

Lord's Care Solutions UK Ltd

# Lords Care Solutions Stoke On Trent

## 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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Lord's Care Solutions Stoke on Trent is a domiciliary care agency that provides personal care and support to people living in their own homes. It provides a service to older people.

CQC only inspects the service received by people provided with 'personal care.' For example, help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 44 people were receiving the regulated activity of personal care.

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

The registered manager left their post in September 2021. The provider told us a new manager would commence their role in December 2021. The provider acknowledged there had been a lack of oversight which, led to some deterioration in the quality of the service. Quality assurance systems were not always effective to ensure people received a safe service.

People could not be confident their care needs would be met because they experienced missed or late calls due to insufficient staffing levels. People were not always assured they would be treated with kindness.

There was a delay in addressing things when they went wrong. However, the provider acknowledged shortfalls within the service and was taking action to address them. Staff supported people with their meals, but people did not always receive their meals at their preferred times.

Staff had access to personal protective equipment (PPE), but practices placed people at risk of contracting avoidable infections.

People were involved in their needs assessment but not everyone's needs were met the way they liked. However, people's consent for care, and treatment was obtained.

People were not supported to have maximum choice and control of their lives because care and support was not always delivered the way they liked. The current management team were unaware people had not been supported to have choices and control of their lives.

Induction of new staff were carried out and they had access to routine training.

People had access to relevant healthcare services to promote their physical and mental health. People were supported to take their medicines by skilled staff and risk assessments were in place to reduce or mitigate the risk to them.

Staff had a good understanding of how to safeguard people from the risk of potential harm. People's complaints were listened to, taken seriously and acted on.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 8 June 2021 and this is the first inspection.

This was a planned inspection based on our published inspection methodology.

#### 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 is not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service is not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service is not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service is not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service is not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Lords Care Solutions Stoke On Trent

## **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 carried out 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 did not have a manager registered with the Care Quality Commission. The provider told us a new manager would commence their role in December 2021. The provider is 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 visit because it is a domiciliary care provider and the provider is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Inspection site visit activity started on 4 October 2021 and ended on 8 October 2021. We visited the office location on 8 October 2021 to see the provider and staff; and to review care records, policies and procedures.

#### 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 asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. 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 four people who used the service, two relatives and a friend of a person who used the service. We spoke with six care staff, the area manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care plans. Two staff files to review the provider's recruitment procedures. In addition, we looked at a variety of documents relating to the management of the service, including quality monitoring checks.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated '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.

Systems and processes to safeguard people from the risk of abuse

- The area manager acknowledged that due to a lack of oversight they had been unaware of what action had been taken when concerns about people's safety were raised. However, once they had identified this, we saw they had reviewed all safeguarding concerns and had taken action to ensure risks were being minimised and people were safe.
- People told us staff did not always wear a uniform or carry any identification. This did not give them confidence that those who came to provide their care were who they said they were. The area manager told us they were unaware of this. They told us all staff were provided with a uniform and identification and this was monitored during spot checks. However, staff told us spot checks had not been carried out for a while.
- People told us they felt safe whilst receiving care and support from staff.
- The area manager told us all staff had received safeguarding training and discussions with staff and the training records we looked at confirmed this. This should ensure all staff have the skills to recognise potential abuse and how to protect people.
- Staff demonstrated their understanding of safeguarding, as prior to our inspection they had shared concerns with us about missed calls and the impact this had on people. They were also aware of other agencies they could share concerns with.

Staffing and recruitment

- People told us about late and missed calls and the impact this had on them. One person told us, "My bedtime call was missed, and it took an awful long time for me to get undressed and into my night wear. It's just a matter of time when I'll have to sleep in my day clothes." A relative said, "We have had two or three miss calls which, means my wife had to attend to (Person's name)."
- Prior to our inspection visit, the area manager told us they were unable to meet the needs of some people due to insufficient staffing levels. They had returned 300 care packages hours to the local authority because they did not have the capacity to meet them.
- The area manager acknowledged there was a shortage of staff and that calls had been missed. They have since implemented a 'people planner,' this system alerts the office staff if a call has been missed and immediate action can be taken. The area manager assured us no recent calls had been missed.
- The area manager told us they had recently appointed 21 staff who would commence employment once safety checks had been completed. They told us four staff members would start work the following week.
- We looked at two staff files and found safety checks had been carried out before the person was appointed.

However, we found gaps in people's employment history had not been explored. This could compromise the suitability of people employed.

#### Preventing and controlling infection

- People told us staff do not wash their hands when they entered their home. The area manager told us staff do not have access to paper hand towels, so staff were advised to use hand sanitizer. Information obtained from the Clinical Commissioning Group, infection, prevention and control team and health and safety, advised that hand washing should be carried out prior and after delivering personal care. The lack of handwashing could place people at risk of avoidable infections.
- The area manager told us staff had access to relevant personal protective equipment (PPE). All the people we spoke with confirmed staff used essential PPE when supporting them.
- The area manager told us all staff had received infection, prevention and control training and staff and the records confirmed this.

#### Learning lessons when things go wrong

- Prior to our inspection visit, the area manager shared concerns with us regarding the quality of the service provided to people. The records we looked at identified action had now been taken to address them and lessons had been learnt. For example, systems had been put in place to ensure calls were no longer missed.

#### Assessing risk, safety monitoring and management

- We saw risk assessments were in place to reduce or mitigate the risk to people. Where people required the use of oxygen, we saw a detailed risk assessment in place to promote safe practices.
- We saw a risk assessment that provided detailed information relating to the person's health condition. This ensured staff would know what to do if the person became unwell.

#### Using medicines safely

- People were supported by skilled staff to take their medicines. The area manager told us that all staff who supported people with their medicines had received medicines training and this was confirmed by all the staff we spoke with.
- Medicines care plans were in place, these provided staff with relevant information to ensure medicines were managed safely.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. The key question has been rated 'requires improvement.'

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Two people told us about the lack of service they received in relation to mealtimes. One person told us they had so many missed calls they had resorted to ordering meals online. The area manager acknowledged this and had put systems in place to avoid this happening again.
- Care plans were in place with regards to people's dietary needs in relation to their likes, dislikes and special dietary needs with regards to their health condition.
- The area manager told us where necessary people were supported to access a dietician, speech and language therapist. The care plans we looked at confirmed this. This ensured people received the right support with regards to meal choices.

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

- People's physical and social needs had been assessed in line with recognised best practice. However, people told us they did not always receive a service as identified in their assessment. For example, care and support were sometimes not delivered at their preferred times which, had an impact on their daily routine.
- Information contained in care plans were detailed with regards to the individual's equality, diversity and human rights. However, due to the lack of oversight of the service, people did not always receive a service that reflected this.
- The area manager assured us people's protected characteristics under the Equalities Act 2010 would be identified as part of their need's assessment.
- Staff members had a good understanding of people's needs and how to meet them.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The area manager told us a power of attorney (PoA) was in place for one person who used the service. However, they confirmed they did not obtain evidence of the PoA. The provider should ensure appropriate records and evidence of lawful restrictions are obtained.
- People were supported in accordance with the principles of the Mental Capacity Act 2005.
- Staff told us they had received MCA training and the records we looked at confirmed this. Access to this training should ensure staff, and the management team, follow best practice when assessing people's capacity to make decisions and to ensure any decisions made were in the best interests of the person concerned.

Staff support: induction, training, skills and experience

- The area manager provided an induction for all new staff and this was confirmed by staff and the records we looked at. Induction should ensure staff have the appropriate skills to care and support people.
- The area manager told us staff had access to training and this was confirmed by the staff we spoke with.
- Records showed what training staff had received. However, these did not include training relating to health conditions more specific to older people such as dementia awareness, diabetes or sensory impairment. The provider should ensure all staff are provided with relevant training to ensure they have the necessary skills, and knowledge on how to meet people's specific needs.
- The area manager told us staff and the new manager will be provided with regular support and supervision, to enable them to carry out their role and ensure people's needs are met.

Supporting people to live healthier lives, access healthcare services and support

- The area manager and provider worked with other healthcare agencies. Joint working should ensure people receive a better service.
- One person who used the service told us, the area manager had been working with the occupational therapist to assist them in getting a nursing bed.
- One care staff told us, "I work with district nurses. There is a folder in people's home to assist with communication with both agencies."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. The key question has been rated 'requires improvement.'

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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 using the service gave examples of where they felt their privacy and dignity were not respected. This included how staff had spoken with them and behaved with their colleagues. The area manager had taken action to address these matters, with individual staff members to improve practice and ensure they understood expectations, values and behaviours.
- One person told us about two staff hiding behind their door giggling which made them feel uncomfortable in their own home. They told us, "I was really cross, and I did tell them off." This conduct showed a lack of respect for the individual.
- Staff had access to information relating to people's care needs on an application (app) on their mobile phone. However, some staff told us they had not received training on how to use the app and they said this could lead to vital information being missed regarding people's needs and have an impact on the delivery of care. This meant they missed an opportunity to ensure they understood people's individual differences and needs.
- One person raised concerns their preferences regarding their care and support was not delivered the way they liked and the impact this had on them. They said, "I am anxious and breathless."
- One staff member had a good understanding of this person's care and support needs but acknowledged this was not always carried out by other staff members. We looked at the person's care plan and found it did not reflect their current needs. The area manager told us they would review the person's care plan to ensure they receive an appropriate service.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "Two staff came into my house through the back door, I didn't know they were there, and it frightened me." This demonstrated a lack of respect for the person's privacy." We looked at the person's care plan which, stated staff should enter the person's home through the front door.
- One person told us about the lack of support they received with their continence management which led to them being 'wet.' This was acknowledged by a staff member we spoke with. This compromised the person's dignity. We have shared these concerns with the area manager to address.

This is a breach of regulation 10, Dignity and respect of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

- One person raised concerns about having two male carers attending to their personal care needs. The area manager told us this was not common practice, but this was due to staff shortage. The person told us, "I must say they were very good and discreet; I couldn't fault the care."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. The key question has been rated 'requires improvement.'

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- One person told us they did not receive their calls when expected and this had a negative impact on their daily routine and lifestyle.
- Although staff told us they had access to information about people's care needs. People told us their needs were not always met the way they liked.
- The area manager told us a needs assessment was carried out before a package of care was delivered. Information obtained from this assessment was used to develop a care plan and risk assessment. Where appropriate people's relatives were also involved.

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 area manager was unaware of AIS. However, they told us information was made available in various formats to promote people's understanding. For example, large print, different languages and audio.

Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation

- At the time of this inspection the provider was not responsible for supporting people to engage in activities within their local community.

Improving care quality in response to complaints or concerns

- Prior to our inspection we had received several complaints about the quality of service provided. The area manager could not be confident that complaints had been managed appropriately prior to them running the service. However, they assured us all complaints were now investigated and action taken to improve the service and we saw evidence of this.

- Two out of four people spoken with were unaware of how to share their concerns. However, the area manager told us information about how to make a complaint was identified in the service user guide which

had been given to all the people who used the service.

- The area manager confirmed the complaints procedure would be made available in various formats on request to promote people's understanding.

End of life care and support

- At the time of the inspection the provider was offering end of life care to one person. The area manager told us some staff had received end of life care training and the records we looked at confirmed this. However, we were not assured staff who were providing end of life care had received this training.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. The key question has been rated '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

- The provider has been without a registered manager since September 2021. The area manager told us the new manager would commence their post in December 2021.
- The provider acknowledged there had been a lack of oversight which led to some deterioration in the quality of the service. They demonstrated to us they were working to ensure stable leadership by providing more interim support and appointing a new manager.
- The service was being run by the area manager and the nominated individual. The area manager told us a letter had been sent out to people who used the service explaining the management changes and we saw evidence of this letter.
- Prior to our inspection visit the area manager told us they had identified shortfalls within the service and were taking action to address them.
- The area manager and the nominated individual acknowledged the shortfalls identified during the inspection.
- The area manager was unable to give an explanation for the lack of oversight and the deterioration of the service.
- The provider's quality assurance monitoring systems were ineffective. They did not ensure people's needs were met safely or in a timely manner.
- The area manager did not have full oversight of care, so this was not always delivered in a way or to the standard people expected.

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

- Three people told us they would not recommend the service. One person said, "I wouldn't recommend the service because of the timings of calls. You don't know if they are going to come."
- Another person said, "Things are not detrimental but very irritating."

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

- People told us they had been involved in decisions about their care and support. However, three people told us care was not provided the way they liked.

- A person told us how upset their relative got because some staff did not listen to them and this had an impact on their comfort.
- People told us they did not recall ever being asked if they were happy with the service provided to them.

This is a breach of regulation 17, Good governance of the Health and Social Care Act 2008 (Regulatory Activities) Regulations 2014.

- The area manager told us they would be overseeing the service and would provide full support to the new manager. They told us regular spot checks on care files and audits would be carried out to ensure people received a safe and effective service.
- The area manager told us they would complete regular training for managers and the office team, as well as continuing to ensure all staff are competent in their role. This should ensure staff have the necessary skills to meet people's needs.
- Quality assurance questionnaires will be given to people who use the service and staff. This will give people and staff the opportunity to express their views about the quality of the service.
- Weekly conference calls will be carried out with the new manager, providing additional support and for the area manager to have an oversight of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The area manager was fully aware of the duty of candour and acknowledged where things had gone wrong in the past and was open and transparent that these had not been identified. However, during the course of the inspection they were able to demonstrate action taken to improve the service.
- Where complaints had been made, they acknowledged the shortfall, apologised and took the necessary action to improve the service.

Continuous learning and improving care

- The area manager told us systems would be reintroduced to monitor the quality of the service. For example, spot checks and welfare calls would be carried out more frequently. There were now systems in place to mitigate the risk of missed calls.
- Staff we spoke with were very complimentary about the new management.
- One staff member told us, "The management listen and are responsive to my opinion. For example, I had problems with a person's behaviour and the manager found solutions."
- Another staff member said, "They (management) are getting there, they are doing alright." They continued to say, "With the new management, I would be happy for my loved ones to use the service if and when needed."
- A different staff member told us, "Things are getting better with the new management."
- Another staff member told us, "We have been short staffed, but things have improved immensely'. They told us, "I would put my trust in the new management."
- Staff were aware of the provider's whistleblowing policy and all felt confident to whistle blow. This was evident as prior to our inspection staff had raised concerns with us.
- Although people raised concerns about the service, they were hopeful with the new management things would improve.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurse teams.



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 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider did not ensure all staff had the skills, knowledge and understanding about ensuring people's right to privacy and dignity were respected. People's views in relation to their care and treatment was not always reflected in their care plan and this had an impact on the delivery of care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality monitoring systems were ineffective to ensure people's assessed needs were met in a timely manner. Monitoring systems did not identify the decline in service which, had a negative impact on people's wellbeing.</p>