

Liznett Care Services Ltd

Bexley

Inspection report

59 Galleon Close
Erith
Kent
DA8 1AP

Tel: 01322438057
Website: www.liznettcare.co.uk






Date of inspection visit:
20 April 2017

Date of publication:
13 June 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 20 April 2017. This was the first inspection at the service. We gave the provider 48 hours' notice that we would be visiting to ensure the registered manager would be at the service.

Bexley is a domiciliary care agency that provides personal care for people living in their own homes. At the time of this inspection 10 people were using the service.

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

During our inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because risks to people had not always been assessed or staff were not aware of how to manage identified risks safely. People did not always have care plans in place to ensure the service was meeting all of their needs. People's nutritional needs and preferences were not always documented. Staff recruitment records did not always contain fully completed application forms, references or up to date criminal records checks. You can see the action we have asked the provider to take in respect of these breaches at the back of the full version of the report.

There were safeguarding adult's procedures in place which were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. The service had systems in place to manage accidents and incidents whilst trying to reduce reoccurrence.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals. There were enough staff on duty to meet people's needs and there was an out of hours on call system to offer support to staff if needed.

Records confirmed staff training was up to date. Staff received supervision and training appropriate to meet people's needs and to enable them to carry out their roles effectively. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

People's consent was sought before care was provided. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation. At the time of inspection the registered manager told us people they supported had the capacity to make decisions for themselves. People had support to access health care appointments if needed.

People were treated with kindness and compassion and people's privacy and dignity was respected. People were provided with information about the service when they joined in the form of a 'service user guide' which included the service's complaints policy.

People and their relatives were involved in their care planning and staff respected their wishes and met their needs. Care plans were reviewed on a regular basis. Peoples' care files were kept both in people's home and in the office. People were supported to be independent where possible such as attending to some aspects of their own personal care.

People and their relatives knew about the home's complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

People told us they thought the service was generally well run and that the registered manager was supportive. There were systems in place to carry out staff spot checks to ensure consistency and quality was maintained whilst supporting people in the community. The registered manager was aware of their responsibilities as a registered manager in relation to notifying CQC about reportable incidents.

There were some processes in place to monitor the quality of the service provided, however these have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not safe.

Risks to people had not always been assessed or staff were not aware of how to manage identified risks safely.

Appropriate recruitment checks had not always taken place before staff started work.

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

There were systems in place to manage accidents and incidents.

There were enough staff to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff had completed induction training when they started work and mandatory and refresher training for staff was up to date. Staff received regular supervisions and annual appraisals.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

People had access to health care professionals in order that they maintain good health.

Is the service caring?

Good 

The service was caring.

Staff delivered care and support with kindness and consideration.

People told us they were involved in their care planning.

People were treated with respect and their dignity was protected.

People were provided with information about the service when they joined and we saw they were provided with a copy of the provider's service user guide.

Staff encouraged people to be as independent as possible.

Is the service responsive?

The service was not always responsive

People's support; care needs and risks were not always identified, assessed and documented within their care plan.

People's needs were reviewed on a regular basis.

People were aware of the complaints procedure and given information on how to make a complaint.

Requires Improvement ●

Is the service well-led?

The rating for the key question well led at this inspection has been rated 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

People told us they thought the service was generally well run. Staff said there was a good atmosphere and open culture in the service and that the registered manager was supportive.

The provider took into account the views of people using the service, relatives, healthcare professionals and staff.

There were some processes in place to monitor the quality of the service provided, however where implemented these have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Requires Improvement ●

Bexley

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 was 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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also spoke with the local authorities that commission the service to obtain their views.

This inspection took place on 20 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be there. The inspection team comprised of one inspector and one 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.

We spoke with eight people who used the service, six relatives, one member of staff and the registered manager. We reviewed records, including the care records of five people who used the service, six staff members' recruitment files and training records. We also looked at records related to the management of the service such as quality audits, accident and incident records and policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they felt safe and felt well supported by the agency. One relative said, "Yes they make [my relative] feel very safe". Another relative said, "They are just nice people, they do their job adequately." Although comments from people and their relatives that we spoke with were positive we found some risks to people were not always assessed and monitored to ensure people's safety.

Risk assessments regarding medicines, falls and eating and drinking were either not undertaken or did not always have information and guidance for staff on how to support people safely. For example one person who was supported to take medicines did not have a detailed risk assessment in place about the risks in relation to their medicines management and how they would be managed. People who had suffered falls did have a risk assessments in place; however, there was not always detailed guidance in place for staff on how to manage risks related to falls. Where people were scored as being at high risk there was not always guidance for staff detailing how people should be supported. For example, such as ensuring people were wearing appropriate footwear, ensuring the environment was clutter free and the type of support they needed such as a particular walking aid or staff just walking with them.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought this to the attention of the registered manager who told us they would carry out medicines risk assessments where required immediately and would ensure that all people at risk of falls would have detailed information and guidance in care plans to help staff support people and meet their needs safely. We will follow up on this at our next inspection of the service to ensure improvements have been made.

Other risk assessments including fire, moving and handling, environment and diabetes were carried out and retained in people's care files. For example, it was identified that one person had unsecured cables protruding from under their bed so it was a potential trip hazard. We saw the service had brought this to the attention of the person's family who had taken action to remedy this.

Robust recruitments checks were not in place to ensure staff were suitable for their roles. Six staff recruitment files were checked and we found that in three cases, up to date criminal record checks had not been undertaken. Although application forms were completed we found that four staff members' full employment history and consideration of any gaps in employment had not been maintained and five staff members complete education histories were not recorded. This meant we could not be assured that the provider had taken sufficient action to ensure staff were of good character and suitable for their roles.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The registered manager told us they thought criminal records checks were portable, in that criminal record checks from previous employers could be carried forward to their present employment. We saw that the

manager had recently commissioned an external audit which had identified that up to date criminal checks were needed and there was a deadline of 30 April 2017 to have these completed by the registered manager. The registered manager confirmed that staff without current criminal record checks would not carry out any work until these new check were received by the service. The registered manager also told us they would follow up with all staff to ensure staff files included details of their full employment history and reasons for any gaps in employment as well as education histories following our inspection. We will follow up on this at our next inspection of the service to ensure improvements have been made.

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated an understanding of the type of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The manager told us that all staff had received training on safeguarding adults from abuse and training records confirmed this. Staff told us they were aware of the organisation's whistleblowing procedure and would use it if they needed to.

We saw medicines were administered and recorded appropriately. Medicines were signed for by staff after they had been administered. This meant that people received their medicines as prescribed by health care professionals. We checked Medicine Administration Records (MAR) charts and found they were up to date, legible and did not contain any gaps. People told us they were happy with the support they received with managing their medicines and staff had received medication training. One relative told us, "[Staff] make sure; [my relative] has their medication in the morning and the evening ones."

The service had enough staff to meet people's needs, records confirmed this. One staff member told us, "Yes we do have more than enough staff at the moment." There were systems in place that ensured people received their care on time. The registered manager told us staff carried a mobile phone with them during working hours so that the office could contact them to ensure they arrived on time to provide care. The registered manager and staff told us that travelling time was factored into people's appointments. People and the relatives told us staff were punctual. One person said, "Yes [staff] are on time".

The registered manager showed us that the service was in the process of moving to an electronic call monitoring (ECM) system within the next month to ensure that people's needs could be met in a timely way. The ECM system is a live computer system that would show office staff via a display screen when staff were travelling between visits, were running late, when they had arrived and how long they had spent with people. The service had an on call system to make sure staff had support outside the office working hours. For example, staff told us this enabled staff to contact the office for support should they need it.

The service had a system to manage accidents and incidents, however there had been no accidents or incidents reported. The registered manager told us that if there was an accident or incident they would ensure that they would follow the procedure for recording accidents and incidents, for example by recording what happened and what action was taken. The registered manager also said that learning from any incidents would be disseminated to staff during staff meetings and supervisions.

There were arrangements in place to deal with possible emergencies. Staff told us what to do in response to a medical emergency, fire or bad weather. Records confirmed that staff had received first aid and fire training.

Is the service effective?

Our findings

People and their relatives told us they thought staff were competent and knew what they were doing. One person told us, "I think [staff] are pretty good at what they do." Another person said, "Yes [staff] seem to have been pretty well trained from what I've seen." A third person said, "I think staff are trained very well."

We saw staff had completed an induction programme when they started work. Staff also told us they had completed all mandatory and refresher training which included safeguarding, fire safety, moving and handling and medicines. Records confirmed staff training was up to date. One member of staff told us, "All my training is up to date and I get all the training I need." Staff told us they received regular supervisions with their manager which they found supportive. Records confirmed that staff were supervised four times a year in line with the provider's policy. Annual appraisals for staff were not due they had been working for the provider for over a year.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 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.

We checked whether the service was working within the principles of the MCA and to ensure that there were arrangements in place and that the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions themselves. The registered manager told us that all of the people using the service had been assessed as having capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives if appropriate, and any other relevant health care professional to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Staff were able to demonstrate their understanding of the MCA 2005 and understood the need to gain consent when supporting people. One staff member said, "I do always ask people for their consent before helping them". Staff also demonstrated that they were aware of what to do if a person using the service refused support. One staff member said "If people refuse support that is their choice, I re-check if they want assistance before I leave. If not I respect their decision".

One person told us, "[Staff] ask me what I would like for breakfast and I tell them when they ask me." One relative said, "[Staff] help my relative with breakfast and lunch." We saw some people were supported to eat and drink and this was recorded in their care plan. Staff were aware of people's needs and assisted with

food that had been provided by people's families.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring in the way in which support was given to them. One person told us, "Yes [staff] are definitely caring, absolutely yes." Another person said, "Yes [staff] are very good and caring,"

Staff we spoke with were able to describe the individual care needs of people who used the service. For example, the time people liked to get up and go to bed. One relative told us, "I think [staff] are compassionate, when [my relative] has been in pain a lot, [staff] will rub [their] legs a bit more, offer them a cup of tea, they will try to make them comfortable." This meant staff were able to ensure that people's needs were met and delivered in line with their care plan.

The registered manager and staff we spoke with knew people well and what they liked and disliked, such as what time they liked to get up and go to bed. One staff member said "My client likes to have to have a chat, I do spend time with [them] and have a talk about everyday things".

Staff had an understanding of equality and diversity and we saw that care records documented people's choice of faith. The registered manager told us that people's families usually escorted them to their place of worship, but if it was ever required they would provide this service. For example, one person's family requested that staff accompany their relative to a wedding in a place of worship to provide the care and support they needed. The service was able to provide this support so the person could join in with celebrating the wedding.

Staff told us they maintained people privacy and dignity whilst providing support. One staff member told us, "I always close doors and curtains." One relative told us, "Yes [staff] always cover my relative when giving personal care." Another relative said, "[Staff] respect my [relative's] privacy." People were supported to be independent where possible, for example to wash their faces or eat meals. One person told us, "I am independent but staff help me if I need it."

Staff told us that care plans were located within their own homes and had access to people's identified care needs and risk assessments. One staff member said, "I always look at people's care plans to make sure there are no changes to people's care."

People's information was treated confidentially. Care records were kept in people's homes and stored securely in locked cabinets in the office. Only authorised staff had access to people's electronic records. Staff files were also securely locked in cabinets within the office and only staff authorised to view them had access to them.

People were provided with appropriate information about the service, this was given to people when they started using service and included information on the standard of care to expect and the services provided. This also included the provider's complaints policy and procedure.

Is the service responsive?

Our findings

People and relatives told us that staff carried out their duties as discussed and in accordance with their care plan. One person said, "Yes [staff] absolutely know what they are doing."

People and relatives told us they were involved and consulted about their care and support and their individual needs were identified and respected. One relative told us, "Yes, we are involved and asked to go through the [care plan] and check everything is ok and the [registered manager] also reviews it." Another relative said, "Yes we are involved and there is a file on my [relative's] table and [staff] update it every day." However, improvements were needed as care plans were task based and did not reflect people's likes, dislikes and preferences so any new staff who were not familiar with people's choices likes, dislikes and preferences had access to this information to ensure that people's care needs were adequately being delivered. The registered manager told us that all care plans would be updated with any missing information by 30 April 2017. We will follow up on this at our next inspection of the service to ensure improvements have been made.

Pre-assessments of people's needs were carried out when people joined the service. The registered manager told us that prior to any person being accepted by the service an assessment of their needs was undertaken by a team leader to ensure the service could meet their needs.

Care files did include individual care plans addressing a range of needs such as communication, personal hygiene and physical needs. Care files also contained daily progress notes that detailed the care and support delivered to people. People told us they had a choice in the gender of their carer. One relative said, "We made it clear that we didn't want male [staff] so [the office] sent two female [staff] that we have all the time." Staff knew people well and remembered things that were important to them. For example, one person enjoyed listening to different types of music and staff took the time to listen and talk about music.

We saw the service had a complaints policy and complaints log in place. Although the service maintained a complaints folder they had not received any complaints to date. However, the registered manager said if they did they would follow the complaints process to investigate the matter. One relative told us, "We have not had to make a complaint."

Is the service well-led?

Our findings

People and their relatives were positive and complimentary about the care and support they received and the way in which the service was managed. They told us they thought the service was well run. One person said, "I am very impressed with the way they run the service, they are really very good. I am very grateful we've got this agency." Another person said, "[The registered manager] is good as gold, the care is managed well."

Staff told us they were happy working in the service and spoke positively about the leadership which was receptive to staff input. One staff member told us, "The registered manager is very good. They are great with clients."

There were some processes in place to monitor the quality of the service and the registered manager recognised the importance of this. Records demonstrated regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people using the service. These included care plans and staff files. However improvement was required because care plan audits carried out by the provider had not identified that some people's care plans did not include relevant guidance on how to manage identified risks. The registered manager also confirmed that the service did not undertake any audits or checks of people's medicines to ensure these were safely managed.

We saw that there was an action plan in place to rectify some of the issues we found at our inspection, however, this had not been fully completed at the time of this inspection as the deadline for completing all actions on the action plan was 30 April 2017. Therefore not all identified risks had been actioned to ensure that people received safe care and support.

The rating for the key question well led at this inspection has been rated 'Requires Improvement' at this time as systems and processes had not been implemented and where they have been implemented they have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

The service had a registered manager in post. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture that was open where they felt able to speak out if they were worried about quality or safety.

The service took account of the views of people using the service through regular surveys. We saw that the provider carried out an annual service user survey for 2017; however, although the feedback received was positive, the number of completed surveys returned was very poor. To try and gain people's views in the absence of completed surveys, the registered manager and senior staff visited people in their homes to gain feedback which was positive. For example, one person told us, "We see the [the registered manager] on a regular basis, and we chat so he would know if I was not happy about anything." Another person said, "Yes [the registered manager] has been in to see me a couple of times." The registered manager told us that if there was any negative feedback this would be analysed and the information would be used to produce an

action plan and make improvements at the service.

We saw spot-checks were carried out to ensure that staff were punctual, completing records and were meeting people's needs. There had been no issues identified. This enabled the managers to have an oversight of the service and to remedy any risks which might affect people's health, safety and well-being.

Although to date the manager has not had a need to submit any notifications to the CQC, they were aware of the requirement to do so as required. A notification is information about important events which the service is required to send us by law.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people had not always been assessed or staff were not aware of how to manage identified risks safely. People did not always have care plans in place to ensure the service was meeting all of their needs.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Staff recruitment was not robust. Records did not always contain fully completed application forms, references or up to date criminal records checks.</p>