

Lionheart Domiciliary Care Services Limited

# Lionheart Domiciliary Care Services Limited - Deptford

## Inspection report

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28 April 2022  
13 May 2022

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Lionheart Domiciliary Care Services Limited - Deptford is a domiciliary care agency. The service provides personal care to people living in their own homes.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided. At the time of our inspection there were 36 people receiving personal care support.

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

People and their relatives were positive about the care they received. We received comments such as, "They do anything the clients want. I think they have gone that extra mile for us, that makes me feel happy" and "I would recommend them, they are punctual and they make sure I have a cup of coffee."

Despite this positive feedback we identified issues with the quality and safety of the service. People's medicines were not always administered safely and in line with best practice. The provider did not follow safe recruitment procedures.

There were quality assurance systems and processes in place, however, they had not identified the issues we found. Staff were positive about the support they received to fulfil their role. The provider sought regular feedback from people about the care they received. The provider worked in partnership with a range of health and social care professionals to plan and deliver care and support.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was good (report published 28 September 2018).

### Why we inspected

We were prompted to carry out this inspection due to concerns we received about staffing and recruitment. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for this service has changed from good to requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

## Enforcement

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

We have identified breaches in relation to recruitment, medicines and good governance. Please see the action we have told the provider to take at the end of the full version of this report.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Lionheart Domiciliary Care Services Limited - Deptford

## **Detailed findings**

### Background to this 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 was carried out 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.

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.

#### Notice of inspection

We gave the service 48hrs notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

Inspection activity started with a visit to the office on 26 April 2022. We made another visit to the office on 28 April 2022 and made calls to people receiving care on 13 May 2022. During the inspection we spoke with the registered manager, the operations manager and two care coordinators. We reviewed the care plans and risk assessments of five people and we looked at the recruitment records of five members of staff. We also analysed the electronic call monitoring (ECM) data for eight people receiving care.

We made calls to six people receiving care and seven family members to get their feedback about the service. We received feedback from two local authority professionals who worked with the service to plan and deliver care and support. We looked at training data and quality assurance records. We got feedback from nine care workers about their role.



# 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider did not follow safe recruitment processes to ensure staff were suitable to work with people with health and social care needs. The provider did not obtain a full employment history when recruiting staff and gaps in employment were not explained.
- References from previous employers were not always obtained before people started work.

The failure to ensure safe recruitment practices was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider conducted Disclosure and Barring Service (DBS) checks before new staff started working. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Analysis of the ECM records showed people received their care visits on time and this corresponded with the feedback we received. People told us, "They are usually on time" and "They let me know if they are running late."

### Using medicines safely

- People's medicines were not always managed safely. Care plans contained conflicting information about the level of support people required to take their medicines. One person's care plan said staff were responsible for administering the person's medicines and there were directions for staff to refer to the medicines administration record (MAR), however, there was no MAR in place for this person. When we queried this with the deputy manager, they told us that staff were no longer supporting this person with medicines, but the care plan had not been updated to reflect this change. Another person's care plan said they required staff to 'prompt them' to take their medicines. There was no MAR in place to ensure the support the person received with their medicines was recorded in line with best practice guidelines.
- The system for auditing medicines was not always thorough. The operations manager told us that when gaps were identified on the MAR a member of staff would check the person's medicines to see if they had been administered. We identified gaps on some MARs but there was no subsequent record of a visual check of the person's medicines to ensure they had been given.
- Staff received training in the administration of medicines, however, their competency had not been assessed in line with best practice guidance.

The provider failed to ensure the safe management of people's medicines and best practice was not always

followed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were happy with how they were supported to take their medicines. One person told us, "My meds are given to me before I eat. [The carers] make sure that I take them."

Preventing and controlling infection; Assessing risk, safety monitoring and management

- The provider was not doing all they could to prevent and control infections as staff were not carrying out regular COVID-19 tests according to current government guidelines.
- The provider had also not assessed the risk of COVID-19 for people receiving care or staff. We raised these issues with the provider and they took action to assess the risk of COVID-19 for people receiving care and staff and ensured staff now take part in regular COVID-19 tests in line with government guidelines.
- Staff had access to appropriate personal protective equipment (PPE) to prevent the spread of infection. People told us staff followed safe hygiene practices and wore the correct PPE when carrying out care and support. One person told us, "They wear masks. gloves and aprons always."
- Staff told us managers often spoke with them about their infection prevention and control (IPC) responsibilities and they had enough PPE to carry out their role.
- Despite the issues with risk assessments the people felt the staff helped them keep safe. One person told us, "I feel safe. [The carer] is alright, he treats me gently."
- Care plans considered a wide range of risks and contained clear guidance for staff to ensure they understood how to support people safely. The risks associated with people's living environments had been assessed to identify any potential hazards to people's safety.

Systems and processes to safeguard people from the risk from abuse

- Policies in relation to safeguarding were in place and staff received relevant training. Staff showed a good understanding of whistleblowing and safeguarding procedures. They knew who to inform if they had any concerns about abuse and how to escalate their concerns if they were not satisfied their concerns were being taken seriously.
- The provider was aware of their responsibility to report safeguarding concerns to the local authority and the CQC. The provider conducted investigations into allegations of abuse and shared findings with the relevant local authority.

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager.
- When incidents occurred, relevant professionals were informed, and care plans and risk assessments were reviewed and updated. Staff were kept informed of incidents and subsequent changes to people's care plans.

# Is the service well-led?

## Our findings

At our last inspection we rated this key question good. At this inspection we have rated this key question 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; Continuous learning and improving care

- There were quality assurance processes in place but these were not always effective as they had not identified the issues we found with risk assessments, medicines support and recruitment files.

The failure to assess, monitor and improve the quality and safety of the service effectively was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we raised our concerns with the provider they submitted an action plan detailing what action they would take to resolve the issues we found and by when.
- The provider routinely monitored the quality and safety of the service by conducting spot checks and telephone monitoring calls. This was confirmed by people receiving care. One person told us, "I spoke to the Care Coordinator. They have called me two or three times to see how the service is doing."
- Staff told us managers gave them sufficient support to fulfil their role. We received comments such as, "Yes, managers are very approachable and supportive" and "They help us whenever we need it."
- The provider had made improvements to the service since the last inspection. They had introduced a system for care plans and risk assessments to be accessed electronically. This was implemented in conjunction with the ECM system which recorded staff attendance times and alerted the office if staff did not arrive at people's homes on time.

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

- The provider created a person-centred and open culture which was confirmed by people who received care, their relatives and staff. Comments included, "[Family member] has made a great improvement in gaining his independence with this carer" and "The carer was able to take [family member] in the wheelchair and push him to the bank with me, I was thankful for that."
- Staff were proud of the level of care they provided. One member of staff told us, "We treat everyone with dignity and have empathy for everyone."

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 registered manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong.

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

- The service engaged with people receiving care, their relatives and staff. People completed satisfaction surveys on a regular basis to give feedback on the care they received. Feedback from these was mostly positive which corresponded with feedback we received. We received comments such as "They are doing a perfect job" and "I've got no problems."
- The provider communicated with staff and kept them up to date with relevant information via text message and during staff meetings.

Working in partnership with others

- The service regularly worked in partnership with a range of other health and social care professionals to ensure people received ongoing support to meet their needs. These included social workers, brokerage officers, occupational therapists and speech and language therapists. We received positive comments from professionals who worked with the service. Comments included, "I have been hugely impressed with the care, skills and compassion of all the care workers I have met" and "If a new package of care for one of my service users was to be provided by Lionheart then I would feel confident that the service user would be well supported."
- The provider communicated concerns they had about people's safety and/or their changing needs to the local authority so risks could be safely managed.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was practicable to ensure that care and treatment was provided in a safe way.</p> <p>Systems for the proper and safe management of medicines were not operated effectively.</p> <p>The arrangements in place to mitigate the risk of infections such as COVID-19 were not robust.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the service effectively and seek and act on feedback from relevant persons.</p> <p>The provider had failed to ensure people received a consistently safe and good service.</p> <p>Regulation 17 (1) (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not establish and operate safe recruitment procedures as they had not gathered sufficient information about</p>

candidates before they were employed.

Regulation 19 (2) (3)