.

Staff were recruited safely and followed an induction and training programme. Family members felt staff were well trained to provide the support their relative needed.

All of the family members we spoke with were complimentary of the care and support their relative received. People said they had "complete trust" in staff. Family members commented very positively about the respect staff showed their relatives and how they maintained their dignity.

Family members said they were "completely" involved in the development and review of their relative's care plans to make sure care and support was delivered as they needed and as they preferred.

Care plans were person-centred and included information about what staff needed to do to make sure people's diverse and cultural needs were met.

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.

Staff were responsive to people's health needs and liaised with healthcare professionals as needed.

Family members appreciated the flexible support their relatives received to enable them to enjoy social events and maintain relationships.

There were systems in place to monitor quality and equip the provider with a robust overview of performance.

Family members and staff gave very positive feedback about the registered manager. Family members said the registered manager welcomed their views and was always responsive.

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 requires improvement (Published 7 December 2018) and there was a breach of regulation 17. At this inspection sufficient improvement had been made, and the provider was no longer in breach of regulation 17.

#### Why we inspected

This was a planned inspection based on the previous rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always consistently 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.

# Love In Care

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### 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 person was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection because we needed to make sure the registered manager would be available to support the inspection. Inspection activity started on 4 December 2019 when we spoke on the telephone with relatives of people who used the service and staff. We visited the office location on 18 December 2019 and reviewed additional information sent to us to support the inspection process on 5 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and safeguarding team. The provider completed 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.

#### During the inspection

We spoke on the telephone with five family members of people who used the service about their experiences of the care provided. None of the people using the service were able to engage in a telephone conversation with us. We spoke with four staff including support workers and the registered manager. We reviewed a range of records which included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We looked at other records relating to the management of the service, such as training records, meeting notes, audits and survey results.

#### After the inspection

We reviewed additional information including audits sent to us by the provider.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was not complete assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff knew about different ways in which people might be put at risk. They said they would report any concerns to the registered manager, but some were a little unclear about safeguarding procedures. When we fed this back, the registered manager arranged immediate refresher training for all staff.
- The registered manager had a good understanding of their responsibilities and appropriate policies and procedures were in place.
- All the family members we spoke with said they were confident the service delivered care and support safely. Two people said they felt their relative was "absolutely safe" and another said the safe care and support they knew their relative received had made them "able to breath for the first time in a long time."

Assessing risk, safety monitoring and management

- Care documentation and overview of accidents and incidents identified risks to people's health and safety, but related risk assessments had not always been put in place. For example, accident records and a recent review of one person's needs assessment showed they were at increased risk of falls when they were resistive to care. However, a risk assessment had not been put in place to inform staff of what to do to minimise the risk when the person was displaying these behaviours.
- Risk assessments in relation to such as environment and skin integrity were in place.

Staffing and recruitment

- Systems were in place to make sure staff were recruited safely.
- There were enough staff to support people currently using the service.
- Family members told us their relatives were supported by a consistent and reliable staff team.

Using medicines safely

- Medicines were managed safely.
- Medication administration records (MARs) were completed properly and a full list of the medicines people were taking was attached to each MAR.
- Family members said their relatives were supported safely with their medicines.

Preventing and controlling infection

- Staff had access to such as gloves and aprons as they needed.
- All the family members we spoke with said staff respected their relative's homes and always cleaned up after themselves.

#### Learning lessons when things go wrong

- The registered manager had acted in response to issues identified on previous inspections.
  - The registered manager had taken prompt action when one person had not responded well to their carer.
- The registered manager recognised this was due to a misconception due to the person's dementia and organised for a change of care staff.



# 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 requires improvement. At this inspection this key question has now improved 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

- Robust assessments of people's needs were completed before the registered manager confirmed they were able to provide a package of care. The assessment process was used to match the person with care staff.
- Assessments were reviewed regularly to reflect peoples' current and changing needs.
- All the family members we spoke with confirmed they were fully involved in the assessment process. One said, "We were totally involved from the get go."

Staff support: induction, training, skills and experience

- The registered manager had introduced the Care Certificate to support new staff during their induction period. The Care Certificate sets out common standards for all staff new to working in care.
- The registered manager accessed training for staff from a range of sources. This included the local authority, Skills for Care and a regional training provider. Training relevant to people's individual needs had also been provided to staff from health care professionals such as district nurses and occupational therapists.
- Staff said they received good levels of training appropriate to their roles and all of the family members we spoke with felt staff were well trained.
- Staff said they received good support from the registered manager through supervision and spot checks of their care delivery.

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

- People's nutritional needs and preferences were recorded, and family members said staff provided the support their relative needed.

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

- Care records showed how staff had liaised with health and social care professionals such as physiotherapists, district nurses and social workers.
- One family member told us "They pick up on anything that might need a doctor calling for."
- One person's care plan gave detailed information about the support staff needed to give in the event of the person having a seizure.

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

- Staff followed the principles of the MCA and people's consent was sought in advance of care being provided.
- When staff had noticed changes in one person's condition which impacted on their capacity, they supported the person's daughter to liaise with the social worker who completed an assessment of the person's capacity. This resulted in a review of the support package to enable the person to continue to live in their own home.

# 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. 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

- All the family members we spoke with gave examples of how their relatives were supported by caring staff who respected and understood their cultural needs. Family members spoke of the advantages of care staff sharing a cultural background with their relative. One said "(Relative) can relate to them."
- One family member told us how staff had supported their relative and another family member to an important family event. They said, "They were able to do this because they understood the culture."
- Another family member said, "They are very caring but are always clear in their boundaries, they always defer to me to make sure they are getting it right for my (relative)."
- One family member said staff saw beyond people's physical conditions or disabilities. They said of their relative, "They treat him with respect as a man."

Respecting and promoting people's privacy, dignity and independence

- Care plans included details of people's needs in relation to privacy, dignity and independence and how staff should provide care and support to meet these needs.
- One family member said, "They have really gone above and beyond in maintaining (person's) dignity and independence whilst keeping (person) safe."
- Staff used culturally respectful terms of address for people. For example, use of 'Aunty' for older females.

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

- Care plans included detail of people's views and preferences for the care and support they received.
- Family members gave examples of how staff put their relative's preferences and needs at the heart of making decisions about their care. One family member said, "My (relative) isn't always able to voice what they want but can make their preferences known and staff respond to that."
- Two family members told us how the registered manager had completely accepted when their relatives had, due to their confusion, not responded well to the member of staff delivering their care. One family member said, "They try so many different creative ways to introduce other carers."

# 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.

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

- Care plans demonstrated a wholly person-centred approach based on the continuous assessment of people's needs. All of the family members we spoke with said they had been fully involved in the development and review of their relatives care plan. One family member said, "I kind of led the care plan, we adapted the plan and came to an agreement of how it should be."
- One person's care plan included very specific detail about the interventions staff needed to make in the way the person preferred. The care plan gave good detail about the person's background and how their needs had changed over time and very specific information about the support the person needed to maintain their individuality and self-esteem.
- Care records gave clear information about supporting people to meet their cultural needs. For example, one person's care package had been adapted to make sure the person was supported to keep their fast and to perform the steps of washing and preparing for prayer.
- Family members gave many examples of how staff had been responsive to their relatives needs. One said, "They are very responsive if we ask for call times to be changed to support the family."

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.

- All the family members we spoke with said the ability of the care staff to speak with their relatives in their first language was a huge advantage in establishing an effective and trusting relationship.
- Care plans were in place detailing the support people living with hearing or sight impairment would need.

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

- Family members gave many examples of the support staff had given to enable their relative to take part in activities important to them.
- One family member told us how staff would change the time of their visit to support their relative to get ready to go out with friends. The family member said this was very important in supporting the person to maintain friendships and independence.
- Other family members gave examples of the support their relatives had received to meet their religious and cultural needs. This included supporting people to develop a prayer area, make their prayers and

attend family occasions.

Improving care quality in response to complaints or concerns

- All the family members we spoke with said they would have no hesitation in contacting the registered manager if they had any concerns. One said, "They are very open to hearing about any concerns."
- Another person told us about how they had raised a minor issue with the registered manager and this had been sorted out immediately.

End of life care and support

- At the time of the inspection, the registered manager was in the process of sourcing training to support staff in planning and delivering end of life care.

# 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 requires improvement. At this inspection this key question has improved to good.

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

At the last inspection the provider did not have a fully effective system to monitor and improve the quality and safety of the service delivered to people as records were not always made of checks and audits completed. This was a breach of Regulation 17 (Good governance) 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.

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 was in the process of setting up systems to develop staff roles to promote their involvement in the service. This included the development of dignity and oral care champions, staff taking a more active role in the development and review of care plans and analysing satisfaction questionnaires to look at how service delivery could be developed to improve outcomes for people.
- Staff said the registered manager was open to their feedback and suggestions about the running and development of the service.
- Family members told us the registered manager welcomed feedback and were confident any comments or queries would be responded to honestly and appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- The registered manager had responded to the outcomes of the previous inspection and had set up systems to monitor and audit quality performance and the new software included programmes to support audits.
- A working group, which all staff were invited to join, had been introduced. The working group looked at NICE guidance and feedback from people and family members to consider how improvements could be made to the service.
- The registered manager had provided all staff with a memory stick which held all the service's policies and procedures. This meant staff had access to these at all times.

#### Working in partnership with others

- The registered manager was working with a local college in relation to a national initiative to provide placements for students in the health and social care field and to look at apprenticeship opportunities for existing staff.
- The service had registered with the National Dignity Council and the registered manager was working with a local authority Registered Managers Network.