Lionheart Domiciliary Care Services Limited

Lionheart Domiciliary Care Services Limited - Deptford

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This announced inspection took place on 13 September 2017. Lionheart Domiciliary Care Services Ltd – Deptford provides personal care to people in their own homes. At the time of our inspection, nine people were using the service.

The service had provided care and support to people for a limited time. We did not have enough information about the experiences of a sufficient number of people using the service to give a rating to each of the five questions and an overall rating for the service.

This is the first inspection of the service since registration with the Care Quality Commission in August 2016. Prior to this, the service was registered at a different address.

The service had 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 using the service received safe care and support in their homes. Care workers and coordinators knew about the identified risks to people's health and well-being and had sufficient guidance on how to provide safe care and support. Safeguarding systems were in place and care workers knew how to identify and report abuse to keep people safe.

People received care and support as planned. There were sufficient numbers of staff deployed to meet people's needs. People were supported to take their medicines safely. Staff minimised the risk of infection to people by following good hygienic practices.

Staff were supported in their roles and received supervision and training to develop their practice.

People consented to care and treatment. Staff provided people's care in line with the legal requirements of the Mental Capacity Act 2005.

People who required support with eating and drinking received the assistance they required. Staff supported people to access healthcare services when needed.

People using the service and their relatives commented positively about the caring, dignified and respectful manner in which care workers provided care. People were involved in planning and making decisions about their care and support.

The registered manager assessed people's needs and planned for care delivery before and after they started to use the service. Support plans were in place for staff about how to deliver care to people.

People using the service and their relatives were able to share their views about the care. The registered manager considered their feedback to develop the service. People knew how to make a complaint or raise any concerns if they were unhappy about the service.

Quality assurance systems were in place to monitor care provided. The service had operated for a limited time and it was too early for us to determine the effectiveness of the audits and monitoring checks at the time of inspection.

The registered manager was testing a system to monitor staff's punctuality and time spent in people's homes to minimise the risk of missed calls and lack of delivery of appropriate care. It was too early to assess the effectiveness of this system at the time of inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

We did not have sufficient information to rate the safety of the service.

People received an assessment of the risks to their health and well-being. Staff followed guidance in place to deliver safe care and support. Staff understood how to recognise and report abuse.

People received their prescribed medicines safely. There were enough staff deployed to meet people's needs.

Staff knew how to protect people from risk of infection.

Is the service effective?

Inspected but not rated

We did not have sufficient information to rate the effectiveness of the service.

People received care from suitably qualified and competent staff. Staff received training and supervision to develop in their roles.

People gave consent to care and treatment. Staff complied with the requirements of the Mental Capacity Act 2005.

People received support to eat and drink and to access health care services when needed.

Is the service caring?

Inspected but not rated

We did not have sufficient information to rate whether the service was caring.

People received care that staff delivered in a kind and compassionate manner.

Staff knew people well and had developed good relationships with them. Staff treated people with dignity and respect. Staff respected people's choices and supported them to access advocacy services when needed.

People were involved in making decisions about their care.

Is the service responsive?

Inspected but not rated

We did not have sufficient information to rate whether the service was responsive.

People received care and support which met their individual needs and preferences.

People using the service and their relatives were involved in planning care. Staff supported people to be independent.

The registered manager sought people's views about the service and acted on the feedback. People knew how to make a complaint about the service.

Is the service well-led?

Inspected but not rated

We did not have sufficient information to rate whether the service was well-led.

People using the service and their relatives made positive comments about the quality of care and the leadership of the registered manager.

Checks and audits were carried out on the quality of the service to identify areas of improvement. However, we were unable to determine the effectiveness of the checks as the service had operated for a short period.

People benefitted from a close partnership between the provider and external health and social care agencies.

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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 checked 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.

This announced inspection took place on 13 September 2017. 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 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure that someone would be in.

Prior to the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events at the service. A statutory notification is information about important events which the registered person is required to send us by law. The provider submitted a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four members of care staff, a care coordinator, a volunteer manager, deputy manager and the registered manager.

We reviewed four people's care records and risk assessments. We checked seven staff files including information on their recruitment, training, supervisions and duty rosters. We looked at records the service is required to maintain which included complaints and safeguarding incidents and monitoring reports on the quality of the service. We reviewed feedback received from people using the service and their relatives and health and social care professionals.

After the inspection, we spoke with seven people using the service and two of their relatives. We received feedback from the local authority commissioning team and two health and social care professionals.

Inspected but not rated

Is the service safe?

Our findings

People were happy with the care provided. One person told us, "I am happy with the help the staff provide." A relative said, "The staff are good. Everything thing is done safely." Another relative told us, "My [family member] is happy. The care is good."

People told us they received safe care in line with their individual needs. Risks to people's health and well-being were identified and staff had sufficient information about how to support people safely. One person told us, "The staff help me to walk and sit in the front room." One relative told us, "Staff do take their time with [family member] because of his/her poor health." Staff were aware of the risks to people that included falling, developing pressure ulcers, not eating well, and swallowing difficulties and self-neglect. Risk assessments were reviewed and updated to ensure they remained appropriate.

People were safe from the risk of harm and neglect. Staff knew how to identify abuse and the action to take to ensure people were safe. One member of staff told us, "I would report any bruises, changes in behaviour or missing property to the care coordinator." The provider ensured staff had access to the safeguarding policy and procedures. Staff were able to describe how to whistle-blow to raise concerns about abuse and poor practice at the service. The registered manager had informed the local authority safeguarding team about concerns for a person's welfare and the plan put in place to protect them from abuse.

The service supported people to take their medicines safely. Care records contained assessments on whether a person required support to manage their medicines and showed when family members were involved. Staff were to prompt or administer people's medicines depending on the support they required. At the time of our inspection, there were no completed medicine administration records at the service. This was because the service had not supported people with managing their medicines in their first month of operating. The provider had a medicines management policy. Staff were scheduled to attend training on managing medicines.

People's needs were met safely. One person told us, "The staff are here on time and do their job." Another person said, "The staff are reliable, usually on time." One relative told us, "Staff contacted us and apologised when they were delayed in traffic." People using the service and their relatives told us they received support from a regular staff team and that the care coordinators informed them of changes to cover absences. Care records showed people received a schedule that contained the start and end time of the staff visits. This enabled people to know when to expect to receive support. The provider was working with the local authority commissioning team on a programme that would identify any missed or delayed calls and the time staff spent in people's homes. People had received their care as planned and the local authority commissioning team did not have any concerns about service delivery. The provider worked closely with the local commissioning team to increase the numbers of staff and hours required to meet people's needs.

People were supported by staff who were suitable for their roles. New staff completed an application form and underwent interviews. The provider was aware of gaps in applicant's employment history but had not always recorded the reason for this to demonstrate that they had explored this with staff to ensure their

suitability for the role. We highlighted this to the registered manager who updated their records during our inspection. New applicants without a full working history were assessed for risks and undertook additional training and had their practice observed before they were signed off to provide care independently. Pre-employment checks were carried out and the provider requested written references, obtained criminal record checks and confirmed people's photographic identity. This was to ensure that people received care from staff assessed as suitable for their roles.

People were protected from the risk of infection through staff's practice. Staff told us they followed good hygienic processes such as wearing protective clothing and washing of hands before and after preparing meals and providing personal care. Care coordinators ensured staff had a good supply of gloves and aprons.

Inspected but not rated

Is the service effective?

Our findings

People were supported by staff who had the necessary knowledge and skills required to undertake their roles effectively. One person told us, "The staff are good at their work." Another person said, "I can't complain. They do a good job and more." At the time of our inspection, the staff had received training on areas considered mandatory by the provider that included safeguarding adults, the Mental Capacity Act 2005, infection control and moving and handling. However, staff had not undergone any refresher training because they had been in post for less than a year.

People received care from staff who had received support in their roles so far. One member of staff told us, "I can discuss concerns about my work with any of the care coordinators." Staff received supervisions and observations of their practice from care coordinators. Another member of staff said, "The feedback from supervisions helps me to develop in my role." Staff told us and records confirmed they discussed people's health needs and any additional support and training they required. We saw records of one spot check visit and one supervision meeting for each member of staff since they started working at the service.

People were supported by suitably qualified staff. New staff received an induction before they started to support people. This included meeting people using the service, familiarising themselves with care plans, provider's policies and procedures and shadowing experienced colleagues and on the job observation by the care coordinators. Staff new to care completed the Care Certificate, which is training on the standards of care every health and social worker is expected to practice. Records showed the registered manager monitored staff's practice during their probationary period and confirmed them in post after a satisfactory review of their performance.

People received appropriate care to meet their needs because staff had access to guidance and advice when needed. One member of staff told us, "There is always someone in the office to talk to when we are faced with difficult situations in the community while supporting people." The provider operated an on call system where a care coordinator and registered manager were available to staff on a 24-hour system to provide additional support to staff. Staff knew the provider's protocols to follow when they observed a decline in a person's health such as contacting the emergency services.

People using the service and their relatives were involved in planning their care and support. One person told us, "I met with my social worker, someone from the care agency and [my family member] to discuss the help I want." One relative told us, "We had a meeting with the agency staff and talked about the support [family member] required. We agreed on the care package." People were supported to access advocacy to enable them to make informed decisions about their care when needed.

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.

People's consent was sought before care was provided. Staff were able to describe how they provided support to people in line with the MCA. One member of staff told us, "We help people make decisions about their care. We ask them what they want and offer them choices." Staff told us they respected people's cultural, religious and personal preferences when providing care, for example they used a different flannel to wash the face, hands and body. Staff had received training on the principles of the MCA. Daily observation records showed they obtained people's consent before delivering care.

People were supported to eat and drink when needed. People's food shopping and meal preparation was done by their family members. Staff told us and records confirmed they served meals when this was part of the care package. Staff understood their responsibility to report any concerns about a person's weight management, dietary intake or issues with swallowing to ensure action was taken to meet their needs. The provider had plans to provide training to staff on nutrition and hydration, and this course was yet to be delivered at the time of our inspection.

People had access to healthcare services to maintain their health. Staff supported people to contact their GPs and emergency services when they were unwell. One person told us, "They help me to get an appointment with my doctor." One relative told us, "Staff will contact me if they are worried about [family member's] health." Staff monitored people's health and worked closely with the person's social workers to ensure they received appropriate and timely care.

Inspected but not rated

Is the service caring?

Our findings

People using the service and their relatives told us staff were kind and caring. One person told us, "Staff are friendly." One relative told us, "The staff are respectful and [family member] likes them." People told us staff greeted them on their arrival and chatted with them as they provided care.

People were treated with respect. One person told us, "Staff are polite and do ask how I want things done." Staff knew how to uphold people's privacy and dignity. Staff told us they closed bathroom/bedroom doors and curtains when delivering personal care and covered the person as appropriate. Staff received permission from people to enter into their homes and rooms. Records showed staff called people by their preferred names, took into account their wishes on how they liked their care delivered and respected their personal space.

People's information and records were kept securely and confidentially. Staff told us they respected people's privacy and shared information on a need to know basis with other health and social care professionals. People's records were collected from the community by care coordinators and stored in lockable cabinets at the office.

People were supported to maintain their independence. One person told us, "The staff encourage me to do the little things I can for myself, like washing my face and my hands." One member of staff told us, "It's not about us taking over but enabling people to retain the skills they have." Care records indicated what tasks people could complete such as brushing their teeth, combing their hair, choosing clothes to wear and washing of face and hands. Daily observation records confirmed people were supported to do as much as possible for themselves in line with their care plans.

People enjoyed positive relationships with the staff who provided their care. One person told us, "They [staff] know how I like things done." Another person said, "We have a laugh." One relative told us, "The have a good relationship." Staff were able to describe people's routines, likes and dislikes and preferences, which showed they knew and understood their needs well. Care records confirmed that staff had information about people's life histories and that they delivered care as they wished. People were happy with the times allocated for their care and felt that staff did not hurry them through tasks.

People were involved in making day-to-day decisions about their care. One person told us, "Staff ask each time they come in what I would like to do." Staff sought to understand people's needs and how they wanted their care delivered. This ensured staff were able to meet people's needs in a caring manner. Staff knew the communication needs of people and explained how they used this knowledge to maximise their involvement in planning their care and support. For example, staff showed people who could not talk clothes to choose from and dressed them as they wished.

Inspected but not rated

Is the service responsive?

Our findings

People told us they received support appropriate to their individual needs. Needs assessments were carried out before people started to use the service to ensure the staff could provide suitable care. People using the service and their relatives and health and social care professionals were involved in discussing how care should be provided during a pre-admission assessment. Care plans were developed from information gathered at assessments and highlighted people's background, medical histories, interests and, preferences. People told us and records confirmed that staff used this information to plan and deliver care that met their individual needs.

People using the service and their relatives told us they received care that was responsive to their needs. Staff informed the registered manager and health and social care professionals when people's needs changed to ensure that they delivered appropriate care. For example, one person's mobility had deteriorated and required support to stand up and assistance from an additional member of staff. Care records showed that the person's needs had been reviewed and appropriate adjustments made to their care delivery. An occupational therapist had reviewed the person's mobility and ensured they received a standing rota to aid transfers from a chair to a bed. Staff were trained on how to use the equipment safely to support the person and had additional guidance on the person's records. The registered manager had not carried out any regular review of people's needs because they had only delivered care for a limited time. However, they were able to describe their monitoring systems to ensure staff delivered responsive care and support to meet people's current needs.

People's needs and preferences were met. Staff provided people's care in line with their preferences. For example, staff were flexible to people's requests about visit times to accommodate hospital appointments, visits to the GP and shopping errands. Records showed any changes were communicated to the office where care coordinators ensured people received care when needed. People's choices were considered and respected to ensure they received care that was responsive to their needs.

People were supported by staff who had up to date information about their care and support needs. Staff updated people's relatives if they had any concerns about a person's health. One relative told us, "Staff do ring and let us know if they are worried about anything." This enabled the family to monitor the person's health and to understand any changes they wanted made to the support plan. Care coordinators informed staff of any changes to people's health and support plans to ensure they provided appropriate care to people. For example, staff knew that a person was at risk of developing pressure ulcers after a hospital discharge as they were spending more time in bed or in a chair. Records showed the registered manager and care coordinators had updated care workers on reviewed guidance about how to support the person.

People were supported to pursue their interests at home. One person told us, "Staff put on my television when I request them to do so." Another person told us, "They bring me a newspaper every day." At the time of our inspection, there was no person receiving support to access or undertake activities in the community. This was because they had family members actively involved in their day- to-day living. Staff were aware of their responsibility to alert the registered manager about concerns if a person was at risk of social isolation.

Care records showed people's interests and hobbies. Staff told us they would support people to engage in activities of their choice in the community if this was part of their care package.

People using the service and their relatives were given the opportunity to share views about their care. Care co-ordinators had made one spot check visit to each person's home since they started to use the service. They used the visit to ask people if they were happy with the care provided and any changes they would like to see. Records confirmed the visits and showed people were happy with the service delivery. The registered manager maintained a compliments book and some of the comments we read included, "Friendly staff" and "Thank you for all the patience and great care."

People knew how to make a complaint if they were unhappy with the service. One person told us, "I would talk to the staff or [my relative]." One relative told us, "We could contact the office if there were any issues although we have never had any reason to do so." People received the complaints procedure as part of the service user's guide when they started to receive care. The registered manager told us they explained to people the actions they could take if they were dissatisfied with any aspect of their care. Records showed people had contact details to escalate any complaints to external agencies such as the ombudsman and the Care Quality Commission for repeated acts of omission or neglect. Records showed the provider had not received any complaints about the service since registration with the Care Quality Commission. The registered manager understood how to respond to complaints within the provider's protocol and timescales.

Inspected but not rated

Is the service well-led?

Our findings

People using the service, their relatives and staff told us there was a person centred culture at the service. One person told us, "The staff ask what I want all the time. All care is about my needs." Staff told us and records confirmed support plans were focused on people's needs and how to provide care that was person centred.

The service had a registered manager as required by law. Staff were supported in their role and said that the registered manager was supportive and approachable. One member of staff told us, "The [registered] manager or care coordinators are available to talk about any concerns we might have." Staff told us the registered manager and management team were visible at the service and in the community and welcomed them to discuss any ideas to improve the service. Staff were able to share their views about developing the service and that the registered manager valued their feedback and work. Minutes of staff meetings showed the registered manager encouraged honesty and openness about the quality of care people received. Staff told us they learnt from their mistakes and reviewed their practice to improve on care delivery. Teamwork and sharing of good practice was encouraged.

People received care that was subject to reviews and checks. The provider had quality assurance systems in place to monitor the quality of the service. Records confirmed spot check visits to people's homes took place to determine whether staff provided people's care in line with best practice and the provider's policies. Care coordinators reviewed staff's practice in relation to providing care with respect and dignity, communication and involvement with the person receiving the care and adherence to the support plan. Staff received feedback about their work practice and any additional support and guidance they needed. Reports on feedback did not identify any concerns about staff's performance and service delivery in people's homes. The registered manager told us they informed people and their relatives when they planned to carry out spot checks on staff. This reassured people and enhanced their involvement and participation in how their care was delivered and to know that staff's practice was reviewed.

The service had not operated long enough to obtain feedback through questionnaires, surveys and care reviews from people using the service and their relatives and other health and social care professionals. The provider's handbook indicated that telephone calls to people, surveys, spot check visits and a review of care plans and medicines administration records would be reviewed regularly. This had not happened at the time of our visit and we could not comment on the quality assurance systems that had not been used.

People benefitted from the provider's close working partnership with other health and social care professionals. The registered manager had requested specialist training from the local authority and had arranged for specialist input into a person's mobility and another who need a review of their mental health needs and support. Staff used team meetings for reflective learning. They discussed training they had attended and how they could apply the knowledge to improve people's care.

The provider had a business plan that showed a commitment to develop and to improve the quality of support provided by the service. The service was working on introducing a real time monitoring of staff visits

to people's homes to minimise the risk of missed calls, enhance punctuality and to increase the responsiveness to any delays in care provision. The impact of the system could not be assessed, as it was still in the process of being implemented.