

Llyon Health Ltd

LlyonHealth

Inspection report

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Date of inspection visit:
13 September 2022
16 September 2022

Date of publication:
24 October 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

LlyonHealth provides personal care to people living in their own homes. Not everyone supported by 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 the inspection the service was providing personal care to 16 people.

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

Quality assurance systems were not always effective or in place. Medicines systems and processes required further improvements to ensure people received their medicines as prescribed. The implementation of new systems and processes was planned, however there was no timescales on when this would be implemented.

Staff were not recruited safely. This meant people were potentially at risk of staff being employed to work with them who were not suitable.

There were enough staff members available to support people. However, the service needed to improve their systems to ensure staff arrived on time for visits. People and their relatives raised concerns around call timings.

The registered manager was not able to robustly demonstrate the training provided to care workers was fit for purpose. We found staff completed a high number of e-learning courses in one day, which would impact the staff members ability to retain this level of information.

The accidents and incidents tracker could not be accessed when we visited the service due to a computer glitch. We were not assured with the oversight of accidents and incidents at the service.

We have made a recommendation about the management of accidents and incidents.

People were protected from abuse because systems were in place to keep people safe. Staff were aware of their responsibilities to keep people safe

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's needs were assessed before the service began to provide care and support. People's views were sought and this ensured their preferences informed their care plan. People were supported to access appropriate healthcare.

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

Rating at last inspection

The last rating for this service was good (published 5 July 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the recruitment of staff. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to unsafe recruitment, how medicines were managed, shortfalls in relation to staff schedules and training and ineffective auditing systems.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

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 well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

LlyonHealth

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 team was one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It currently provides personal care to people living in their own homes.

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. The registered manager was also the owner of the provider organisation.

Notice of inspection

We gave the service 24 hours' notice of the inspection visit. 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 and we wanted to be able to speak with the person who received the service.

Inspection activity started on 13 September ended on 20 September 2022. We visited the location's office on 13 and 16 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives. We spoke with the registered manager and five members of the staff team. We also spoke with one professional who worked with the service. We visited the office and looked at records related to four people's care, and the oversight and management of the service. This included 12 staff files, training records, risk assessments, and audits.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

Staffing and recruitment

- Staff scheduled call visits were not always well-coordinated and managed by the provider.
- We received mixed feedback from people and their relatives with half expressing concerns about staff time keeping. Typical comments from one person's relative included, "We do not have set times. It would be nice if we could be told when the carers are coming, but we have never been provided with this" and one person told us, "The carers arrive at any time, I do not have a set time. In the morning they come as late as 10.00 or 11.15am, I am awake, but I have to wait for the carers to get me up and to get my breakfast and I am hungry."
- In addition, this feedback was reflected by some of the staff we spoke with. Comments received included, "Generally travel time is included, but not always" and "The manager is great at providing us with taxis in between jobs, but travel time in between jobs would be better."
- The registered managers oversight of scheduled calls was ineffective. The rotas in place didn't clearly record times between calls, therefore travel time was not always considered. We found the registered manager tended to book staff in for care calls days before, rather than having a clear weekly rota in place.

We found no evidence that people had been harmed as a direct result of this staff deployment issue however, the failure had placed people at risk of harm because staff were often unable to get to their scheduled calls on time. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed a new electronic call monitoring system would soon be introduced to improve how they coordinated and monitored staff visits.

- People were not always supported by staff who had been through a robust recruitment system to keep them safe from potential abuse.
- References from previous employers were not always sought and application forms didn't always record the staff members full employment history. No questions had been asked to follow this up despite it being part of the interview process.

Recruitment systems were not in line with current legislation or the provider's policy to keep people safe from inappropriate staff working with them. This placed people at risk of potential abuse. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely. During the inspection it came to light that one person had missed their medicines over a 24-hour period, due to staff not ordering a repeat prescription in time. As a result, the registered manager raised a safeguarding referral.
- People's initial assessments contained details about the level of support they required. However, information was not always available for people using the service to ascertain who was responsible for ordering, transporting or returning medicines to the community pharmacy. This meant there was a risk people could run out or have inappropriate medicines at home.
- We identified missing signatures on one person's medicines administration records (MAR) over a number of months. There was no evidence provided to suggest the service had followed this up.

The provider had failed to ensure the proper and safe management of people's medicines. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Systems and processes for accidents and incidents was not robust and could not be accessed when we visited the service due to a computer glitch. The registered manager acknowledged that there were improvements to be made and was proactive when obtaining feedback and learning lessons from incidents and complaints. However, a more formal process of recording this was required.

We recommend the provider seeks advice from a reputable source about managing accident and incidents.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse and neglect.
- Relatives told us their family members felt safe with their care workers who regularly visited them at home and were confident any safeguarding issues they might raise with the provider would be taken seriously and appropriately dealt with. One relative said, "They are caring for mum and are doing a good job; I can discuss mum's care with them and have built up a relationship with some of the carers."
- Staff had received safeguarding training. During discussions with staff they knew the potential signs of abuse and described confidently what they would do if they were worried about anyone they supported.
- The registered manager understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies, ensure they were fully investigated, and appropriate action taken promptly to minimise the risk of similar incidents reoccurring.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained up to date risk assessments and management plans that covered their personal and health care needs.
- There was a system in place for staff to visually check items of equipment based in people's homes and risks to the environment.

Preventing and controlling infection

- Effective infection prevention and control procedures were in place, including those relating to COVID-19 and other communicable diseases.
- Staff understood how to use PPE (personal protective equipment) when they were providing care and support.

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 our last inspection we rated this key question good. The rating for this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training was a rushed process and staff competencies around their understanding of the training delivered had not been assessed.
- We received mixed feedback from people and relatives we spoke with, whilst some were satisfied with the level of skill demonstrated by the staff, others felt there was a lack of training. We found that not all staff had received appropriate training to meet people's needs. The training matrix indicated staff had completed 20 e-learning courses in one day. This approach was not good practice and staff members retention of these courses would not be sufficient.
- The service did not have an effective system to check the care workers competency to ensure they were skilled and experienced to safely support people.

The provider had not ensured care workers always received appropriate training and support, so they were appropriately skilled to meet people's care needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received an induction aligned to the Care Certificate. The Care Certificate is the recognised standard for training for staff new to health and social care. Staff described how they were able to shadow more experienced staff until they were confident.
- Regular supervisions were completed to monitor staff performance and provide support to staff. Staff we spoke with felt supported. One staff member told us, "I like working for this care provider and the fact the manager pays for our travel shows they care."

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

- People's needs were assessed before they started to use the service. This meant personal care needs were identified and ensured the team could meet those needs. Information gathered was used to create a personalised care plan and risk assessments.

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

- People's needs were assessed in relation to eating and drinking safely where this was appropriate. Staff understood the support people needed and described how they provided this consistently.

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

- Staff liaised with healthcare professionals and other agencies to support people to retain their independence and maintain their health.
- Records reflected prompt action from staff to highlight changes in people's mental and physical well-being with appropriate professionals.

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.

- Consent to care was sought. People told us staff were always respectful and checked with them before offering any support.
- No-one being supported required a Court of Protection order. In the main people were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so any longer.

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 our last inspection we rated this key question good. The rating for this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was not a robust quality assurance process in place to monitor and drive improvement regarding areas such as recruitment, staffing, accidents and incidents or training. We found concerns in all these areas.
- Where audits were in place, these did not identify the concerns we did during our inspection or drive the necessary improvement. For example, some medicine audits had been carried out for people, but they either did not identify the concerns that we did and if they had, action had not been taken to drive sufficient improvement.
- There were periods where the service lacked leadership or management oversight. The registered manager was also the director of the care agency. Recently the provider purchased another care agency in Northampton, which meant the registered manager divided their time between the two services. The registered manager provided some initial assurances during the inspection that a recruitment drive will take place to bring in more senior staff to support with the running of the service.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service and staff. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were systems in place to ensure the voices of people, their relatives and staff were heard. However, analysis and feedback provided to people who participated in surveys did not take place. The registered manager was keen to address this going forward.
- People and their relatives provided positive feedback regarding the communication they received with the office staff. Comments from people's relatives included, "Someone from the office will ring from time to time to ask me if things are ok, although this does not happen on a regular basis" and "When I have contacted the office to pass on any information about mum, I have found that they make the carers aware; they communicate to the carers"

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; Continuous learning and improving care

- The registered manager was aware of their need to be open with people when something went wrong.

People and their relatives told us the registered manager was very quick to resolve concerns and apologised when things were not right.

- There was no evidence of continuous learning and improving care, however, the registered manager demonstrated they were open to suggestions for improvements and acted swiftly to address any shortfalls in the service.
- The registered manager had previously purchased electric monitoring software to assist with call monitoring, but work in this area had not progressed. The registered manager was committed to implementing new systems to improve the services provided.

Working in partnership with others

- The registered manager confirmed they worked closely with the local authority they provided care packages for, the clinical commissioning group and healthcare professionals. Following our inspection, the local authority confirmed they would undertake their own inspection of the service in order to assist with the necessary improvements.

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

- Improvements were needed to ensure people consistently received a service that met their needs. The registered manager was motivated to ensure people received person centred support, but accepted further systems such as a robust quality assurances framework needed to be implemented.
- Most people and relatives told us they were happy with the care and support they received. They told us they felt the service was well managed. Most staff and people told us they would recommend the service to others without hesitation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not in place to effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service around medicine management and administration.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment systems were not in line with current legislation or the provider's policy to keep people safe from inappropriate staff working with them. This placed people at risk of potential abuse.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The oversight of scheduled calls times were ineffective and the provider had not ensured care workers always received appropriate training and support, so they were appropriately skilled to meet people's care needs.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service and staff. This placed people at risk of harm.

The enforcement action we took:

Warning notice