

Lloyds Care Group Ltd

LLOYDS CARE GROUP LTD

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

LLOYDS CARE GROUP LTD. is a domiciliary care agency. It provides personal care to people living in their own houses or flats. At the time of the inspection there were 18 people using the service.

People's experience of using this service:

At the last inspection on 5 September 2018 we asked the provider to take action to make improvements in a number of areas. These included; the assessment of people's capacity to make informed decisions, the assessment and mitigation of risk, the recruitment, training and ongoing support of staff and effective oversight and governance of the service. We found some improvements had been made, however further improvements needed to be made.

People told us they felt safe, however improvements were needed. People in some instances had experienced missed or late calls. The registered manager had spoken with staff about the importance of timeliness and good communication. The registered manager was in the process of recruiting additional staff. We found improvements were needed to recruitment practices to ensure references were sought from the most appropriate person. People were kept safe by staff who understood how to safeguard people from abuse and the actions they needed to take to protect people from the risk of harm. There were appropriate infection control practices in place. People were supported to take their medicines safely.

Staff were provided with induction, however improvements to ensure staff had sufficient time to understand the information was needed. Training was provided; however, a majority of training was through e-learning, which the registered manager had identified was not staff's preferred method of gaining knowledge. People were supported to have sufficient amounts to eat and drink. Staff supported people to maintain their health and well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were consistent in their praise of staff for the support they provided. People spoke of the kind and caring approach of staff. Some people told us staff had time to talk with them. People's privacy and dignity was promoted.

People were involved in the assessment and care planning process to ensure the services offered were appropriate for them. People were supported to express their wishes and preferences regarding their care and staff were provided with information, within people's care plans, which enabled them to provide personalised care. People were confident to raise concerns and complaints, to which people received a verbal response.

The provider did not have a system in place to monitor the quality of the service to ensure people received good quality care. The registered manager had plans to expand the service and improve staff training. However, there were no plans produced by the registered person which identified how this would be

achieved, the resources available or how any improvements would be monitored. Opportunities for people to comment upon the quality of the service were limited. People's views were sought by telephone, however there was no evidence to support how comments were collated or used to drive improvement. People and staff were positive about the approachability and support provided by the registered manager.

Rating at last inspection:

Requires improvement. The last report for LLOYDS CARE GROUP LTD., was published on 1 November 2018.

Why we inspected:

This was a planned comprehensive inspection based on the rating from the previous inspection.

Follow up:

We will meet with the Provider. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

LLOYDS CARE GROUP 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. 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:

The inspection was carried out by two inspectors.

Service and service type:

LLOYDS CARE GROUP LTD. is a domiciliary care service providing support and personal care to people 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:

We gave the service two working days' notice of the inspection site visit, to provide the opportunity for the provider to contact people who use the service to gain their consent for us to contact them by telephone. This was to enable us to seek their views about the service they receive.

The Inspection site visit activity took place on 8 May 2019. We visited the office location to see the registered manager and office staff; and to review records.

What we did:

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, the provider was given the opportunity to tell us all about the service and we took this into account when we made judgements in this report.

Our planning took into account information we held about the service. This included information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them.

We spoke with two people who used the service and four family members by telephone on 8 May 2019.

We spoke with four staff who were employed to provide personal care and support to people by telephone on 8 May 2019.

We spoke with the registered manager and the co-ordinator when we undertook the site visit.

We looked at the care plans and records of three people. We looked at two staff records, which included their recruitment, induction, on-going monitoring and training. We looked at the minutes of staff meetings and records related to the quality monitoring of the service, which included complaint investigations carried out by the registered manager.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

At our previous inspection of 05 September 2018, we found the registered person had not ensured or promoted people's safety as potential risks were not appropriately assessed or reviewed. Measures put into place to mitigate risk were not sufficiently documented. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found improvements had been made. However, we found there were opportunities for further improvements to be made.

Assessing risk, safety monitoring and management:

- People told us they felt safe using the service because staff were confident, efficient and friendly. One person told us, "They [staff] appear confident and get on with the job, I am happy with them." A second person said, "They [staff] are all very efficient, I can't fault them really."
- Staffs role in promoting people's safety was recorded in their care plans. For example, ensuring people's homes were secure when staff left their home. People told us staff in some instances entered their property by using the key kept within the key safe and that staff secured their home and returned they key to the safe when they left.
- Risk assessments were in place to protect people from potential harm associated with their care and support, however we spoke with the registered manager about including additional information to identify the level of risk. They told us they would make improvements.
- Risks people faced had been identified, assessed and measures put in place to reduce the risk where possible, for example the use of equipment such as a hoist. Staff demonstrated a good understanding of the measures they needed to take to keep people safe, which included them telling us how they used a hoist safely.
- People's records provided clear guidance for staff as to how equipment was to be used safely, staff spoken with referred to the information they followed within people's care plans.

Staffing and recruitment; Learning lessons when things go wrong:

- Staff recruitment processes were in place which helped to ensure staff were suitable to provide care and support. These included checks of identification and criminal record checks through the Disclosure and Barring Service (DBS). However, we found improvements were needed as potential staff had not always completed their application form fully when providing information about referee contact details. References we looked had been obtained via the telephone and did not consistently record the name of the person spoken with or their role, therefore the registered manager could not be confident that the information had been provided by the appropriate person. The registered manager said they would ensure improvements were made.
- Where outcomes of DBS checks included information of concern, the registered manager assessed any potential risk and ensured staff were suitable to work.

- Some people and their family members told us staff arrived on time. One person said, "Staff mostly arrive within the 15 minute window, I always get a call if they are going to be late." A second person said, "Staff pretty much arrive within 10 minutes, traffic permitting." Whilst other people told us staff were sometimes early or late.
- People told us they were not always informed when staff were going to be late. One person said, "If they are going to be very late I would get a call." A second person said, "No calls made."
- The registered manager through listening to concerns and complaints about the timeliness of calls had reminded staff to contact people directly or staff based in the office to ensure people were kept informed when staff were running late.
- Records showed two people had reported missed calls which had been dealt with by the registered manager in line with the providers complaints procedure. People we spoke with told us they had not experienced any missed calls.
- The registered manager was in the process of recruiting additional staff in response to people's concerns with regards to the timeliness of calls to provide care.
- Staff rotas were planned, and staff told us they received a copy of the rota in advance and any changes to the rota were communicated to staff.
- People told us staff wore an identification badge, which meant they knew who staff were and that they were employed by the service.

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

- Staff demonstrated a good understanding of the indications of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures. This included reporting concerns to external agencies such as the local authority safeguarding team and the Care Quality Commission (CQC).
- The registered manager understood their responsibilities in relation to safeguarding, how to report and investigate concerns, and how to protect people from potential discrimination. They had made appropriate referrals to agencies and CQC where there had been potential safeguarding concerns.

Using medicines safely:

- People received their medicines safely and as prescribed where the required support, which was confirmed by people and family members we spoke with.
- People's care plans included details of the support they needed to take their medicines, which included any preferences as to how people took their medicine.
- Staff had received training in how to manage and administer medicines. Staff were knowledgeable about the procedure for supporting people with their medicine, which included signing the MAR sheet (medication administration record).

Preventing and controlling infection:

- People's care plans advised staff on actions they needed to take to protect people from the risk of infection. For example, the correct procedures for the disposal of waste and the use of PPE (personal protective equipment) such as gloves and aprons.
- People we spoke with told us staff wore a uniform and used gloves and aprons when providing personal care.
- The registered manager emphasised the importance of infection control with staff as it was a topic discussed at staff meetings.
- Staff undertook or helped people with their laundry and cleaning of their homes where support was 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our previous inspection of 05 September 2018, we found the registered person had not ensured staff were suitable trained or supported to carry out their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found improvements had been made. However, we found there were opportunities for further improvements to be made.

Staff support: induction, training, skills and experience:

- People and their family members gave mixed views about staff's experience and knowledge in providing their care. Some people told us they had confidence in staff's knowledge and experience, whilst others said some staff lacked experience.
- A system of induction was in place for newly recruited staff, however we found a significant volume of information was covered on one day. The registered manager acknowledged that staff did not always have sufficient time to process the information and that changes were needed to improve the induction process.
- The system for staff supervision and support was not consistently applied. Staff told us they were supported by the registered manager, through one to one meetings and spot checks, where their work practices were observed. However, the frequency of these varied when speaking with staff. The registered manager informed us the frequency of staff supervision was based on individual need, with consideration to staff's experience.
- Records showed staff undertook training in topics to promote people, health, safety and welfare, which included the safe handling and moving of people, medicine management, falls prevention and food hygiene. A majority of training was on-line. The registered manager told us they looked to increase face to face training and long distances courses to further develop staff's knowledge.
- Staff told us they worked alongside experienced staff as part of their induction. However, we found no documentary evidence to support this or record to demonstrate staff's competency had been assessed.
- A majority of staff had completed the Care Certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to implement to enable them to provide safe and effective care.

At our previous inspection of 05 September 2018, we found the registered person had not taken into account the Mental Capacity Act 2005 when assessing people's needs and their ability to consent to their care. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found improvements had been made.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority, through the Court of Protection.

- People told us staff always gained their consent prior to any care being provided. One person said, "They [staff] ask me what I want done, they know the procedure I need."
- Staff were knowledgeable that people's permission should always be sought prior to providing care.
- Mental capacity assessments had been undertaken which showed people using the service had capacity to make informed decisions. Records indicated if people had Power of Attorney arrangements or Court of Protection Orders in place.
- People's care plans emphasised their involvement in decisions about their care and the need for staff to always consult with them to ensure people's rights were promoted.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed by commissioners and the assessments were sent to providers via e-mail. The registered manager upon reading the information contacted the relevant commissioner to inform them as to whether they could meet the person's needs.

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

- Care plans included any support needed to ensure people had enough to eat and drink, which included ensuring staff left drinks and snacks within people's reach. Where staff were responsible for preparing meals, guidance was provided. For example, taking a frozen meal out of the freezer in the morning ready for the evening meal. In some instances, people had meals delivered and this was recorded within their records.
- Staff recorded people's dietary intake where appropriate, which included where people has expressed preferences for what they wanted to eat or drink.
- A majority of people we spoke with told us relatives in the main provided their meals, however they confirmed staff did organise snacks and drinks.

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

- Staff, where necessary had contacted emergency services on behalf of people. For example, a member of staff told us they had telephoned for an ambulance when they visited a person's home and found them on the floor as a result of fall.
- People's records included information as to their health care needs, which included contact details of relevant health care professionals, such as doctors and district nurses. Staff had recorded within people's notes where they had contacted health care professionals or family members when they had concerns for a person's health.

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

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

- People spoke positively about the kindness and patience of staff. One person told us, "They [staff] are very caring, because they are gentle with me." A second person said, "Always, they make [name of staff] me smile, they are caring." A third person said, "Haven't had any problems, they [staff] are friendly and considerate."
- We asked people if staff had time to talk with them. One person said, "We chat throughout and after the care." A second person said, "An occasional chat, don't like to hold them [staff] up though." A family member told us, "I make them [staff] a drink, and it's good for me, as I am housebound too."
- People's care plans included information about people's preferences and backgrounds to support staff in developing supportive and caring relationships.
- We asked people and family members if staff were aware of their likes and dislikes. A family member told us, "Yes, there is information in the care plan, [person's name] likes to put on her make up before going downstairs." A second family member said, "It is written in the care plan, I read it so do they [staff]. They [staff] go the extra mile and take [family member] to Church on a Saturday and we fetch them back. They go to the shop for [family member] too."

Respecting and promoting people's privacy, dignity and independence:

- People told us staff maintained, their privacy and dignity. One person said, "I just want lady carers they respect that. Staff close doors when necessary." A second person said, "They [staff] close the curtains and doors if undressing."
- People's care plans included information about staff's role and responsibility to promote people's privacy and dignity and how this was to be met within people's individual circumstances.
- People told us staff understood the importance of supporting them to maintain their independence. One person said, "They [staff] leave it to me, as I am aware of my own capabilities and ask for help when I need it."
- People's care plans and records contained information about the circumstances in which people's records would be shared and with whom. People had signed these records to acknowledge their understanding.

Is the service responsive?

Our findings

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

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;
End of life care and support:

- Care plans were developed with the involvement of the person or their family member. People and family members were aware of their care plan and told us they had been included in reviews.
- People spoke of their involvement in care planning and their decisions about their care. One person said, "I was involved and signed the care plan review. We were asked what time we wanted the carers to arrive morning, noon and night."
- People's care plans were individualised to reflect their wishes and needs. For example, one person's care plan said they liked to have a cup of tea with three sugars before they got up, whilst another person's stated the sequence of their personal care routine.
- People's communication needs were identified, recorded and highlighted in care plans to enable staff to provide the appropriate care and support.
- The provider had policies and procedures in place to meet people's health needs and their wishes for end of life care.
- There was no one receiving end of life care and support at the time of our visit.

Improving care quality in response to complaints or concerns:

- People and family members confirmed they would be confident to raise a concern or make a complaint, telling us they would speak with the registered manager. One person said, "I would go direct to the manager." A second person said, "I would talk to the manager, I have no complaints at all." One person told us they had made a complaint about a missed call which had been resolved. They said, "Once when staff didn't come, all sorted now."
- The registered manager had received three complaints about late or missed calls since January 2019. The complaints had been upheld and a verbal apology was recorded as being provided to the complainants. However, there was no evidence to support the complainants had received a written outcome of the complaint investigation and an apology.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our previous inspection of 05 September 2018, we found the registered person did not have in place systems to ensure good governance of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We issued a warning notice, setting a date of compliance of 28 November 2018. We found improvements had been made. However, we identified further areas for improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Opportunities to develop the service were not fully utilised. For example, complaints from people had been received with regards to the reliability of the service. There were no records detailing how the provider would ensure improvements identified by the registered manager to bring about improvement would be implemented.
- The registered manager told us they regularly met with the provider to discuss the service. However, there was no evidence documenting any actions agreed upon or the resources available.
- The registered manager told us of their plans and commitment to expand the service and develop further training opportunities for staff. However, they were unable to provide any documentary evidence to support this. For example, how the identified improvements were to be achieved, the resources available, who would be responsible, or the timescale set for achievement.
- People's views about the quality of the service were sought when their care plan was reviewed, however there was no system to collate or act upon comments to drive improvement. The registered manager said they would develop surveys which they would send to people to seek their views as to the quality of the service they received.
- The provider's policies and procedures had been updated. However, procedures were not always followed. For example, recruitment practices did not ensure references were sought from the most appropriate person as recruitment records were not completed well.
- People had mixed views about the management of the service. One person said, "It could be better, they could be more organised; the staff trained and rotas more punctual." A second person said, "We've met the managers and we all get on well." A third person said, "Reasonably well, its adequate."
- People shared with us their views as to what was positive about the service. One person said, "I find the staff very friendly and helpful." A second person said, "They [staff] have a laugh and joke with us and are very observant."

- Staff were supported by the registered manager. A member of staff told us, "I am supported, if there is anything I need to ask they're always there." A second person said. "There's always on call, which is the out of hours service and the manager during the day who will advise."
- The registered manager and care co-ordinator provided an out of hours contact service for people using the service and staff.
- The registered manager had recently led a 'Deflective Workshop' on how behaviour impacts on people using the service, their colleagues and themselves. The purpose of the workshop was to encourage staff to have an open and honest discussion. Transcripts of the discussion showed staff had given thought and consideration about how they could make changes to their behaviour to have a positive impact on people.
- Regular staff meetings took place, which detailed the discussions held between the staff team to improve the service. For example, improvements to communication to ensure people were kept informed when staff were running late. Staff meetings were used to share positive comments from people with staff and remind staff of key responsibilities, for example the importance of paperwork being completed well and reminders for staff to complete their training.
- Systems were in place for staff to communicate and share information. In addition to staff meetings, staff communicated through a group chat system via their mobile devices. Records of the group chat showed the registered manager and staff shared information about any changes in people's needs in a timely manner.
- The registered manager provided opportunities for staff to influence the service. They had asked staff to write their ideas about what the services mission statement would be. The mission statement chosen, had been adopted for the service. The mission statement was: 'Our vision is clear, respect, care and dignity. Giving our loved ones a sense of self-worth, while providing quality care tailored to individual needs. We aim to provide a reliable support network to the whole family, ensuring peace of mind for all.'
- The registered manager and staff understood their role in the management of confidential information. The provider had a Certificate of Assurance confirming the safety and security measures for the storage and retention of information consistent with legislation.

Working in partnership with others:

- The registered manager had recently met with a representative of the brokerage team of a local authority.