Lord's Care Solutions UK Ltd

Lord's Care Solutions UK LTD

Inspection report

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14 May 2021

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Lord's Care Solutions UK Ltd is a domiciliary care agency providing personal and nursing care to 74 people at the time of the inspection. Some of these people may be living with dementia, physical disabilities or sensory impairments.

People's experience of using this service and what we found
Governance systems required strengthening. Audits had been completed; however, they had not always identified issues we found, or issues were not dealt with in a timely way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

We have made a recommendation about staff training with regards to the Mental Capacity Act (MCA).

People told us staff sought consent before commencing any support tasks. The service had an end of life policy in place and people received care personalised to their needs.

People were protected from potential abuse as there were systems and process in place to safeguard people from abuse. People could be assured they were having their medicines as prescribed. Staff were safely recruited by the provider and staff wore PPE in line with government guidance. Staffing levels were adequate to meet the needs of people.

The provider supported people to access healthcare service where necessary. People were supported to eat and drink enough to maintain a balanced diet. Staff had received training to support people effectively.

People were supported by caring staff who respected their dignity and privacy. People were able to express their views and be involved in making decisions about their care.

Both people and staff felt management were approachable and their views were sought about the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 15 August 2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on its registration date.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Lord's Care Solutions UK LTD

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 Care Act 2014.

Inspection team
The inspection team consisted of two inspectors 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 Expert by Experience contacted people and relatives by telephone and the two inspectors visited the office location.

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because we needed to ensure the registered manager was available to speak with us.

Inspection activity started on 12 May 2021 and ended on 14 May 2021. We visited the office location on 12 May 2021.

What we did before inspection

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

During the inspection
We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with 13 members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the registered manager, manager, care coordinator and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection
- People were protected from the risk of cross infection as appropriate measures were in place.
- Staff told us they had received training on how to put on and take off Personal Protective Equipment (PPE), however when taking off PPE most staff told us they take it off in a different order than that of government advice. We spoke to the provider about this who said they would put on more training and do more spot checks with staff to ensure they follow the correct procedure.
- People told us staff wore PPE such as gloves, aprons and masks. One person told us, "Yes, they [carers] always [wear PPE]".

Systems and processes to safeguard people from the risk of abuse
- People were protected from potential abuse as there were systems and process in place to safeguard people.
- Staff informed us they had received training with regards to safeguarding people and knew their responsibilities to recognise and report suspected abuse.
- The provider had a safeguarding policy in place and had made safeguarding referrals to the Local Authority as necessary.

Assessing risk, safety monitoring and management
- People told us they felt safe. One person told us, "Very much so." Whilst another told us, "Yes, they are very good [the carers]."
- One relative told us, "I have confidence in the people." With another relative telling us, "They are all very good. They make sure [persons name] is fully strapped in the hoist and assist, the two of them. They are very careful."
- Risk assessments had been completed, such as environment hazards within people's homes and where people were supported with equipment, manual handling risk assessments were in place.

Staffing and recruitment
- The provider followed safe recruitment procedures to ensure new staff were safely recruited. These checks included Disclosure and Barring Service (DBS) checks for staff. DBS helps employers make safer recruitment decisions.
- There were enough staff to keep people safe. People told us generally staff were on time with one person saying, "More or less, unless they are stuck in traffic." A relative told us," Yes, they are always on time, rarely they are late."
- Staff told us that overall, they had enough travel time in-between calls and we saw evidence which

supported this.

Using medicines safely
● People could be assured they were having their medicines as prescribed.
● One person told us, "They [staff] do all my medication. When they come in, they put all the medication ready and bring it up. Whatever I ask them to do, they do to the best of their ability."
● Medication Administration Record (MAR) charts were in place and where people had 'when required' medication, protocols were in place to help staff know when to administer these medicines.

Learning lessons when things go wrong
● Lessons were learned when things had gone wrong.
● Accidents and incidents were recorded and audited and action taken where necessary.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

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
- We saw completed MCA documentation in place, however it was not decision specific. For example, personal care and medication had been considered under the same decision, which is not in line with the MCA.
- Although staff had told us they had received training on the MCA, they could give us little detail about what this meant to them and how it applied to people they supported.

We recommend the provider put measures in place to ensure learning of the MCA is effective and ensure each capacity assessment completed is decision specific.

- People told us staff did seek consent. One person told us, "Yes, I have never had anyone just put something to me and not ask me first." A relative told us, "Yes. They say, are you happy for me to do this?"

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's care needs had been considered and assessed. The service worked with the Local Authority when initially assessing people's care needs. For example, information about people's support needs were taken from the local authority's care plan.
- One person told us, "They have got used to me now, know what I can and can't do."
- Support plans were personalised to people's needs, for example, which flannel a person used when they were supported with personal care.
- Within the support plans, the provider had considered people's cultural, religious and sexuality needs.

Staff support: induction, training, skills and experience

● People told us staff had received the correct level of training to support them. One person told us, "Yes, they are [well trained], the ones I have at the moment are. I've never had anyone who has not been competent and well trained."

● A relative told us, "They all seem to be managing well, as far as we are concerned, they are good. No concerns."

● Staff told us they had received enough training to carry out their role and we saw evidence of the training staff had completed.

● Staff told us they received regular supervision.

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

● People were supported to have a balanced diet if they needed assistance with food and drinks.

● One person told us, "They make me porridge in the morning. I try to eat a little bit myself, but if I need it, they will feed me."

● The service had just started to work with somebody who needed support in this area, and we saw a fluid chart had been put into place with a target set.

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

● People were supported to access healthcare service where necessary.

● One person told us, "Yes, they do everything. They will call in for medicine if necessary."

● A relative told us, "They will access the district nurse, and if there's a problem with [medical aid name] the district nurse will come out when they ask."

● Care plans referenced input from professionals such as the dietician.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People were well supported by staff and treated with respect.
- One person told us, "Staff are very, very caring. They say, is there anything else you want us to do for you? They always say that before they go."
- A relative told us, "They are always efficient and cheerful. They chat to [relatives name]."

Supporting people to express their views and be involved in making decisions about their care
- People were involved in making decisions about their care. We saw telephone reviews had taken place and the provider had consent forms in place, which people had signed if they were able. If they were unable to due to a physical condition, verbal consent was gained.
- One person told us, "Whatever I ask, they will do their best." Another person told us, "That's my decision [talking about personal care], they listen to me."
- The service actively sought the views of people using the service by sending out questionnaires. The questionnaires were then audited, with mostly positive results.

Respecting and promoting people's privacy, dignity and independence
- People had their privacy and dignity promoted.
- One person told us, "They [staff] are very good on that. When I go into the bathroom, they are very careful, they make sure the curtains are always shut in the bedroom."
- A relative we spoke with told us, "They [staff] are talking to [relatives name] all the time, they help [relatives name] to do as much as possible."
- Staff were able to explain how they respected people's privacy. One staff member told us when undertaking personal care they, "Always make sure I cover the person with a towel, so they are not exposed and comfortable."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care to ensure they had choice and control. Care plans included people's life histories and desired outcomes. This was so people could engage in things they liked and knew about.
- People told us staff gave them choice and control. One person told us, "I say to them, I don't really feel like a big meal. They will say what would you like, would you like to choose a snack?"
- People were given the choice between male or female carers.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. People's communication needs were assessed and recorded as part of the support planning process. For example, if somebody uses a communication aid this was documented in the persons support plan.
- One staff member told us how they had supported a person with dementia to understand why they had to wear masks along with the rest of the PPE due to COVID-19.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where appropriate staff supported people to continue their routines. For example, if somebody liked to go out and fetch their lunch, they were encouraged to continue to do this.
- One person told us, "I think they [the carers] are pleasant. They talk to me and that's my main thing. They come every day." Another person told us, "Sometimes I feel a bit down and they jolly me along."

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place, and complaints had been responded to accordingly.
- People we spoke with told us they knew how to make a complaint if necessary. On person said, "I am sure I would ring [person's name] if I had anything to complain about, and I am sure they would sort things out."
- A relative told us, "If anything was worrying me, I would go to Lords and if I wasn't satisfied, I would go to Social Services. But I haven't had to do that [make a complaint]."

End of life care and support

- There was an end of life policy in place.

- The service was in the process of introducing a staff member who would be an end of life champion.
- The service had assessed end of life wishes for people, where appropriate.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the service management and leadership was inconsistent. Leaders 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

- Governance systems required strengthening. Although audits were undertaken, they had not always identified issues. For example, we found mental capacity assessments that were not decision specific. Where audits had recognised issues action had been taken, however this was not always in a timely way. For example, MAR's had been audited but action to rectify the issue had not taken place until two months later.
- The provider had a range of policies to guide staff about their roles and responsibilities.

Continuous learning and improving care

- The provider had introduced a new system for recording how people were supported during care visits to people. However, feedback we received from staff was negative about the new system. Issues included not being able to access some information on the system. For example, the previous care visit notes could not be accessed, which meant they may not have the most up to date information about the person.
- We spoke to the nominated individual and registered manager about this who stated they were aware of the issues and had made the decision to revert to the previous system they had used. They informed us this switch would be imminent.
- Information gathered from the PIR stated the service have had a management restructure, resulting in internal promotions. This had a positive impact on people who used the service as people were already familiar with these staff.
- The provider had sourced a new training provider to provide training to staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duty of candour and we saw evidence where they had acted on the duty of candour.
- People who used the service and their relatives spoke positively about the service and support provided. Comments made included, "I am very, very, very happy" and "They are excellent, yes. I have got no quibbles whatsoever. They come when I want them. I feel I can ask them anything."
- Staff felt supported, with one staff member telling us they were a, "Close knit [team] and everyone seems to care about every single client and the communication is brilliant."

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

characteristics

● The provider had methods for engaging with people and staff to gather their feedback. These included surveys and meetings. We saw responses from the most recent survey were positive.

● People we spoke with told us they knew how to contact the office if necessary.

Working in partnership with others

● The service worked in partnership with others. One professional we spoke with told us the service had done, "such fantastic work with [person's name]."

● Information from the PIR stated the service were able to submit their own referrals to community nurses, occupational therapists, physiotherapists, and chiropodists if they felt a referral needs to be made.