Lion Care Service Limited

Lion Care Service

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

Lion Care Service is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used 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. The service was supporting six people at the time of our inspection. All six people were supported with their personal care.

People's experience of using this service and what we found
Overall people who used the service were satisfied with the care and support they received however the timing of people' calls required improvement to ensure they were carried out when required to meet the person's care and support needs..

Staff had access to personal protective equipment (PPE), although feedback suggested it was not always worn appropriately increasing risks of cross infection when delivering personal care.

Quality assurance and service auditing processes were in place although these were not always effective in detailing areas where improvement was needed. Audits and policies and procedures were generic and not truly reflective of the service provided.

People were supported to be as independent as possible while taking their prescribed medicines. When staff offered people support, they were competent to do so. Improvements to recording processes and audits would enable the provider to ensure medicines were given safely.

People, and their relatives were involved in their need's assessment and the development of their care plans. Choices and preferences were documented so staff could deliver person centred care. Overall, people spoke highly of their staff teams valuing consistency of staff.

People's dignity and privacy was respected, and staff told us how they listened to people and delivered care and support in line with their wishes.

Staff felt well supported and well trained. They felt listened to and had opportunities to seek advice and support from the manager.

Risk assessments were in place to reduce or mitigate identified risks and these could be updated as people's needs changed, as could care plans.

Staff understood how to safeguard people from the risk of potential harm. People's complaints were listened to and acted upon. The manager was open and transparent and took opportunities to seek feedback in formally about people's experiences of care provided.

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

This service was registered with us on 07 July 2017 and this is the first inspection as they have been dormant for the majority of this time.

Why we inspected
We carried out this inspection in response to risk and information received about the service. Overall the risks identified had been mitigated prior to our inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our responsive findings below.

Lion Care Service

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
This inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses.

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. There was a registered manager in post but they were in the process of deregistering when the current manager had completed their registration. The current registered manager had oversight of the service in the interim, but support was available from the provider on a day to day basis.
Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure that the manager would be at the registered office to facilitate the inspection.

Inspection activity started on 22 June 2022 and ended on 1 July 2022. We visited the location's office on 28 June 2022.

What we did before the inspection
We reviewed information we had received about the service since their registration in July 2017. 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 this information to plan our 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 used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service or their relatives about their experience of the care provided. We spoke with the two members of staff, the manager and the provider.

We reviewed a range of records. These included three people's care records and extracts from others. We looked at two staff files in relation to recruitment, training and supervision. We viewed a variety of records relating to the management of the service, including policies, procedures and audit documents.

After the inspection
We continued to seek clarification from the provider to validate evidence found. The manager provided us with requested documents to demonstrate training, audits and feedback received directly to the agency about the quality of the service provided.

Requires Improvement

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 of 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.

Preventing and controlling infection

- People told us that staff did not always wear personal protective equipment or uniforms when visiting their homes to provide personal care. One person told us, "They didn't wear masks during the pandemic. I kept telling them." This increased the risk of infections being spread.
- We discussed this with the manager and the provider who said they had been made aware of this being an issue and they had raised it in a staff meeting to address this. There had been no further follow up.
- Staff told us they had access to personal protective equipment and that they wore it when providing personal care. This contradicted what we had been told.
- We saw the provider's infection control policy which was very detailed but not fully reflective of the domiciliary type service provided. It also did not reflect detailed guidance relating to Covid-19 in relation to wearing masks when delivering personal care.

The provider failed to ensure staff followed safe infection control practise to ensure the risks of cross contamination were reduced.

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

Systems and processes to safeguard people from the risk of abuse

- Staff told us they would be confident to recognise and report abuse. They told us they had received training prior to their appointment with Lion Care Service to provide them with the knowledge of processes and procedures to follow. The manager told us further training was being arranged to reinforce staff knowledge of safeguarding.
- The manager was aware of their responsibilities to protect people from harm and they were supported by the provider who had experience of working with external agencies to act to keep people safe.

Assessing risk, safety monitoring and management

- People told us they felt safe when receiving care and support although they were not all aware of formal processes to keep them safe.
- Risks associated with providing safe care and support had been formally assessed by the manager to demonstrate how staff were to reduce or remove the impact of harm. However, not all assessments were available in people's care files. The provider had already identified where assessments were outstanding and they were sent to us for review following the inspection. They reflected how care had been planned safely.

● Staff told us they had seen people's risk assessments and knew where the documents were to review them. Staff also told us they knew people well and were confident they could minimise risks of harm to people when delivering personal care. One staff member told us they would alert the manager to any changes in people's circumstances so that assessments could be reviewed and or amended.

Staffing and recruitment

● Overall staff records reflected a robust recruitment process. All staff had had a check with the Disclosure and Barring System (DBS) prior to starting work. The 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.

● The provider had followed their policy by obtaining two references prior to appointment and staff confirmed they had provided these.

● Staff told us they had had interviews where the details of the job were discussed as well as their suitability. However, some information to support that staff were fit to perform the roles they had been appointed to was not available for review and the provider committed to document this in the future. They also committed to document the interview processes itself for reference.

Using medicines safely

● Records relating to medicines administration had been handwritten and did not contain doses. This could lead to confusion or error. Nobody received medicines as and when required and the medicine that was administered by staff was stored in monitored dose boxes. This reduced the risk of error.

● The manager audited administration records, however. the most recent audit referred to checking the administration of covert medicines. The manager had identified these were being done appropriately however they then said that no body received their medicines in that way. This questioned the accuracy of the checks meaning that medicines may not be being managed safely.

● Most people who use the service managed their own medicines or it was done by a family member. When staff were required to assist, they felt well trained and confident to administer medicines. They said they have been observed by the manager to ensure their practice was safe.

● People were supported to be as independent as possible while taking prescribed medicines. This was documented in care plans to identify what assistance was needed and what form it took. For example, one person needed prompting where another needed full support.

Learning lessons when things go wrong

● The provider spoke proactively about how they learned lessons from issues that arose in other services under their management and shared them with others in order to improve practice.

● They looked at complaints and identified trends and monitored outcomes to ensure reoccurrences did not occur. We saw how actions had been identified and taken after complaints had been raised.

Requires Improvement

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

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

- Care was delivered in line with people's personal needs and preferences however, call times were often shorter than documented in people's care plans. Everyone told us this happened. The provider told us the length of people's calls had been agreed with the local authority, but this agreement had not been formally documented. This meant the prover could not demonstrate that people's needs were being met effectively.
- People's needs were assessed before they used the service and the manager used these assessments to develop a care plan. Plans were stored electronically and there were paper copies in people's homes. Staff told us the information they contained was helpful when they first started supporting a person to give them details of a person's needs and preferences.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This meant care could be delivered in line with people's preferences and choices.

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

- People's support needs were monitored and reviewed by a staff team who knew them well. Care plans detailed changes so ensure continuity of care.
- Staff told us they had limited direct input with health care professionals, but they implemented guidance when assessments were carried out. For example, they updated records when medicines were reviewed.

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

- When required staff supported people at mealtimes by preparing food and drinks. They offered additional assistance if needed and this was documented in care plans.
- People's dietary needs and preferences were documented after consultation with people and their relatives and staff were aware of these. One person required a soft diet and staff were aware of this even though they did not directly support the person to eat their meals.

Staff support, induction, training, skills and experience

- Overall people who used the service spoke positively of their staff team. They considered they had the skills and experience to meet their needs. One person told us, "They are well trained." Another said, "Yes they have the skills and knowledge required."
- The staff who worked for the agency told us they had previous care experience and they had received good training prior to their current appointments. They told us training was now being delivered by the provider and refreshers had all been booked to ensure their knowledge stayed current and up to date. The training matrix reflected this.

● Staff also said they received a long period of induction before working independently. Staff told us they found this beneficial and people who used the service said this meant that staff were consistent and met their needs as they preferred.
● Staff told us they felt very well supported by the manager who worked alongside them to deliver care and support. Staff said, "[Managers name} is very supportive and shares information with us effectively."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.
● Staff knew who had capacity to make decisions and they told us how they promoted people's choices and wishes when delivering their care and support. The manager told us that people had their capacity assessed prior to receiving a service and when necessary staff liaised with relatives and family members to support people to make choices.
● People were supported in least restrictive way and staff told us how they supported one person by monitoring their mood and acting to minimise the impact of their emotional distress to keep the person and themselves safe.

Staff working with other agencies to provide consistent, effective, timely care
● Staff told us they had minimal input with other agencies as family members undertook this role. They did however say they implemented support plans developed by health professionals. For example, one staff member told us how they had effectively worked with a health professional to improve a person's skin integrity thus giving them a better quality of life.

Requires Improvement

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 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

- Staff supporting people had not always worn masks to protect them from infection and care calls were shorter than the required time. This did not demonstrate that people were always supported and treated well.
- People told us that staff were always polite and kind. One person said staff were, "Marvellous." Another said, "All are extremely nice and helpful. They bend over backwards for you."
- Overall care plans detailed people's personal wishes, and preferences. This meant staff could respect people's individuality. For example, people's religious and cultural needs were documented so staff could support them accordingly.
- People told us that staff knew them well. Staff told us they were a small team and provided consistent support as they knew people's individual likes and dislikes.

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

- Relatives told us they had been involved in the planning of their family member's care and support. This meant, when people could not express their wishes, care was personalised with input from the people who knew them best.
- The manager worked with people, and relatives when needs changed so care could accommodate their changing needs.

Respecting and promoting people's privacy, dignity and independence

- People told us they trusted care staff to support them in ways that protected their privacy and maintained their dignity.
- Staff told us how they treated people with dignity and respect. They said they received training which covered this, and we saw that care plans routinely referred to ensuring people's dignity was maintained.
- One person's care plan detailed how they liked to do several tasks themselves. The care plan advised staff to prompt and only support if necessary. This meant people's independence was promoted.
- People's care plans were available for their review in their homes although most people said they did not refer to it. Information stored electronically was password protected to maintain the privacy of people's information.

Requires Improvement

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 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

● People told us the care and support they received met their assessed needs however, call times were not always consistent or as preferred. Most people said that staff carried out tasks required of them before leaving but one relative told us they were not confident that call times took place at suitable times. For example, too late in the evening or after a relative has supported the person. Although the manager had an explanation about the time discrepancies it was not documented thus leading to confusion and misunderstanding.

● People had the opportunities to tell staff how to meet their care and support needs and told us they were listened to. One person said they told staff when their food was not hot enough for them and staff reheated it without a problem.

● One staff member told us they worked closely with a person's relative who directed staff as to what was needed. The staff member told us, "Communication is important." This meant people could maintain control of their care and support and staff responded flexibly to meet their needs and preferences.

●Care plans payed attention to little details to ensure that care was personalised to a person's preference. For example, making sure a person's head is in the right position so they could comfortably watch television.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● The manager advised us that any individual communication needs would be documented in a person's care plan. Information could be made available in different formats to ensure information was accessible. For example, information could be produced in large print.

Improving care quality in response to complaints or concerns

● We saw how complaints were documented by the manager and how they responded to them. The manager maintained a complaints log which detailed outcomes and actions required. This was reviewed by the provider when checking quality.

● People said they would feel confident to share any concerns with the manager as they were regularly offering care and support so was easily approachable. Although people did not know who to contact above the manager everyone was satisfied that current arrangements were working.

End of life care and support

● People's care plans contained information about their religious beliefs, and some contained basic information about their wishes should their care needs increase.

● There was no one currently being supported for end of life care.

●Some staff had received training in end of life care in previous roles and felt they would have the skills and competencies to support someone during this stage of a person's life.

Requires Improvement

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 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

- There was no process currently in place for the provider to seek feedback from people. This meant the provider could not be sure that the service provided was effective.
- The provider and manager had not ensured that staff were wearing masks when it had been reported to them that they were not. Although the issue had been addressed with staff, no follow up had taken place to ensure it was happening and it was reported to us that it continued to occur.
- The provider and the manager carried out audits, but these were not effective. For example, a medicines audit reflected that covert medicines were administered when this was not the case. A moving and handling audit reflected that a certain piece of equipment was used and checked but the care plan did not refer to it. Likewise, one person used a hoist, yet these were not checked as part of the audit.
- Call times were inconsistent and there was no written agreement of the flexible approach adopted by staff and agreed by the local authority. This could lead to people's needs not been affectively met
- The provider told us that logging in and out of calls was an area where improvement had been identified as needed. They were implementing a new system to address this issue.
- The provider had not tailored the infection control policy to reflect the safeguards in place as a result of the COVID-19 pandemic and this meant people were not safeguarded from the risk of cross infection.

The provider had not identified areas where improvements were required or taken action to ensure issues had been effectively resolved. This placed people at risk of ongoing harm.

This is a breach of Regulation 17(1) good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was clear about their role and responsibilities and detailed how they were being supported by the provider to develop and implement management skills. The manager was applying for registration with us.
- Support staff told us that they were aware of their role and said the care plans effectively supported them to deliver care and support required. They knew when they had to escalate issues and did this effectively. For example, when people's needs changed or if they had a safeguarding concern.

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

● People were overall satisfied with the service they received.
● The manager and provider had identified where some improvements were required in relation to processes and were implementing changes to address these. For example, the call time monitoring system.
● Staff told us that they felt supported by the manager and they told us they had team meetings and regular informal discussions as they delivered personal care.
● Staff told us information was shared with them via a number of forums. Most of the information was shared verbally or electronically and this appeared effective given the size 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 manager was open and transparent about issues and incidents. When complaints were received, they addressed them openly. They acted when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff and people who used the service told us the manager was approachable and worked with them to review and source support required. One relative said the manager was supporting them to review care needs.
● Assessments and plans detailed people's equality characteristics including any special dietary or cultural needs.

Continuous learning and improving care
● Overall the manager and the provider where aware of where the service needed to improve on an organisational level and were developing systems to effective address these. For example, the new electronic care planning system that would address call times and enable monitoring of care to ensure it is delivered as per plan.
● The provider had recently looked at care plans to check they were up to date and contained required information. Where shortfalls had been identified, they had chased these and made them available.

Working in partnership with others
● The service worked in partnership with key organisations including the local authorities who commissioned the service and other health and social care professionals to provide joined up care. The did this by receiving assessments and reviewing if needs could be met by the service. They worked flexibly to accommodate people although a more formal agreement was required to ensure that decisions made were jointly agreed.
● Staff sought additional input from agencies when support was required to ensure people's needs were met. For example, staff were chasing up an occupational therapy appointment for one person whose mobility needs had increased. A relative told us the manager was helping them to access this additional input and they valued this.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure staff followed safe infection control practise to ensure the risks of cross contamination were reduced.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not identified areas where improvements were required or taken action to ensure issues had been effectively resolved. This placed people at risk of ongoing harm.