

Lionheart Domiciliary Care Services Limited

# Lionheart Domiciliary Care Services

## Inspection report

Suite 2, Second Floor, Marshall House  
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Date of inspection visit:  
03 August 2022

Date of publication:  
06 September 2022

## 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

Lionheart Domiciliary Care Services Limited is a care at home service providing personal care. The service provides support to older people who live in their own homes.

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. At the time of our inspection there were nine people using the service who received support with personal care.

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

People using the Lionheart Domiciliary Care Services Limited, benefited from a service that was committed to providing safe and high-quality care and support.

Although recruitment processes ensured staff were safe to work with people, we have made a recommendation about staff employment references.

Risks to people were managed and mitigated to lessen the risk of harm to people. People were supported by staff to manage risks and retain their independence as far as possible.

The service was committed to driving good outcomes for people, and supported people to remain living independently in their own homes in line with their wishes.

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.

Staff were kind, compassionate and treated the people they supported with dignity and respect.

The service adopted an open culture which was committed to delivering high-quality person-centred care to people. This was underpinned by good governance and a shared staff culture of working to achieve the best outcomes for people.

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

This service was registered with us on 20 October 2021 and this is the first inspection.

### Why we inspected

As the service has been registered with CQC for over one year, we carried out this comprehensive inspection

to award a rating for the service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Lionheart Domiciliary Care Services

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service one days' notice of the inspection. This was because we wanted to ensure the registered manager was available to speak with us.

Inspection activity started on 3 August 2022 and ended on 10 August 2022. We visited the location's office on 3 August 2022.

### What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service.

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

### During the inspection

We attended the office and spoke with two members of staff, including the operations manager and a care co-ordinator.

We used emails to enable us to engage with the registered manager who was working in the satellite office in London.

We looked at records in relation to people who used the service including four care plans and systems for monitoring the quality of the service provided.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at staff training and quality assurance records. Due to people's care needs, there was only one person who was able to communicate with us on the telephone, however, the person did not respond to our attempts to engage. We spoke with three relatives on the telephone to help us understand their experience of the care and support their loved one received.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Recruitment systems ensured staff were recruited to support people to stay safe. Staff files were organised and contained all required information. However, not all references from previous employers had been received prior to new staff commencing employment. We spoke to the operations manager about this who confirmed that new staff worked alongside current staff until references had been received.

Although we were assured that risks had been mitigated, we recommend the provider ensures that references are received prior to new staff commencing their employment.

- The service used a small team of staff for each person to help ensure people received a reliable and consistent service by staff who knew their care and support needs well.

### Using medicines safely

- Medicines were managed safely. Staff met good practice standards and were trained and competent to administer medicines. However, we found care plans needed to be more explicit about staff supporting as and when required medicines and when promoting people with medicines. At the time of our inspection, only one person was receiving support with medicines.
- The service took an active role in medicines reviews and risk assessments. Where people wished to manage their own medicines, they were supported to do so safely, and in a way which respected their independence.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety was assessed and monitored. People's homes were assessed to ensure that people were supported to live in as safe environment as possible. Staff supported people to make choices and understood where people required support to reduce the risk of avoidable harm. A relative told us, "Staff keep Mum safe, I have total peace of mind she is OK when I am not around and staff are taking care of her."
- Information about risks was shared through meetings and the service reviewed risks regularly to ensure it had a current and accurate picture of safety.
- Although the service had not recorded many accident or incidents, the service adopted a practice of learning from any incidents, accidents and other relevant events. Records were reviewed to monitor any safety related themes.

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

- People were adequately protected from the risk of harm or abuse. Any incidents or concerns were

appropriately reported and shared with relevant safeguarding authorities.

- Staff were trained in safeguarding matters and knew what action to take to keep people protected. The service had a safeguarding policy to provide guidance to staff in safeguarding matters. Staff were able to tell us how they would keep people safe from harm and abuse.

#### Preventing and controlling infection

- The service managed the control and prevention of infection. Staff followed policies and procedures on infection control which met current and relevant national guidance. Risk assessments for the management of COVID-19 were in place for both people and 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.

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

- Care and support was delivered in line with evidence-based guidance and relevant legislation, which was monitored to ensure consistency of good practice. An initial assessment of people's care and support needs was completed before their introduction to the service.
- People and their relatives were directly involved in setting out expected outcomes for their care and support needs wherever possible. A relative commented, "I was involved with [Person's] plan of care, it contains all the information staff need."
- The service ensured people's needs were met and worked alongside external services and professionals to ensure support led to good outcomes for people.

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge and experience to carry out their roles. New staff underwent a programme of induction to help ensure they were able to support people in line with their needs. Staff told us how they shadowed more experienced staff members which helped them get to know people before providing them with support.
- Relatives told us they thought staff had the right skills and knowledge to care for people in line with their needs.

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

- Staff worked in collaboration with the most appropriate services to meet people's needs.
- The service helped ensure people experienced positive outcomes regarding their care and support. Where necessary, staff acted as advocates for people when liaising with other health professionals, enabling people to make genuine choices.

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

- The service helped protect people from the risk of poor nutrition, dehydration, swallowing risks and other medical conditions that affected people's diet and fluid needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service ensured people were directly involved in decisions about every aspect of their care and support wherever possible, so their human and legal rights were upheld.
- Where people were deemed not to have capacity to make decisions, the service worked closely with relatives, friends and other advocates to ensure that any decision was made was in the person's best interests and supported them in the least restrictive way possible.

# 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

- The service ensured people were treated with respect and with kindness and compassion. We received positive feedback about the caring attitude of staff, comments from relatives included, "Staff are brilliant with [Name], they look after [Name] well and meet their needs, no complaints at all" and "Yes, staff are kind, caring and respectful, always polite."

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

- People were supported by staff to express their views and provide feedback in all aspects on their care, through home visits and questionnaires. A relative told us, "They definitely act on feedback and listen, I had written something on a questionnaire for staff to do and they started doing it."
- Staff used accessible means of communication and worked with people's relatives and advocates to help people shape their own care and support.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was adhered to. People's personal information was kept in a secure way and in line with the law.
- People were treated with dignity, respect and without discrimination and staff encouraged and respected people's independence. One staff member told us "People are treated with care and respect by all staff."

# 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

- The service helped ensure people had choice over their own care and support plan. People's family were consulted where necessary to ensure people's needs were identified, and people had choice and preference on how their care and support needs were met. A relative confirmed, "Staff know [Person's] needs and are so good at communicating any changes."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service presented information in a way people understood. This helped ensure people were able to make appropriate choices based on options which had been presented to them in an accessible way. Staff told us when people could not always communicate verbally, they knew people well enough that they were able to communicate in other ways, such as by reading people's body language and facial expressions.

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

- The service took care to involve those who were important to the person involved in their support to help maintain good relationships, and to help family members adjust to people's reliance on care and support more easily.
- The service helped facilitate links with people's local communities, to help people feel a sense of belonging and avoid any feelings of social isolation.

End of life care and support

- For people who were receiving end of life care, the service helped ensure people, relatives and care staff were involved in the development of appropriate treatment plans which were sensitive to the needs and wishes of the person, including any religious and cultural needs.
- The service worked in conjunction with health care professionals to ensure people were treated with dignity at the end of their lives.

Improving care quality in response to complaints or concerns

- Although the service had not received any complaints, an accessible complaints policy was in place to

ensure people knew how to give feedback on their support and/or raise any issues.

- People's relatives told us the service was open and accessible and they felt confident that if they did need to complain, it would be treated seriously, and they would be listened to.

# 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.

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

- The service demonstrated effective governance and accountability processes and practices. Staff understood their role and responsibilities and were committed and motivated to deliver a high-quality service for people. Staff were positive about the management team. One told us, "Yes, they are supportive, I can call the office at any time, no matter what the query."
- Governance systems were embedded and effective at identifying risks to the safety and quality of the service provided to people. Audits were used to drive improvement within the service.
- The registered manager understood the importance of their role and understood their legal and regulatory requirements. Staff were supported using performance feedback and provided with opportunities for further learning and development to help further enhance the delivery of good care and support.

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

- The service encouraged and facilitated people and their relatives to be heard. Feedback from people about their care and support also enabled the service to make changes to people's support plans as their needs changed. A relative told us, "Feedback is definitely listened to, I fed back in a questionnaire, and staff acted on my suggestion."
- The registered manager engaged with staff via staff meetings and supportive processes such as supervision and appraisals, to enable staff to have a platform to voice their feedback. A member of staff told us, "Meetings are about us and we can talk about anything."

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

- The registered manager implemented a culture dedicated to person centred care and support underpinned by compassion and respect. This ethos was promoted and shared amongst staff.
- This positive ethos, openness to feedback and direct involvement of people and their relatives in their support, helped lead to positive 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 service welcomed any feedback and adopted a transparent approach. Any concerns were

investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on, to help prevent any risk of recurrence.

#### Continuous learning and improving care

- The service demonstrated a commitment to sustained and improved care at all levels. The service fostered a best practice learning culture which helped drive up the quality of the service. Best practice guidance was shared amongst staff to help further in the deliverance of good care.

#### Working in partnership with others

- The service worked in partnership with external organisations to support good care provision to ensure people received a high-quality experience based on best practice outcomes and people's choice and preference.