Lionheart Domiciliary Care Services Limited

Lionheart Domiciliary Care Services Limited - Deptford

Inspection report

Unit 7A, Evelyn Court
Deptford Park Business Centre, Grinstead Road
London
SE8 5AD

Tel: 02030924440
Website: www.lionheartdomiciliary.co.uk

Date of inspection visit:
07 August 2018

Date of publication:
01 October 2018

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?	Good

Summary of findings

Overall summary

This inspection took place on 7 August 2018 and was announced.

Lionheart Domiciliary Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection we did not have adequate information about the experiences of enough people using the service to give a rating to each of the five questions and an overall rating for the service.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who knew how to protect them from the risk of harm. Staff followed safeguarding procedures to identify and report any concerns. Risks to people's safety and well-being were assessed and managed. Staff reported incidents and were encouraged to learn from their mistakes to minimise a recurrence.

There were sufficient skilled and experienced staff deployed to meet people's needs. The provider carried out appropriate recruitment procedures to ensure only staff suitable to deliver care worked at the service. People received the support they required to take their medicines. Staff followed good hygiene practices to minimise the risk of infection.

People received care in line with best practice guidance. People's needs were assessed and care delivery planned before they started using the service. Health and social care professionals were involved in planning people's support in line with current guidance. Staff received the support, training and supervision required to undertake their roles. People were supported in line with the requirements of the Mental Capacity Act 2005.

People were involved in planning and making decisions about their care. People consented to care and support. Staff treated people with dignity and respect.

Care and support plans were reviewed and updated to ensure staff had sufficient guidance about how to meet people's needs. People's care delivery responded to changes in their health and well-being.

People were supported to maintain good health and to access healthcare services when needed. People

received the support they required to eat healthily and to maintain a healthy lifestyle.

People using the service and their relatives were encouraged to share their views about the quality of care. Feedback received was used to make improvements and develop the service.

The quality of care was checked and audited to identify any areas of improvement. Shortfalls identified were addressed in a timely manner.

People benefitted from the registered manager's close partnership with other agencies. People using the service and their relatives spoke positively about the registered manager and staff.

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. People were protected from the risk of abuse.

Risks to people's health and well-being were assessed and managed.

People's needs were met by sufficient staff deployed to provide care. Appropriate recruitment procedures were followed to employ staff deemed suitable to support people.

People were supported to take their medicines in a safe manner. Staff knew how to minimise the risk of cross contamination.

Is the service effective?

Good

The service was effective. People's care was planned and delivered in line with current legislation.

Staff were trained, supervised and supported to undertake their roles.

People gave consent to care and received support when they were unable to do so. Care provided met the requirements of the Mental Capacity Act (2005).

People received the support they required to eat well and maintain good health.

Is the service caring?

Good

The service was caring. People using the service and their relatives were happy with care delivery. Staff were kind and caring and knew well the people they supported.

People had developed positive caring relationships with staff.

People were involved in making decisions about their care.

Staff respected people's privacy and dignity. People were provided with information about the service in a format they understood.

Is the service responsive?

Good

The service was responsive. People received care and support in line with their individual.

Staff carried out regular reviews and updates of people's care and support needs. Staff delivered care that responded to changes in each person's needs.

People were supported to undertake activities of their choosing if this was part of their care package.

Staff knew how to deliver care in a dignified manner to people who were at the end of their life.

Is the service well-led?

Good

The service was well-led. People using the service, their relatives and staff spoke positively about the registered manager. Staff felt well supported in their role.

Audits and checks on the quality of the service were effective in identifying and resolving of shortfalls. Communication, information sharing and recording were done in an appropriate manner.

People received the support they required because of the provider's joint working with other agencies.

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 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of the service in line with the Care Quality Commission registration requirements. At our previous inspection of 13 September 2017, we did not have sufficient information to give a rating to each key question and for the overall quality of care provided.

This announced inspection took place on 7 August 2018. 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. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone would be in.

Prior to carrying out this inspection we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we spoke with two members of care staff, a care coordinator and the registered manager. We reviewed five people's care records. We looked at six staff files including recruitment, training, supervision, appraisal records and duty rotas. We looked at quality assurance reports and reports related to the management of the service that included complaints, incidents and accidents and team meeting minutes.

After the inspection, we spoke with two people using the service and five relatives. We also received

feedback from two health and social care professionals who were involved in people's care.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse. One member of staff told us, "We are trained to identify abuse and the signs and symptoms a service user shows if they are at risk." Another member of staff said, "I would report any concerns to the care coordinator or manager." Staff understood their responsibility to report concerns and to whistle blow poor practice to the registered manager or external agencies to keep people safe. Staff had a copy of the safeguarding procedures and details of agencies to contact when they had concerns. The registered manager made a referral to the local authority safeguarding team when they had concerns about a person's health and welfare who did not have food. We did not identify any safeguarding concerns or issues that could constitute potential abuse. Staff were trained in safeguarding adults and attended refresher courses to keep their knowledge up to date about how to minimise the risk of abuse to people. Staff had clear guidelines on how to support people to manage their finances. At the time of the inspection, there was no person receiving support to manage their finances.

People received care that was planned to minimise the risk of harm. People using the service, their relatives when appropriate and health and social care professionals were involved in the assessment and management of risks to their health and well-being. Risk assessments identified areas of concern such as a person's ability to walk safely, maintain personal hygiene, eat safely and sufficiently and manage their medicines. Support plans provided staff with guidance on how to deliver care safely for example, a risk assessment around managing medicines detailed one person's need to be prompted and to be given a glass of water to minimise the risk of the person forgetting to take their tablets at the prescribed time. There were regular reviews and updating of risk assessment and management plans. Staff told us they had guidance which enabled them to deliver care in a safe manner and in a way that encouraged people to maintain their independence.

People were supported in a safe manner. There were sufficient staff deployed to provide care and support. One person told us, "[Staff] are reliable." Another person said, "on rare occasions [staff] have been late. They do ring to let me know." One relative commented, "There were issues at the start. Now [person] gets help from a regular team." Staff were happy with the way shifts were planned and how care coordinators allocated call visits. One member of staff told us, "We have enough time to travel between calls. It's mostly a bus ride away." Another member of staff said, "You advise the office of your availability. The rotas are planned in such a way that reduces travel time and delays to calls." The registered manager worked closely with commissioners in assessing people's needs and determining staffing levels. Rotas were covered to allow for absences due to staff training and annual leave. Staff had access to an out of hours on call service for guidance when needed. Staff told us the office staff or on call manager returned their calls promptly which enabled them to manage difficult situations.

People's care delivery was provided by staff who were checked for their suitability to do their work. The provider carried out appropriate recruitment checks which included verification of applicant's employment history, photographic identification, right to work in the UK, obtaining satisfactory references and a Disclosure and Barring Service (DBS) check. The DBS provides information on an applicant's background to help employers make safer recruitment decisions. Records showed staff commenced work at the service

when checks were completed.

People were supported to keep safe from avoidable harm. Staff followed the provider's procedures in reporting and recording incidents. Records showed that the registered manager monitored incidents and accidents to identify trends. Staff told us and records showed that incidents were discussed in one to one or group meetings with the registered manager. This provided staff with the opportunity to learn and reflect on their practice. Care and support plans were reviewed to ensure staff had guidance to minimise a recurrence. The provider had reviewed systems to improve communication with service commissioners to ensure a safe discharge from hospital before a person started to use the service. The provider had a business contingency plan which indicated how they would mitigate risks in the event of service disruption through staff shortages or adverse weather.

People were cared for by staff who understood the importance of minimising the risk of infection. Staff told us they washed their hands and wore personal protective equipment (PPE). Care coordinators delivered gloves and aprons to staff when they carried out spot checks or visits to people using the service. Staff told us and records showed they had attended the provider's mandatory training in prevention and control of infection.

People received the care they required to take their medicines. One person told us, "[Staff] remind me to take my medicine." Staff were trained in medicines management. The care coordinators assessed staff's competency to manage people's medicines. Each person had a medicine administration record (MAR) which showed the medicines they were on, dosage and frequency. MARs were signed and did not contain any gaps or unexplained missed doses. Staff had guidance on how to support people with 'when required' (PRN) medicines, for example when a person told them they were in pain. Staff worked closely with the pharmacists who supplied people's regular and PRN medicines to ensure people had adequate stocks. Audits were carried out regularly to identify any shortfalls in staff practice and that they followed the provider's medicines management policy. There were no concerns identified at the previous monthly audit of July 2018.

Good

Is the service effective?

Our findings

People's needs were assessed and planned in line with current legislation. People using the service and their relatives were involved in planning their care delivery before they started receiving care. Health and social care professionals worked closely with the registered manager in planning people's care delivery to ensure that people received support that met best practice guidance. Staff had information about people's health needs, background and social history and the support each person required to have their needs met. Staff told us they followed the guidance in place to support people, for example, when a person who showed behaviours that challenged the service. Daily observation records indicated that staff worked in line with the guidance provided by health and social care professionals to deliver care to people in an effective manner.

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. We checked whether the service was working within the principles of the MCA. Staff told us and records confirmed people received care in line with the requirements of the MCA. Staff told us they sought people's consent to care and support. Staff informed the care coordinators when they had concerns about a person's ability to make decisions about their care. Best interests meetings were held and support plans designed to include the outcomes. Staff knew how each person communicated their needs. This helped them to support people appropriately to make decisions about their care.

People's care was delivered by staff who were trained to undertake their role. One member of staff told us, "You can't start the job before you have completed some mandatory training." Another member of staff told us, "There are practical aspects of the job such as using the hoist. We come to the office for training which includes demonstration and practising of transferring a service user from a bed to a chair." Staff had received face to face and online training in safeguarding and Deprivation of Liberty Safeguards, medicines management, health and safety, infection control and prevention, first aid, moving and handling, Mental Capacity Act 2005, dignity and respect. A matrix was used to track staff training and when they were due for a refresher course. Staff told us the provider ensured they were freed from the rota to attend training.

New staff were given an induction to familiarise themselves with people using the service, the support they required, provider's policies and procedures and record keeping. Staff new to care completed the Care Certificate, which introduced them to standards of practice expected of health and social care workers. Records confirmed that staff had completed the Care certificate in the first three months of being employed at the service.

People were supported by staff who received support in their roles. Staff received regular supervision of their practice. One member of staff told us, "I have one to one meetings with a care coordinator to talk about my work, any challenges and rota planning. It's all constructive discussions." Another member of staff said, "We meet now and again with one of the seniors to discuss how things are, what's working well and training needs." Records confirmed that staff were supervised in their role and that issues raised were followed up.

Each member of staff received an appraisal of their performance where staff's training and development goals were set, monitored and reviewed as appropriate.

People who required support with eating and drinking were assisted in line with their identified needs. One person told us, "I have readymade meals. [Staff] use the microwave to warm up my food." Records showed people's dietary needs, food preferences and the support they required to eat and drink safely and sufficiently. Staff followed guidance provided by healthcare professionals to ensure people's dietary and hydration needs were met, for example preparing soft and mashable foods for a person with a swallowing difficulty. Staff told us they informed relatives involved in a person's care and the registered manager if a person was not eating well or did not have sufficient food stocks to ensure this was addressed.

People received the support they required to maintain their health. One person told us, "[Staff] are good. They contacted my GP when I had a dizzy spell." Another person said, "[Staff] check if I am okay. They phoned my daughter when I was unwell." Staff had information on people's health conditions and guidance about how to support them if they showed any changes, for example supporting a person experiencing an episode of low blood sugar levels. Family members supported people to attend GP and hospital appointments. Staff told us they worked closely with relatives of people using the service when appropriate to support a person to prepare for hospital visits by being flexible in their schedules and getting them ready. The care coordinators ensured staff had up to date information about a person's changing health needs, for example after a hospital discharge or recovery from a surgical procedure.

Good

Is the service caring?

Our findings

People were supported in a kind and caring manner. One person told us, "[Staff] are friendly and polite." Another person said, "I am happy I can have a chat. [Staff] gets everything done and am happy with them." Relatives of people using the service were happy with the way staff delivered care. Comments included, "[Staff] are gentle and patient with [family member]", "[Family member] can be difficult. [Staff] always find a way of making it look effortless. We are happy with the [staff]."

People were involved in making decisions about their care. Staff knew people's communication needs which enabled them to understand how each person wanted their care delivered. Care plans indicated people's communication needs and guidance for staff about how to communicate with people for example speaking slowly and clearly, making eye contact and repeating themselves to ensure a person understood what care was being offered. One member of staff told us, "[Person] has a routine. However, we must check each time we go in for the morning visit on the support the person needs. There are times when [person] chooses to have a bath before breakfast. That's what we do." People received support from relatives involved in their care to make decisions about their care. People were also given information about advocacy services to ensure their voices and views were heard.

People were supported in a manner that maintained their privacy and dignity. Comments included, "[Staff] treat me with respect", "[Staff] talk to me and do not shout and me" and "I get on well with [staff]. They respect how I want things done". People using the service and their relatives told us staff respected their privacy. Staff had received training in equality and diversity and understood their responsibility to respect people's human rights through providing care with dignity. One member of staff told us, "We have to be respectful to each service user and involve them in whatever task we have to do." Another member of staff said, "When we do double ups, we don't have private conversations, we speak directly with the service user." Staff told us they knocked and waited to be invited in before entering people's bedrooms, delivered care behind closed doors and waited outside bathroom doors to maintain people's privacy and dignity. Staff told us they completed notes on care provided away from visitors and kept the documents in folders to maintain the person's confidentiality. People's care records and information were kept securely in lockable cabinets at the head office and were only accessible to authorised staff.

People received the support they required to undertake activities in the home or in the community. Most people received support from family members to take part in activities such as shopping or accessing the community. Staff informed the registered manager if they observed that a person was at risk of isolation and loneliness to ensure that appropriate support could be put in place.

People were supported to be independent as possible. One member of staff told us, "We do not take over by doing things service users can do for themselves." Care records showed the support each person required to complete tasks, for example washing, dressing and meal preparation. Staff encouraged people to maintain their daily living skills as practicable such as brushing their teeth and combing their hair. Care coordinators held meetings with people using the service and their relatives to understand how care delivery was working and if they wanted additional support to promote their independence.

People were provided with information in a format suitable for their communication needs which complied with the Accessible Information Standard (AIS). The AIS is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider told us that they did not provide support to people with complex communication needs. However, they would ensure that care and support plans considered the communication needs of each person such as providing information in a pictorial format or large print.

Good

Is the service responsive?

Our findings

People's care delivery met their individual needs. Comments from relatives were positive and showed that they were happy with the care provided. One relative told us, "[Person] is happy and well looked after." Another relative said, "[Staff] help [person] with their needs. Everything is done as it should be." Health and social care professionals commented that people received individualised care and staff followed the guidance they provided.

People received care appropriate for their needs. Staff had information about people's health needs, histories, likes and dislikes and preferences on how they wished their care delivered. Support plans detailed guidance to staff on how to provide care suitable for each person's individual needs. Staff monitored and informed a care coordinator if they observed changes in people's health. A care coordinator carried out regular reviews of care and support plans or when there were changes to a person's health. Support plans were updated to reflect people's changing needs and the assistance they required. Staff told us they received updates on people's changing needs and had guidance about how to deliver care that responded to the changes. Health and social care professionals were involved in the review of people's health to ensure that care delivery was planned and responsive to changes in a person's safety and wellbeing. Daily observation records showed that staff provided care that responded to changes in a person's health for example, staff had provided personal care in bed to a person after a hospital discharge while they recuperated.

People received care that responded to changes in their health. Staff informed the care coordinators who worked closely with health and social care professionals when a person showed signs of a decline in their physical or mental health. Staff told us of a person who was showing signs of forgetfulness. A review was undertaken and a support plan put in place on how staff were to support the person with reminders of what they needed to do to maintain a good standard of living. Staff communicated with relatives when appropriate to ensure people received appropriate care that responded to each person's individual needs. Daily observation records showed staff supported people to undertake tasks such as eating and drinking and maintain personal care when they were unable to do so because of a decline in their health.

People using the service and their relatives knew how to make a complaint if they were unhappy with any aspect of care delivery. Each person received a copy of the complaints policy when they started to use the service. People were confident that the registered manager would address any concerns they raised. A care coordinator encouraged people to communicate with care staff, office staff or the registered manager if they had any concerns about the service. A care coordinator contacted people and their relatives by telephone or carried out home visits to find out if they were happy with the service. Records confirmed the visits to people's homes and that people were happy with the quality of care provided. People told us concerns raised had been addressed in a timely manner which included delays to call visits.

No one using the service was receiving end of life care. However, staff understood they had to work with other health and social care professionals to support people with pain management, to make them as comfortable as possible and to have a dignified death. The registered manager told us that they would

provide end of life care in partnership with healthcare professionals such as district nurses and the person's GP.

Good

Is the service well-led?

Our findings

People using the service and their relatives commented positively about the registered manager and care delivery. Comments included, "We have a good relationship with the registered manager and office staff", "Any calls to the registered manager are returned" and "Everything seems to be working just fine." Staff told us the registered manager encouraged them to put people at the centre of decisions made at the service. A person-centred culture showed that staff focussed on people's individual needs and the support they required.

Staff were happy with the support they received at the service. Staff described the registered manager as approachable and willing to listen to their ideas about how to develop the service. One member of staff told us, "[Registered manager] is readily available to discuss any issues we might have." Another member of staff said, "The care coordinator and office do a good job. They sort out things quickly." Staff attended team meetings to discuss the people's welfare, developments at the service, challenges and rota planning. One member of staff told us, "The staff meetings are an opportunity to talk about the service and share good practice." Minutes of the meetings showed high attendance and inclusion of staff's views about the service. The registered manager chaired the meetings and records showed they followed through issues raised in the previous meetings. Staff told us they felt their views and suggestions were valued.

The provider provided an oversight on the management of the service. Audits and checks were carried out on the quality of the service to ensure consistent and effective care delivery. A care coordinator carried out reviews of people's needs and the support they required through home visits or by telephone. Medicines administration records were checked to ensure that people had received the support they required and that any issues raised had been resolved. Daily observation records were checked for accuracy and consistency in care delivery. The registered manager audited care records and support plans to ensure they remained appropriate to people's care and support needs. The registered manager ensured that risks assessments were updated and that staff had guidance about supporting people in a safe manner. A tracking system was used to monitor staff training, supervisions and attendance of staff meetings and refresher courses. Staff told us they were reminded of any training they had to attend.

A care coordinator carried out spot checks to monitor how staff delivered care. People told us they were happy with the spot checks as they were reassured that the registered manager cared about the standard of support provided. Staff were happy with the spot checks because it provided them with an opportunity to received feedback and to reflect on their practice. One member of staff told us, "I have received positive and useful feedback about my practice." Records showed care coordinators discussed issues identified on spot checks and any concerns were followed up in one to one supervision meetings. Staff had received further training to enable them to understand the needs of a person with a complex health condition. Spot checks were carried to find out if staff wore a uniform, identity badge, to check their interaction with people, if they followed good hygiene practices and if they provided care in a respectful manner. The registered manager reviewed spot check reports and followed up issues raised to ensure people received appropriate support.

People using the service and their relatives had opportunities to share their views about the service. The

provider sent out questionnaires to obtain people's views and analysed the feedback received to understand what people thought of the quality of care. Improvements were made when necessary for example, people were allowed flexibility to change their call visit times. People were comfortable in making suggestions and told us that the registered manager valued their contributions.

The provider sought information for people using the service and their relatives to support them to engage with their community when needed. This ensured people had access to various services that met their recreational, spiritual and social needs.

The registered manager worked in partnership with other agencies to ensure people received appropriate care. Staff informed the registered manager when a person suffered a decline in their health. Records showed the registered manager worked closely with health and care professionals and organisations that supported people living with dementia. This enabled people using the service and their relatives to get additional support to improve their quality of life. Health and care professionals worked with staff when providing care to people with complex care needs to ensure joint working.