

Loyal Care Consortium Limited

# Loyal Care Consortium Limited

## 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 responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Loyal Care Consortium Ltd is a domiciliary care agency providing care and support to people in their own home. At the time of our inspection there were 119 people using the service. 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.

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

Risks in relation to people receiving care and support were not always assessed comprehensively and lacked information on how to manage risks. Care plans lacked detail how people's individual care needs were best met and were not person centred. There was little evidence that lessons were learned from accidents and incidents and the quality assurance system showed evidence of not being fully effective to highlight and respond to the concerns we have found during this inspection. People's assessed needs were not always reflected in people's care plans to ensure and maintain consistent care to people who used the service. The service lacked some understanding to support people to have maximum choice and control of their lives.

The service ensured that staff was recruited safely, and systems were in place to monitor and assess staff attending care calls at the time arranged in people's care plans. The service had sufficient staff deployed to meet people's needs. People who used the service were protected from harm and abuse and systems were in place to ensure that this was actioned and responded to appropriately. The service followed safe infection control practice to minimise the risk of the spread of infections.

Care staff had access to training, providing them with the right skills and knowledge to support people who used the service. Staff told us that they received formal and informal support and help from the management and office staff. Staff supported people in the least restrictive way possible and in their best interests.

The service had systems to respond, act and resolve complaints and concerns received from people, relatives and external stakeholders.

The management demonstrated willingness to make improvements to the care and the quality of service provisions for people who used the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 17 January 2019).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

#### Enforcement and Recommendations

We have identified breaches in relation to the management of risk, effectiveness of governance and quality assurance and assessment of people's capacity and planning of care people who used the service received.

We have made recommendations for the provider to seek further guidance and information from a reputable source about involving people in decisions about their care who lack capacity and the Accessible Information Standard (AIS).

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

Since the last inspection we recognised that the provider had failed to display the rating. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Loyal Care Consortium Limited

## **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

The inspection was carried out by two inspectors. Following the inspection two Experts by Experience called people who use the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An additional inspector contacted care workers and asked them about their experience working for Loyal Care Consortium Ltd.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

#### 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.

At the time of our inspection there was a registered manager in post. However, the registered manager was not available during our inspection and we were assisted by the operations director.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the

provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 September 2022 and ended on 13 September 2022. We visited the location's office on 8 September 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and 10 relatives to get their views about the care and support received. We spoke with 12 staff, including the operations director, care coordinators and care workers.

We viewed care records for eight people who used the service and multiple medication records. We viewed five staff recruitment records. We looked at a variety of records relating to the management of the service, including policies and procedures.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

Assessing risk, safety monitoring and management

- Risks to people were not always fully assessed and mitigated.
- Risk assessment in relation to providing care and support lacked detail and did not provide sufficient information to ensure risks were managed safely.
- Some people had pre-admission risk assessments before the service was provided, however they were not always integrated into care planning.
- A further assessment was completed within the first 24 hours to provide more information about the person's needs, but it did not always incorporate identified risks in people's care plans. For example, one person was assessed as being at risk of falls, but there was no plan in place on how to manage this risk.
- People had environmental risk assessments which covered several areas mainly to do with the physical environment. There were risk assessments based on individual needs, but everyone had the same set of risk assessments and these were not individualised.
- We found that risk assessments for people who received support around their medicines were not always comprehensive and lacked the necessary information for staff to support people safely with their medicines.
- Risk assessments were not always updated or reviewed. For example, one risk assessment from December 2019 had not been reviewed or updated. Therefore, it was not clear if the person's changing needs had been addressed and staff had the appropriate information to meet the person's changing needs.

The lack of clear risk assessments and guidance for staff may have placed people at risk of harm This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment

Learning lessons when things go wrong

- The incident reporting system was not well equipped to improve people's safety. Accidents and incidents were not always documented in a timely manner and trends and patterns were not analysed and action taken.
- From September 2021 to September 2022 the service had notified us of six incidents and accidents. However, during our visit to the office the service was not able to show incident/accident records of these events. There was no evidence that these had been analysed for trends or patterns and lessons learned from similar events happening again. We discussed this with the operation manager who advised us that she was unable to access the registered managers computer and will provide us with this information after the inspection. However, the service had failed to provide us this information.
- The service had an accidents and incidents procedure which had been reviewed in October 2021. However,

our findings above demonstrated that the service did not adhere to their own policy when monitoring and responding to accidents and incidents.

The absence of an effective incident reporting system placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

#### Using medicines safely

- Although we have found shortfalls in medicines risk assessments, medicines were overall managed safely.
- Staff had initial training in medicines safety during their induction.
- Practical medicines competencies for staff were completed.
- There were protocols in place for 'as required' (PRN) medicines such as paracetamol.
- People told us that they received their medicines as prescribed. One person said, "Staff remind me to take my tablets." One relative said, "Staff help my relative with her medication and we are very happy with what they do."

#### Systems and processes to safeguard people from the risk of abuse

- People who used the service were safeguarded from the risk of harm and abuse.
- The service had a robust safeguarding procedure and care workers had received safeguarding training during their induction and annual refreshers. One care worker told us, "If I thought abuse was happening, I would ask the client what happened, they might be afraid of saying anything. I would also let my manager know straight away."
- The people spoken with told us that they or their relative were safe with the care workers. One relative said, "Very much so. This is the first time that I have agreed to have help for my husband who has dementia, he has reverted back to only speaking in his mother tongue, I asked for a care worker who speaks his language and they have found one. It is good to see their interaction." One person told us, "I have no issues and I feel safe with the carers."

#### Staffing and recruitment

- The service ensured that staff were recruited safely, and appropriate recruitment checks were carried out.
- Recruitment checks included asking for references from previous employers and completing checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- While people who used the service and relatives overall raised no concerns around care workers missing care calls, being late or not staying the allocated time. We found some issues with electronic call monitoring system (EMCS). For example, we found evidence of 'call cramming', which meant care workers did not have sufficient travel time. The operations manager told us that they were aware of issues with the current EMCS and were at the moment in the process to move to a new system, which will be better for rostering care workers and monitoring of care calls.

#### Preventing and controlling infection

- Effective systems were in place for managing and controlling infection, including COVID-19. The service managed risks associated with infection control and hygiene.
- The provider had an up to date infection prevention and control policy which included guidance on the COVID-19 pandemic.
- Staff completed relevant training and followed current guidance to keep people safe from risks associated with poor infection control and hygiene. They used Personal Protective Equipment effectively and safely. This was confirmed by the feedback we received. One person said, "They [carers] wash their hands and wear



gloves and masks." One relative told us, "They [carers] do observe hygienic practices, they wash their hands, use gloves and wear masks."

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- The service did not continuously assess people's needs and choices to ensure care was delivered in line with standards, guidance and the law.
- For example, people's preferences, likes and dislikes were not always assessed and recorded. People's past life histories and social life were not listed in the care documentation and care documentation was not clear or detailed about people's choices. This meant that care workers were not provided with sufficient information to holistically meet people's needs.
- While people and relatives told us that they were involved in the initial assessment of care and needs, there was little evidence that people were asked what changes they might have to their preferences/care plan as some plans were not reviewed for two years. For example, one person told us, "I have a care plan, but haven't had anyone in my home since we started. I seem to be getting better than I was."

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

- Systems and procedures were not always robust enough to ensure people were appropriately supported to eat and drink.
- Some people had an identified risk of choking. However, there was no clear management plan to ensure staff had the appropriate guidance and information in how to reduce the identified risk.
- In another record we saw that the service joined up working with other agencies and professionals such as dietician and speech and language therapist (SALT). However, they did not always act upon specialist advice and instruction to ensure people received effective care around eating and drinking. For example, one assessment provided by the local authority stated that the person was at risk of losing weight but the care plan had no information of this risk was to be addressed.

The failure of managing risk around eating and drinking was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

- While we found that records for people who used the service did not highlight people's support needs around eating and drinking, people who used the service raised no concerns around this. One person said, "If my son is not around, the carer will get me breakfast, the carer knows how I like it done."

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

- The service did not always include and follow assessments and guidance provided by external health care

professionals.

- A range of professionals from primary and hospital health services were involved in assessing, planning, implementing and evaluating people's care and treatment. However, the information and instruction weren't always incorporated into care planning and therefore important information and interventions were not implemented. The service failed to ensure care plans were updated following healthcare professionals' reports. For example, one person had an Occupational Health assessment which had recommended specific moving and handling for the person. Despite this, the care plans had not been updated. This meant staff were unaware of how to manage the person's moving and handling effectively and safely. Training records showed that staff had received practical and theoretical training in moving and handling and transfers of people who used the service. We also found other examples care plans had not been updated in line with healthcare professionals reviews.

The failure of involving and following guidance from competent health care professionals is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who used the service and relatives told us that their health care needs were met. One relative said, "My relative is supposed to go to a clinic twice a week, but she has often not wanted to go. The carers have worked hard on trying to persuade her and one was so pleased when she managed to get her there. They have really worked on trying to get her there. They are also helping me to try and improve my relative's eating. We have had the Dietician in and the carers are recording everything she eats and drinks and trying to encourage her with Build-up drinks and they really try."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not working within the principles of the MCA.
- We found little evidence that the service had undertaken assessments of people's capacity in records viewed during our inspection. The operation manager didn't clearly demonstrate her understanding of the MCA when we asked for mental capacity assessments for people who used the service.
- Care plans were not detailed enough to ascertain if a person in the service had capacity or not, and there were no risk assessments around this. For example, one assessment viewed stated that the person was forgetful. However, there was no capacity assessment or any other information in the person's care plan referring to the person lacking cognition.
- We did not see evidence in care folders viewed of processes around best interest meetings where there were concerns around people's capacity.
- Care staff demonstrated a good understanding of how to seek people's consent prior to providing care and support. For example, one care staff said, "I can ask my client if I can do something for him. He might want me to do something else, but I will always ask him first. I will always let him know when I have finished and say thank you and goodbye."

- Training records showed care staff had received training around MCA during their induction.

We recommend the provider seek advice and guidance from a reputable source, about people who lack capacity in making particular decisions about their care.

Staff support: induction, training, skills and experience

- Staff were supported to gain the necessary skills to support people who used the service and meet their needs.
- Staff told us that they had access to training which helped them to meet people's needs and improve their skills and knowledge. One member of staff told us, "I have my one to one every three months and I am happy with the support I get. The manager and coordinator are always on point, and they do spot check as well. I do my online training at home and would like to progress to the next level."
- Training records viewed showed that staff had undertaken a wide range of training, including manual handling, medicines administration and safeguarding adults.
- People who used the service and relatives told us, that staff had the right skills and knowledge to support them. One relative told us, "They [staff] do seem to know what they are doing for example they know when my relative is less steady on their feet and they walk with my relative and help my relative from the chair and the bathroom."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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 who used the service did not always receive personalised care to ensure that they had control and choice to meet their needs and preferences.
- We found little evidence that people received personalised care. The service gathered some information from the pre-admission assessment, likes and dislikes forms, past hobbies, interests, OT reports, and professional assessments. However, this information was not integrated into the care plans.
- We viewed eight care plans and found that they all lacked detail and personalisation. The service used the same template for all people which had identified the same six needs.
- The care plans lacked personalisation and detailed information meaning that care workers did not receive the full information to meet people's needs.
- We asked people who used the service and relatives if they were consulted and involved in their care and if their needs were met. Overall comments we received were positive. One relative told us, "Yes definitely feel listened to, I wanted them to encourage and assist my relative and to help my relative to maintain some independence. They have done all this so far." One person told us, "I have a folder and they seem to write in that. There is a care plan, it's not changed since I started with them. They (office staff) have called me and asked me if I'm ok with everything and I said Yes. If there was any problem I would ask."

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 (AIS). 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 operation manager told us that documents can be provided in different formats if this was required.
- People who used the service told us that the service provided staff who spoke to people's native language if this was possible.
- Records viewed documented people's communication needs, however, they provided little detail how these needs were met. For example, one care plan stated that the person was hard of hearing but there was no further information how the person was supported around this.

We recommend that the service sought national guidance in implementing the AIS within a home care setting.

Improving care quality in response to complaints or concerns

- The service had a system to record and respond to complaints and concerns raised by people who use the service and relatives.
- The service had a complaints procedure and staff spoke positively about complaints and how they would respond to them. One care worker said, "There is a complaints procedure in place, I have never had a complaint but if I did, I would report it to the office and there might be an investigation."
- People who used the service and relatives told us that concerns and complaints raised with the service had been dealt with satisfactorily. One relative said, "I made a complaint about the carers not turning up. They resolved the issue quickly." One person said, "In the first two weeks I used the agency we had some teething issues, I mentioned it and it has all settled down now."

#### End of life care and support

- The service currently does not provide end of life care. However, we saw that there were systems in place if this would be required. For example, the service had an end of live policy and staff had received end of live care training as part of their induction.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- The service had a quality assurance monitoring system which were found not to be fully effective.
- The service internal monitoring system from July 2022 to September 2022 did not highlight the shortfalls in the management of risk and planning of person-centred care found during this inspection. Information from assessments undertaken by external health care professionals were not transferred to risk management plans and care plans. This was a risk that people who used the service did not receive the care they needed.
- The lack of robust quality assessment of accidents and incident was a risk that lessons were not learned and risk to people in relation to such events were not reduced.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance

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

- The service lacked a positive person centred, open, inclusive and empowering culture.
- While people who used the service generally spoke positive about the care, they had received from Loyal Care Consortium Ltd, records viewed did not always confirm this. Care records lacked detail and information of how care staff meet people's needs holistically.

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 leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.

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

- People who used the service, relatives and staff were asked to formally and informally contribute to the service they provided, and the service considered peoples equality characteristics.
- The service undertook a service users survey (over 80 people responded) in May 2022 and a staff survey in April 2022 (52 staff responded). The service users' surveys looked at staff competence, quality of care, time keeping and support from office staff. The overall feedback was mostly rated 'excellent' and 'very good' with

a very small number of rating the service provided as poor. The staff survey looked at staff support, travel times between care calls and understanding of policies and procedures. The overall response from staff painted a similar picture to the service users survey. The operation manager told us that the information collated during these surveys was used to make overall improvements to the delivery of care and had partially triggered to change the electronic care plan monitoring system.

- The service was also carrying out regular spot-checks and telephone surveys which allowed the service to monitor the care people received ongoing.
- People who used the service provided us with examples that the service tried to provide staff from the same cultural background who were able to communicate with people in their own language. This ensured people were able to tell staff what support they needed and minimised communication barriers. People also told us that staff demonstrated cultural awareness by covering their shoes when entering their home.

#### Continuous learning and improving care

- Staff and management at Loyal Care Consortium demonstrated willingness to learn and make improvements to the quality of care provided.
- Since the last inspection, the service had increased the number of people who used the service from below 10 to 119 at the day of our inspection visit. Within three years, the service had rapidly expanded. Following our inspection, we provided the service with feedback of our findings and were provided with reassurance from the management team that they will make improvements and act on our concerns and findings.

#### Working in partnership with others

- The service worked closely in partnership with local hospital discharge teams to ensure people who used the service were only discharged from hospital when this was safe to do so and the appropriate equipment was in place. The operations director and care co-ordinators told us that this had been challenging but the work was ongoing to ensure the service was able to meet people's needs when providing care and support.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider was failing to ensure people received care and support in line with their needs and preferences.</p> <p>The service did not follow and include assessments from a competent health care professional or other competent person to balance risks and benefits for service users.</p> <p>Regulation 9 (1) (a) (b) (c) (3) (a) (b) (c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care was not provided in a safe way for service users. The service did not do all reasonably practicable to mitigate and manage risk to the health and safety of service users of receiving the care and treatment.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have established systems and processes operated effectively to assess, monitor and improve the quality and safety of the services provided.</p> <p>Regulations 17 (1) (2) (a)</p>

