

Lion Care Essex Ltd

# Lion Care Essex

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Lion Care Essex is a domiciliary care service. It is registered to provide personal care to people living in their own homes. At the time of our inspection, 32 people were using the service. 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 wide social care provided. At the time of inspection, the service was providing personal care and support to 12 people.

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

The registered manager completed regular checks to monitor the quality and safety of the service. Staff although supervised whilst working were not having formal supervisions documented.

Audits of quality assurance processes were not always readily available.

We recommend the provider looks at best practice and guidance in relation to quality assurance processes.

There were enough staff available to meet people's needs. People received care and support from a consistent staff team which enabled continuity of care.

Staff had received safeguarding adults from abuse training and knew how to act on any concerns. Risk assessments were in place to manage potential risks to people's health and well-being. Effective infection control processes were in place. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection.

Staff received mandatory training to fulfil their role and responsibilities. They felt supported and valued by the provider.

People and their relatives spoke positively about the kind, caring attitude of staff and were satisfied with the care and support they received. Staff treated people with dignity and respect and people's independence was promoted.

People were supported to maintain good health and access health care professionals. Where required, people were supported with their nutritional needs.

People had individualised care plans which met their needs. People, and their relatives, were consulted over their care and support needs and were supported to have maximum choice and control of their lives. 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 and relatives were complimentary of the service they received and said they would recommend Lion

Care Essex to others.

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 3 December 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time the service was registered and when they commenced providing a regulated activity.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details can be found in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details can be found in our caring findings below.

### Is the service responsive?

Good ●

The service is responsive.

Details of our findings can be found below.

### Is the service well-led?

Requires Improvement ●

The service was not always well- led.

Details can be found in our well- led findings below.

# Lion Care Essex

## 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

The inspection was undertaken by 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 provides personal care to people living in their own homes.

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

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 19 October 2021 and ended on 10 November 2021. We visited the office location on 8 November 2021.

#### What we did before the inspection

We reviewed information we held about the service. The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with eight relatives and three people about their experience of the care provided. We spoke with four members of staff including the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at staff files in relation to recruitment, training and staff 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 and quality assurance records.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and policies were in place to support staff with reporting any concerns about the people they were supporting.
- Staff received training to recognise and report any potential risk of harm or abuse. One member of staff told us, "I would report any concerns to the manager or senior. I know I can ring CQC or the local authority if I need to."
- People's relatives confirmed they felt their family members were safe when staff supported them. One relative told us, "[Name] has needed more support as time has gone on but [name of manager] has been able to adapt and increase the support very quickly."
- The registered manager was aware of their responsibility for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. This included areas such as personal care, medicines, mobility and the environment.
- Staff were made aware of potential risks. They told us they had read care plans and associated risk assessments which provided them with clear guidance on how to reduce the risk of harm, and support people safely.
- Staff told us, "The electronic app we use tells us exactly what people need on each care call, it's really clear and will tell us all the important information about a person's needs. We also write our daily notes on the app."

Staffing and recruitment

- People received care and support from a consistent team of staff who knew them well. The registered manager told us they tried to pair people up with carers they thought they would be a good match. However, this was not always possible or the right choice. One relative told us, "We had a carer we were not happy with we told [name] and they didn't come anymore."
- Relatives confirmed staff arrived on time, stayed for the duration of the care call visit and were reliable.
- Staff recruitment processes were in place to ensure staff had the right skills and experience and were suitable to work with people who used the service. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People were being supported with PRN 'as and when required' medicines. Protocols were in place to guide staff when these should be administered.
- Staff had received medication training to ensure they managed medicines consistently and safely.
- Audits of medicines administration records were carried out to ensure people received their medicines when they needed them, and as prescribed. All medications given were logged electronically, the registered manager was alerted if medication had not been given at the correct time.

#### Preventing and controlling infection

- Staff took appropriate measures to protect themselves and people from the risk of infection.
- Staff told us they now had adequate personal protective equipment (PPE). There had been a problem at the beginning of the pandemic sourcing adequate PPE however, this had now been resolved.
- People's relatives told us staff wore PPE during their care call visits.

#### Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents. The registered told us about an incident that we saw had been fully recorded with the outcome and actions noted.



# 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. 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 received individualised care which was centred around their assessed needs, choices and decisions.
- People's relatives confirmed assessments of people's needs had been completed before care commenced. One person told us, "We started using the service in April and we had a pre-assessment with the family involved before then."
- People's needs were continually assessed to ensure as their needs changed they continued to receive care that met their specific needs. The staff team told us they used an app which enabled them to communicate any changes, in order to ensure everyone was kept up to date with people's changing needs.

Staff support: induction, training, skills and experience

- Staff told us they had received an induction to the service, part of the induction was to shadow an experienced member of staff until they felt comfortable in carrying out the tasks on their own. One member of staff told us, "I was shown what to do by the manager they trained me in how to use the equipment needed."
- Staff told us they had received an induction to the service, they told us, they felt supported in their role and received the training they needed to meet people's individual care needs
- People's relatives felt staff had the right skills and knowledge to support people. One relative told us, "If there is a new carer, they will always come with someone more experienced as well."
- Although staff told us competency checks had been carried out we could not see that these had been formally recorded. However, the registered manager and other senior staff worked alongside staff and told us they were observing their practice and would support and advise them if needed.
- Staff told us they were able to approach the registered manager and senior staff for support and advice at any time.

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

- If required, staff supported people to have access to food and drink that met their needs and preferences.
- Staff had completed food hygiene training ensuring food preparation was carried out safely.
- One relative told us, "They have amended the time they are here, due to [name] eating habits which has been really good." Another one told us, "[Name] was struggling to eat their main meal in the evening so the carers suggested moving it to lunchtime and this has worked very well."

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

- If staff were concerned about a person's health and wellbeing, staff were aware they needed to inform the registered manager. One member of staff said, "If it was an emergency, I would call 999. I would also call the manager. There is a 24 hour on call system someone is always available to speak to in case of an emergency not matter what time of day."
- The registered manager told is they would worked closely with other professionals to ensure people received good outcomes. For example, district nurses and GP's.

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 and their relatives had been involved and consulted with regarding their care and treatment.
- Staff told us they always sought people's consent and offered choices to people during their care. One person told us, "The staff always ask me what I would like to have to eat or drink and they always tell me what they are going to do and ask if it is okay."

# 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. 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.

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

- People's relatives were complimentary about the care and support provided by staff. Feedback included, "The carers chat with [name] and there is good banter between them. He talks with the carers and we have heard him laughing the first time for weeks it is so nice to hear."
- The registered manager told us they tried wherever possible to ensure continuity of care by allocating regular care workers. This was confirmed to us by relatives and staff. One person told us, "I did not like one of the carers. I told the manager and they never came again."
- Staff respected people's wishes and had received training in equality, diversity and human rights.

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

- The registered manager visited people and completed a full assessment of their needs to ensure the service was able to meet their needs before taking on the package.
- People were supported to make their own decisions about how they wished to be supported.
- People and their relatives had been involved in the development and on-going review, of their care plans.
- People and their relatives had access to the app which contained their care plans so they could be accessed by them at any time. We discussed what would happen if someone was unable to access the app, the registered manager told us they would ensure the person had access to a copy of their care plan.
- People were given the opportunity to provide feedback about the service and the care they received. This was usually done via telephone calls and home visits

Respecting and promoting people's privacy, dignity and independence

- Relatives' and staff feedback confirmed people's privacy and dignity were respected.
- Staff were committed to maximising people's potential. They encouraged people to maintain their independence and do as much as possible for themselves. One relative told us, "They have been amazing the manager suggested a stand aid and this has made things so much easier for him. It has been a great help in him maintaining some independence and a sense of satisfaction which being moved in a sling never gave." Another relative told us, "There is a good rapport with the carers, and he has built up a good relationship with them. They talked to him and asked him what he wanted and then to the family asking what they wanted, and it has really boosted him in his spirits. He is now using a walk-in shower rather than needing a bed bath or hoist."

# 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. 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 were supported by a consistent team who knew their needs well. The registered manager tried to match people up with a carer they thought would be suitable. People told us the registered manager was flexible and changed things around if needed. One person told us, "We have no problems contacting the office, calls are returned promptly, and staff will cover if someone is going to be late they always let us know."
- Care and support was planned and tailored to people's individual and specific needs. Care plans contained a one-page profile outlining the important needs along with people likes and dislikes. A member of staff said, "The care plan contains all the information we need."
- Communication between people, relatives and staff was effective. People's relatives told us there was regular contact by the service to ensure they were happy with the quality of care and support. People told us the registered manager regularly carried out care calls herself and took this opportunity to ask if they were happy with everything.
- Any changes to people's care and support needs were recorded and care plans updated. The registered manager told us, "If there are any changes, we use an electronic app to ensure everyone is kept up to date and told immediately".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us no one would be discriminated from accessing the service and they would ensure information was available in formats which people could understand.
- One relative told us, "[Name] is very deaf so communication with him is difficult but they are always able to communicate with him, they are very patient."

Improving care quality in response to complaints or concerns

- The provider had systems in place for responding to concerns and complaints.
- People's relatives knew who to speak with if they had a complaint and felt confident their concerns would be listened to and acted upon.

End of life care and support

- The registered manager told us they would work with other health professionals to support people at the

end of their life.

- The registered manager told us of an example where they had supported a family member when their relative was requiring end of life care. They had stayed at the house during the night and were present when the person passed away. The family member had telephoned them out of hours and asked for them to be present.
- The registered manager was in the process of arranging for staff to receive end of life care training to ensure people had a comfortable, dignified and pain-free death.

# 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. This key question has been rated as 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; 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

- We had no concerns with the care provided to people. However, not all the quality checks undertaken by the registered manager were formally recorded. For example, we found there was no formal audits of supervisions. Staff told us they had regular discussions with the registered manager or senior staff but were not aware of them being formally recorded. They had not been invited to the office for a formal supervision.
- Although we requested some documents these were not always forthcoming and even though some of them were eventually sent through, they were not sent in a timely way.
- We gave feedback about the quality assurance systems to the registered manager. We discussed the need to set up a more robust quality assurance system, which would need to be in place if the company was to expand their care packages and their staff team. At the present time because the registered manager had clear oversight and attended care calls herself this did not affect the care given to people. The staff team was also relatively small at the present time.

We recommend the provider looks at best practice and guidance in relation to quality assurance processes.

- The registered manager was open and transparent during the inspection and demonstrated their commitment and passion to ensuring people received safe, high quality care.
- Systems were in place to ensure any accidents, incidents or safeguarding events were recorded and investigated.
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.

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

- People's relatives were complimentary about the registered manager and senior staff and said they were approachable, friendly and helpful. Relatives' feedback included, "The manager seems to know what they are doing everything seems to work like clockwork." And "[Name of registered manager] often does the care calls themselves and they are always at the end of the phone if I have a problem."
- Staff enjoyed working at the service and were clear on their roles and responsibilities. They said they felt supported and valued by the registered manager. One member of staff told us, "This is the best place I have

ever worked."

- The registered manager spoke with people regularly to request feedback about the service. This was usually undertaken via phone calls and home visits. People were not aware of receiving a formal survey to complete.
- Staff did not take part in team meetings, they were kept up to date by the app they used but did not have the opportunity to get together and follow an agenda with outcomes and actions minuted.

Continuous learning and improving care; Working in partnership with others

- The registered manager was qualified in delivering manual handling training which enabled them to deliver in-house training to staff.
- Staff had the opportunity to enrol in NVQ qualifications these were vocational courses in health and social care. Two staff within the company had recently been promoted to more senior roles. The registered manager told us this was to support them in the day to day running of the agency.
- The registered manager informed us they worked closely in partnership with others, such as GPs, district nurses to ensure people received the right support and care.