

Loidis Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Loidis care services is a domiciliary care agency providing personal care to adults living in their own homes, some of whom require end of life care. At the time of the inspection, the service was supporting five people.

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

People told us they felt safe with the care received. We found improvements continued to be required in how risks to people's care were recorded, although staff and the registered manager were knowledgeable about risks and how to manage these.

At our last inspection, we made a recommendation in relation to the management of medication. At this inspection, we found improvements continued to be required in the recording of 'as and when required' medication, although the other areas of medicines management were safe.

Staff had been trained in safeguarding adults and were able to identify signs of abuse and neglect. During this inspection we had to ask the registered manager to make a safeguarding referral due to one allegation made by a relative of unsafe moving and handling manoeuvre performed by staff. There had been one safeguarding incident the registered manager had not reported to the Care Quality Commission in line with their responsibilities. We made a recommendation for the registered manager to review the relevant guidance.

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 nutritional and hydration needs were met appropriately and in accordance with people's choices.

Staff felt well supported by the registered manager and there were systems in place to ensure staff were inducted into their jobs, trained, monitored and supported regularly.

People and relatives told us staff were kind and the registered manager approachable.

People's care was planned in a person centred way and staff knew people well. People's diverse needs and preferences were considered and respected.

There were quality assurance policies and procedures in place and these were followed.

The registered manager was supportive and actively collaborated with the inspection process and either took immediate action to address the issues found or told us about their plans to improve. People, relatives and staff shared positive feedback about the management of the service.

Rating at last inspection

We completed a focused inspection on this service on 2 and 3 September and 7 October and we found the safe domain was requires improvement and the well led domain was good, but we did not award an overall rating to the service.

Why we inspected

This was a planned inspection based on the previous inspection.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

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 well-led.

Details are in our well-led findings below.

Good 

Loidis Care Services Limited

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

This inspection was conducted by two inspectors.

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 23 November 2021 and ended on 30 November 2021. We visited the office location on 24 and 30 November 2021.

What we did before the inspection

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 reviewed information we held about the service including information about important events which the

service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team, and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people using the service and four relatives about their experience of the care provided. We gathered information from five members of staff including the registered manager.

We reviewed a range of records. This included two people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and further records of care.



Is the service safe?

Our findings

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

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

Using medicines safely

At our last inspection we recommended the provider to consider current guidance on recording 'as and when required' medication and take action to update their practice. At this inspection, we found improvements continued to be required in the recording of 'as and when required' medication, although other areas of medicines management continued to be managed safely.

- One person had been prescribed with medication to be administered 'as and when' required to manage their pain levels and agitation. Both these medicines were variable dosages. This person's care plan and medication administration records gave some direction to staff and notes recorded the reason why these medicines had been administered, however there wasn't a specific protocol in place. We raised the issue with the registered manager, and we saw evidence that this had been put in place after our visit. Staff we spoke with were knowledgeable about this person's medication requirements.
- Medication audits were taking place regularly however these had not identified the issue found with the two PRN protocols.
- People's medication requirements were assessed.
- There were no gaps in the medication administration records and people told us they felt staff supported them safely with this area of their care. The provider worked collaboratively with relatives to ensure people's medicines were available and administered according with their preferences.
- Staff were trained and their competency assessed to administer medication.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults, knew how to identify risks and what action to take if concerns were identified.
- During this inspection, we were given information of concern in relation to staff allegedly performing an unsafe manoeuvre to move a person; we asked the registered to report this to the local safeguarding team.
- One safeguarding incident had not been reported to CQC. We made a recommendation for the registered manager to review and implement the guidance in relation to statutory notifications.

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

- Improvements continued to be required in how risks to people's care were recorded.
- One person's skin integrity was at risk, staff had worked with district nurses to manage these risks and there was a skin care plan in place, but there wasn't a specific risk assessment for this risk. The provider had

identified issues with the equipment a one person had been assessed as requiring but that was not being in place; however a specific risk assessment to identify the risks posed to the person and staff had not been put in place. The registered manager was trying to sort out the issue jointly with other professionals. After the inspection we were informed the equipment was now in place.

- We discussed this with the registered manager, and they have sent us evidence of ongoing work in reviewing the risk assessment documentation.
- Staff were aware of risks to people's care and knew how to manage these.
- The registered manager showed us how they recorded the incidents that had happened, the actions taken, and lessons learnt.

Staffing and recruitment

- Staff continued to be safely recruited.
- We found DBS checks were conducted, two references were taken and applicants attended for interview. Interview questions were tailored to the role and this included CQC five key questions.

Preventing and controlling infection

- The provider had infection control policies and procedure in place to reduce the spread of infections.
- Staff told us they knew how to use personal protective equipment, such as plastic gloves and aprons, in line with guidance and these were available.
- People and relatives confirmed staff used their personal protective equipment in line with guidance and they feel protected from the risk of infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was not inspected. At this inspection 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

- People's needs were assessed before the service began to provide care and support. This ensured the service was able to meet people's needs and that there was clear guidance for staff to follow in relation to people's care.
- People's needs in relation to the protected characteristics under the Equality Act 2010, were considered in the planning of their care. For example, people's religious beliefs and their preference on the gender of the carer supporting them were described and included in their care plans.

Staff support: induction, training, skills and experience

- The service identified core training to equip staff with the knowledge and skills needed to deliver effective care. Records showed all staff had completed induction training including safeguarding, moving and handling, first aid, infection control, food hygiene.
- Staff were supported in their roles through spot checks and observations. The registered manager followed up when concerns were identified. Records showed that during a spot check concerns were identified, the registered manager followed up with another spot check and the staff member met all the checks.
- The service required staff to receive supervision and a spot check of their competency. At the time of our inspections spot checks were done regularly however, supervisions were not always completed for all staff members. The registered manager explained there was a high level of fluctuation of care hours commissioned and the registered manager could not always offer staff regular shifts, therefore some staff worked for short periods of time and then returned when required. The registered manager told us they always checked staff's competencies and work along staff when they returned to work.

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

- People and relatives told us staff offered choice and their nutritional needs were met.
- People's dietary requirements and preferences were included in their care plans. Care notes described the support provided around people's nutrition and hydration and was consistent with their planned care.

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

- Relatives told us they were confident staff would contact healthcare professionals if required. One relative told us of one occasion when a staff member noticed their loved one's health had deteriorated and how they acted quickly to address the concerns.
- The registered manager confirmed they were in contact with relevant services such as social workers and

district nurses.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff recognised the importance of seeking a person's consent before providing care or support. People told us staff asked their permission before delivering care and respected their wishes.
- Staff had received MCA training and understood how to implement the MCA's principles in the delivery of care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was not inspected. At this inspection 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.

Respecting and promoting people's privacy, dignity and independence

- Staff gave us examples of how they respected people's privacy, for example, when supporting people with personal care. Our conversations with people confirmed staff respected people's dignity. One person commented, "They give me a wash every day. They are very gentle."
- People's independence, choice and control was promoted. One person told us, "I want something doing they [staff] will do it for me."
- The registered manager ensured the electronic systems were accessed only by authorised staff in line with confidentiality requirements.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager covered shifts. This enabled them to work alongside care staff so they could observe the delivery of care and support.
- People and their relatives were positive about the support being received and told us staff were caring and responsive to people's needs.

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

- People's preferences were detailed in their care plans.
- People and relatives had been involved in planning and reviewing care plans. Records confirmed regular reviews were taking place.

Is the service responsive?

Our findings

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

At the last inspection this key question was not inspected. At this inspection 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

- People's care plans included assessments looking at their different needs, including physical health, social and other specific to the person's support needs. People's interests were also included in their records.
- Staff knew and were knowledgeable about people's care needs and preferences. People told us they felt staff knew them well.

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.

- People's communication needs were assessed and included in their care plans to ensure staff communicated with people adequately. One person's care plan indicated, "[Person] wears an hearing aid on left ear, is able to verbally communicate."
- The registered manager told us they knew they had to meet people's needs including providing information in different formats, but this was not needed for the people they were currently supporting.

Improving care quality in response to complaints or concerns

- The service had complaints policies and procedures in place. At the time of our inspection, there were no complaints logged.
- People and relatives told us they would not hesitate to raise any concerns and they were confident these would be acted upon. One person told us, "if I wasn't happy, I would phone [registered manager] and tell her."

End of life care and support

- The service was providing care for people who had palliative needs. The registered manager explained us how they worked with other relevant healthcare professionals to meet the changing needs of people who required end of life care, including anticipatory medication to ensure pain levels were managed appropriately.
- We saw evidence of positive feedback from families relating to end of life care. One relative stated "[Person] couldn't be happier with the carers". Another relative stated "this was a very touching gesture by them and meant a lot to all those who were close to [person]."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service respected people's wishes around communicating and involving family members or friends, where agreed.
- Staff told us Loidis Care was a good place to work.
- Systems were in place to communicate within the service.

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

- People, relatives and staff spoke positively about the registered manager and the support provided. Relative's comments included, "I am quite pleased with the overall service" and "carers do a decent job."
- There were quality assurance systems in place. The registered manager conducted regular audits, for example, on people's medication, care records and observing staff's practice. This ensured that there was good oversight of the service. Specific improvements around the audits of 'as and when' required medication was required, as highlighted in the safe domain.
- The registered manager told us about their plans to improve the service. For example, the service was in the process of implementing electronic daily notes and medication to improve the quality of records and make them easily accessible to staff responsible to audit them.

Continuous learning and improving care

- Staff meetings and group supervision was in place to discuss specific needs of people and to gather feedback from staff. We reviewed the most recent group supervision record. This included planned actions to address themes identified.
- The service distributed a quality assurance questionnaire for people, families and staff. We reviewed the returned questionnaires, and these showed feedback was positive.

Working in partnership with others

- The service maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals such as care managers and district nurses.