

Llyon Health Ltd

LlyonHealth

## 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 well-led?

Inadequate ●

# 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 14 people.

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

Staff continued to not be recruited safely, with gaps in employment histories and references not always being completed. This meant people were potentially at risk of staff being employed to work with them who were not suitable.

Improvements had been made to call times and we received no reports of missed calls. However, we received mixed feedback from people and their relatives that call times were not always exact. However, we found the majority of the calls deemed late, were within the thresholds set by the local authority.

At this inspection staff morale was considerably low, with many staff speaking out to raise issues around their holiday pay entitlement and travel time pay. We have also shared their feedback with the local commissioning team.

Staff told us they received regular training, but for many staff the majority of their training had been completed at other care companies they had worked for prior to joining LlyonHealth. We were not assured the registered manager has assessed these new staff members competency levels, there was an overreliance these staff members had the sufficient skills to provide safe care and treatment.

The provider had implemented a new governance framework at the service. However, these systems and processes to ensure oversight of the safety and quality of the service were not always effective. Audits completed had not always identified the concerns we found on inspection. At this inspection there was an overreliance on office staff to complete a number of quality checks.

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.

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

The last rating for this service was requires improvement (published 24 October 2022).

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for LlyonHealth on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and recommendation

We have identified breaches in relation to staffing, safeguarding, training and governance at this inspection.

We have made a recommendation about the escalation of safeguarding concerns.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 well-led.

Details are in our well-led findings below

**Inadequate** ●

# 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 carried out by 2 inspectors 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. The registered manager was not available for the 2 days we visited their office.

#### 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 3 May 2023 ended on 25 May 2023. We visited the location's office on 3 and 19 May 2023.

### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with 2 people who used the service and 5 relatives. We spoke with the registered manager on the telephone, care co-ordinator, team leader and 8 members of the staff team. We visited the office and looked at records related to 2 people's care, and the oversight and management of the service. This included 4 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 our last inspection we rated this key question requires improvement. At this inspection the rating 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.

At our last inspection people were at risk of harm because staff were often unable to get to their scheduled calls on time. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was now meeting parts of this regulation.

### Staffing

- At this inspection we found there was a better oversight of staff scheduled call visits and no missed calls were reported. However, feedback from people, their relatives and staff indicated call planning could be improved further.
- Following our last inspection, the provider introduced an electronic call monitoring system. This system was relatively new at the service and indicated people were receiving their allocated calls for the correct amount of time.
- However, we received mixed feedback from people and their relatives we spoke with, as some felt call times were often unpredictable. Comments from people's relatives included, "They can't guarantee times, but they sometimes get (person) up too early, their time bands are between 7am to 10am, I don't know what times they should be coming" and "They have a time band, so morning could be anytime between 7am to 11am, then they come between 12pm to 2pm, 4pm to 6pm and 7pm to 10pm. They could come anytime."
- The provider introduced pockets of travel time for staff to assist with getting to people's homes on time. However, we received mixed feedback from staff who required public transport. Comments from staff included, "I haven't got a car, so I will often have to pay for taxi to get to jobs so I'm not late" and "I don't believe the manager understands it's impossible to get to places on time without a car on time."
- After the inspection the provider submitted evidence which confirmed on occasions they paid for staff taxis for a limited duration. The provider told us this was not financially sustainable for the service and staff were expected to make their own travel arrangements.
- The registered manager provided assurances that they would review call scheduling further in order to improve calls times for people.

### Recruitment

At our last inspection 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 was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- At our last inspection staff had not always been recruited safely because staff had not always provided full employment histories and references were not always obtained.
- At this inspection we continued to find evidence of recruitment checks concerning new staff not being completed correctly. In the 4 recruitment files viewed the provider had not assured themselves of staff's employment history and their conduct in previous employment in social care, although some character references were obtained.

The provider had not ensured recruitment systems were operated effectively to ensure staff were fit and proper to carry out their role. This placed people at risk of harm. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of people's medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

- Medicines were managed safely. People were supported to take their prescribed medicines safely.
- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicines.
- All staff who gave medicines to people had received training in medicines management and an annual competency check was completed by a senior member of staff.
- However, we found medicines omissions were not always addressed. There was a process for auditing medicine administration record (MAR) charts. We reviewed MAR charts and found a number of gaps. The registered manager did not ensure these omissions were reviewed appropriately to identify if it was an issue with staff recording, administration or both.
- Prior to our inspection a new electronic medicines system was introduced. The care coordinator we spoke with, felt this electronic system would improve the oversight of people's medicines. This system alerted office staff to any shortfalls and enabled them to respond quickly if medicines were late or missed for example".

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- At the last inspection we recommended the provider sought advice from a reputable source about managing accident and incidents.
- At this inspection we were provided with an audit tool, this looked at areas such as compliments, complaints, incidents and any safeguarding matters. We were assured there was now better oversight in place.
- We were not assured that the provider understood their responsibilities and duty of care in safeguarding people from abuse.
- During the inspection we identified there has been an incident involving a staff member not attending a call, falsifying records, and not reporting a person's catheter being removed. Although we were assured the registered manager had conducted an investigation against the staff member, we were concerned this matter had not been reported the local safeguarding team or CQC.



We recommend the provider reviews their internal safeguarding policies and procedures to ensure this is in line with legislation when reporting safeguarding matters.

#### 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 requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection 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(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

Staff support: induction, training, skills and experience

- At the last inspection we found staff training was a rushed process, with many staff completing multiple training courses in 1 day. At this inspection we found some improvements, however, staff did not receive the support they needed to carry out their role safely.
- New members of staff did not always receive key training by the provider. The registered manager relied on previous training staff had completed with other care providers. There was no formal process for the provider to assess the effectiveness of the training staff had received to established if they had the necessary skills to care for people.
- We received mixed feedback from people and their relatives about the competencies of some staff. One person told us, "The staff don't realise the hidden disabilities I have, they need more training before they see people." One person's relative was positive about the support they received, but felt their family member needed more consistency. They told us, "They are trained and experienced, but we do like it when the same people don't come back, it's hard with the turnover of staff as we have to keep explaining about my [relative's] needs."
- Most of the staff we spoke with confirmed they had regular supervisions. However, as noted in the well-led section of this report, we were not assured all staff had received an appropriate supervision. We found many supervision forms had been pre-populated and not discussed with the individual staff member.

Systems to ensure staff had the correct training and skills were not followed. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.
- The provider gained consent from people and developed care plans in line with peoples' needs and

choices.

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.

- 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 requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection, the registered person had not operated an effective system consistently to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- There continued to be shortfalls in the day to day running of the service, leading to multiple breaches of regulation. There was a lack of oversight and scrutiny of the service by the registered manager.
- A newly devised auditing framework had been established following the last inspection to review people's completed medicines administration records and daily notes, however these checks tended to be basic and identified shortfalls were not routinely followed up.
- Office staff were delegated the task of conducting audits and competency checks without being supported to develop their necessary skills to do so. Information collated in audits conducted by office staff did not support the improvement of the service as the information was not analysed effectively.
- Information such as accidents, incidents and training information were not always readily available to view on site. We returned for a second day of inspection to ensure we could review this information and meet with the registered manager; however, this information and the registered manager were not available. Following our inspection and escalation with the local commissioning team additional documents were provided by the registered manager.
- The additional auditing records provided by the registered manager failed to fully explore the issues we found in recruitment, missing signatures in medicines records, shortfalls in training and supervision records being pre-populated.
- Following our last inspection an action plan should have been submitted by the provider to CQC, that would outline the improvements the provider intended to make. The provider failed to submit this action plan.

We found no evidence that people had been harmed however systems and processes had not been operated to ensure robust governance and oversight of the service. This was a continued breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was not a positive staff culture at the service. Staff we spoke to felt undervalued. Comments from staff included, "I can work 15 hours, but only paid for 9 hours, the manager doesn't pay travel time. I feel this isn't right", "I like my job, but pay conditions need to improve. I have to pay for taxis to and from jobs, in the past we got paid for this" and "The service should be paying holiday pay, but they don't. This is a main reason why we many staff leave."
- Since our last inspection in August 2022 only 2 staff had remained. This meant a further 13 staff needed to be employed to ensure the service could meet people's needs.
- People and their relatives provided mixed feedback regarding the service being well led. We received positive comments in respect to staff providing good care, however concerns were raised in relation to the high turnover of staff. One person's relative told us, "We get people for a while then they change, which is a shame as there are staff [person's name] really gets on with and they suddenly just disappear without saying anything."
- Service user feedback was sought on an annual basis in the form of a survey along with regular spot checks on staff to check the quality-of-care delivery.

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 lacked awareness of their statutory responsibilities in relation to safeguarding statutory notifications to inform CQC of certain safeguarding incidents. These matters will be followed up outside of the inspection process.
- The provider had not yet utilised their new electronic care monitoring (ECM) system. This would have assisted the service further with staff member's timekeeping and following up on the staff who were failing to use the ECM system.

Working in partnership with others

- Where people received support from external professionals, the service had worked with them where possible.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured recruitment systems were operated effectively to ensure staff were fit and proper to carry out their role. This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however systems and processes had not been operated to ensure robust governance and oversight of the service.</p>

### **The enforcement action we took:**

Warning notice