

Llyon Health 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

This service is a domiciliary care agency that provides support to people in their own homes. It provides a service to younger and older adults, people with physical disabilities, sensory impairments, learning disabilities or dementia. The provider has one domiciliary care agency within their registration. The service's office is based in Manchester, and support is provided to people in surrounding areas. At the time of the inspection it was providing a service to 10 people, who were all receiving personal care.

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

People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "I am very happy with the care and I would recommend the company, they are very good." A relative commented, "The service has been brilliant and so supportive. The carers are a God send. I don't know what we have done to deserve them."

Staff worked with other agencies to provide consistent, effective, timely care. One relative told us, "The carers are always on time, but if they are running a little late, they will ring and let us know."

People told us staff were kind, courteous and sensitive. One person said, "The carers are good. I speak to them and we do have a laugh". Relatives also spoke positively about the staff. One relative commented, "The carers are very engaging and so caring."

The service was well led. The registered manager promoted best practice in person centred care. There was a clear culture based on achieving positive outcomes for people.

Staff spoke positively about how the service was managed and one staff member told us, "I enjoy working here. There is a good team spirit and we work well together. I would recommend this service to a family member if they needed domiciliary care."

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 told us they felt safe. Staff had a good understanding of how to safeguard people from abuse. The service met the characteristics of Good in all areas.

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 15 June 2018 and this is the first inspection.

Why we inspected

This was a planned inspection of the service since it was newly registered in June 2018.

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 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.

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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

One inspector carried out the site inspection on day one and conducted home visits on day two.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 June 2019 and ended on 13 June 2019. We visited the office location on the first day.

What we did before inspection

We reviewed information we had received about the service since it was newly registered in June 2018. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who worked with the service. 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. We

used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care worker and care workers.

We reviewed a range of records. This included five people's care records and one person's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. One person said, "Yes, I feel very safe." Another person commented, "I trust them [carer workers] very much."
- Staff received appropriate safeguarding training and had a good understanding of how to safeguard people. There was a safeguarding and whistleblowing policy in place, which set out the types of abuse and how to raise concerns. One member of staff told us, "Safeguarding is about keeping people safe and protected. If I had any concerns I would report them to the manager or senior. I could also contact the council or the CQC."

Assessing risk, safety monitoring and management

- People's care plans included risk assessments in relation to their specific care needs. The risk assessments were person-centred and covered areas such as, nutrition and hydration, medication management, moving and handling, waterlow, health and home environments.
- Risk assessments were linked to people's support needs and staff knew how to support people safely whilst respecting their freedom. Staff we spoke with were aware of the risks people faced and could tell us how they acted to keep people safe in line with guidelines. For example; reporting any medical concerns.

Using medicines safely

- Medicines support was managed safely for individual people according to their needs. Medicines records were maintained clearly. One person told us, "They [carer workers] give me my tablets on time."
- The provider had a medicines policy in place which covered the recording and administration of medicines. Staff had to undertake training before they could administer medicines and staff received regular competency checks to ensure they administered medicines safely.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- Staff rotas we saw confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure continuity and familiarity with people who used the service. People we spoke with told us they felt staffing levels were sufficient to meet their needs. One person said, "I have had no missed visits. The carers are always on time."

Preventing and controlling infection

- Staff training records showed staff had received training in the control and prevention of infection. Staff

told us personal protective equipment (PPE) was available to them. One staff member commented, "We let the manager know when we are running low of PEE, there is always some available". One person told us, "The carers always wear gloves and aprons when they come in."

- A food hygiene policy was in place. Records confirmed staff were also required to complete training in food hygiene, so that they could safely make and serve meals, and clean up after preparation.

Learning lessons when things go wrong

- Accidents and incidents were minimal and were recorded individually. Lessons were identified and discussed with staff. Processes were in place to analyse and identify any trends.

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and learning was shared with the team. For example, when the service could not meet a person's need, the local authority were contacted to arrange a re-assessment.

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 this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff said they received an induction before they started to provide care work. Staff told us they undertook shadowing shifts when they began work, whereby they shadowed more experienced staff carrying out care tasks until they felt confident to work alone. One staff member told us, "The induction made me confident to do the job."
- Staff received appropriate training and regular spot checks were carried out to ensure staff were competent. People and their relatives we spoke with said staff had the right skills to meet people's needs. One person said, "The carers know what they are doing." A relative added, "Staff are clearly trained, they know what to do and are very professional."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People were involved in their care planning, which was reviewed at regular intervals or when people's needs changed.
- The service was flexible and responded to people's needs as they arose. For example, the service could accommodate increases to commissioned care packages when people required additional support.

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

- Some people independently managed their food and nutrition or had support from their relatives. Where people did require support, the level of support was agreed and documented in their care plan. At the time of our inspection no-one was receiving assistance to prepare and eat their meals, however some people had limited support with their breakfast. One person told us, "The carers help me get my [name of cereal] and they know I like honey with it."

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 people, their relatives and healthcare professionals involved in people's care. One relative told us, "The carers keep me updated if [name of person] seems unwell or spot any symptoms of infections."
- Where necessary, the service supported people with arranging healthcare appointments. Records including medication administration records (MARs) were provided to support people's hospital admissions. One person said, "The carers are very helpful. They will ring the doctors if I am unwell and they will ring my daughters too."

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "Before I do anything, I always ask them and let them know what I'm about to do. They [people] will tell me if they are happy with it or not. We always seek consent".

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 this inspection this key question has been rated as 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 caring approach to their work and they demonstrated kindness and respect when speaking about the people they supported. People told us staff were kind, courteous and sensitive. One person said, "The carers are kind and caring. They don't rush me, they give me plenty of time."
- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. Staff described how they supported people with different cultural and religious backgrounds. One relative told us, "All the carers respect our culture and religion. They see us taking part in religious rituals and they respect this."

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

- People's views and decisions about care were incorporated when their care packages were devised. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. One staff member told us, "We always give them [people] options. We speak to them [people] and ask them what they feel comfortable with."
- People and their relatives told us they were involved in making decisions about their day to day care. A person told us, "The carers give me choices. They always ask what I want first. I have choices with my breakfast too." A relative commented, "They [staff] always ask what [name of person] wants."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. One person told us, "They [carer workers] keep my privacy and dignity." A relative commented, "The carers are so caring, and they treat [name of person] with respect. They maintain [name of person's] privacy and dignity when helping them get showered and dressed."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "When going into someone's home, we knock. We close curtains and use towels (when giving personal care). We also adhere to carer preferences and make sure they [people] are comfortable."
- The service had dignity champions. Champions have specific skills and knowledge in an area of practice and be able to support other members of staff.
- The service promoted people to live as independently as possible. A staff member said, "Things I feel they [people] are able to do, I always encourage them. For example, brushing their own teeth to gain independency, it goes a long way." A person told us, "They [care workers] encourage me to do what I can."

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as 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

- Holistic assessments and care plans had been completed which reflected people's needs, wishes and preferences. Goals they wished to achieve had also been identified. Cultural and religious preferences had been recorded together with information about how people preferred to be supported in relation to these. It was evident people had been involved in the development of their care plans.
- The provider used a secure electronic mobile application where staff received updates to people's needs on their mobile phones. This meant staff were kept up to date with people's changing needs instantly. One member of staff told us, "The manager will inform us of any updates through messages to our phone and they update the care plan in the home."

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.

- The registered manager was aware of the AIS and each person's specific communication needs were detailed in their care records. At the time of the inspection, there was no-one using the service who required their information in an alternative way.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. People were given a service user information pack when they started to use the service. This pack contained information around how to make a complaint about the service and which other organisations could help if they were not satisfied. This information was also held in care documentation held in people's homes.
- People and relatives, we spoke with were aware of how to make a complaint. One person said, "I don't have any complaints, but I know I can ring [name of registered manager] anytime I needed to, and they would look into my complaint."
- We reviewed the complaints log and found the service had not received any formal complaints. The service did receive informal complaints or comments made via the telephone and these were addressed and documented accordingly.

End of life care and support

- The service does not routinely provide end of life care, there was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. People had the option to disclose

and record their end of life wishes as part of their care planning. Staff had received some training and would be able to provide personal care alongside community based health professionals should people wish to remain at home.

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 this inspection this key question has been rated as 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

- The registered manager promoted best practice in person-centred care. There was a clear culture based on achieving positive outcomes for people. Care plan documentation was person-centred and focussed on positive outcomes for people.
- People told us the staff knew them well and responded to their needs in a person-centred way. One person said, "I have a good relationship with the carers and they have got to know me well." A relative commented, "The carers take the time to talk with [name of person] and make them feel comfortable. The carers have a good relationship with them. [Name of person] is very happy with the carers and this makes the difference."

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

- Staff, professionals, people and their relatives' views had been sought through regular contact, surveys and quality monitoring. We reviewed the results of the surveys and found people were very pleased with the service and staff were happy in their role. One staff member wrote, "The aim is to provide the best quality care to the highest standard possible. I believe with the training I have received, I am able to understand service user's needs and build strong trustworthy bonds between them and I."

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

- Effective governance systems ensured the registered manager had clear oversight of the service. Audit systems were in place to monitor and maintain a high standard of care for people. Regular audits of people's care plans, medicine records and daily communication records took place.
- The registered manager was knowledgeable around their regulatory requirements and wider legal requirements, such as health and safety.
- Staff we spoke with felt valued and supported by the management team. They were clear about the culture of the organisation and what was expected from them. One staff member told us, "[Name of registered manager] is approachable, a great manager from the first day I have worked with them. I enjoy my job and working for the company."

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

- There had not been any serious incidents at the service; however, the registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.

Working in partnership with others; continuous learning and improving care

- The registered manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people using the service. A professional who worked with the service wrote, "A professional care worker with good communication and knowledge of the patient."
- The registered manager continued to develop their skills, knowledge and experience by engaging with a variety of networks. The registered manager built connections with other registered managers at other services who supported each other and shared best practice.
- We saw the local authority quality team had conducted a recent audit of the service and saw the registered manager had acted upon the recommendations made to improve the service.
- The registered manager was committed to developing further the skills and knowledge in the team. They were looking at how best to utilise staff skills and considering further training for staff in various areas.