Ezer Leyoldos Limited

Ezer Leyoldos Domiciliary Care Agency

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 caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on 15, 19 and 27 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for children and adults; we needed to be sure that someone would be in.

Ezer Leyoldos provides personal care to children and adults in their own homes. The agency specialises in supporting Orthodox Jewish families. At the time of this inspection five people were receiving a service.

There was a registered manager at the service; however she was not managing the service at the time of our inspection. Another manager had taken over the day to day running of the service but the provider had not begun the process of registering this manager with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected from risks to their health and wellbeing because risks to people who used the service were not appropriately assessed and managed to protect them from avoidable harm.

The practice of prompting people to take their medicines was not always managed safely because the type of medicine and the time it was prompted was not recorded.

There were enough staff at the service but the provider could not be assured that they had received all training necessary for them to carry out their duties. In addition, newly appointed staff were not given time to shadow more experienced staff to ensure they were clear about how to meet people's individual needs.

The service was not organised in a way that always promoted safe care through effective quality monitoring. Contrary to the provider's policy, the provider had not implemented a system to audit different aspects of the service. Care records were not personalised and did not contain enough information to ensure staff knew the appropriate care to provide, for example when helping people to eat and drink.

People were protected from the risk of potential abuse. Relatives told us that the service was safe and a thorough recruitment system meant people were supported by staff who were suitable for work in the caring profession.

People's health needs were generally met by their relatives and there was evidence that the provider worked collaboratively with healthcare professionals when required.

The provider followed the latest guidance and legal developments about obtaining consent to care. Staff used a range of communication methods to support people to express their views about their care.

Staff developed caring relationships with people using the service and relative's opinions of the care staff were overwhelmingly positive. People were supported to maintain their hobbies and interests. Care staff respected people's diversity and privacy and provided care that was based on individuals' preferences.

The provider gave opportunities for people to feedback about the service and staff and relatives felt that the culture at the service was open and approachable.

We made one recommendation in relation to the prompting of medicines. We found three breaches of the Regulations around safe care and treatment, staffing and good governance. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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

Aspects of the service were not safe. Risks to people's health and wellbeing were not managed appropriately.

The provider was not following best practice about prompting medicines.

People were protected from the risk of potential abuse.

People were supported by enough staff and the provider had carried out appropriate checks to help ensure they were fit to work in the caring profession.

Is the service effective?

Requires improvement

The service was not always effective. Staff did not receive the training necessary for their roles and staff did not receive an adequate induction programme.

People's nutritional needs were not always managed adequately.

The manager and staff understood the legal requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. Staff had developed compassionate relationships with people.

People's privacy and diversity was respected.

Is the service responsive?

Requires improvement

Aspects of the service were not responsive. People were not always formally involved in planning their own care.

Care staff provided care tailored to the individual and supported people to maintain their interests.

Relatives felt able to raise complaints should the need arise.

Is the service well-led?

Requires improvement

The service was not always well led. The provider did not have effective quality monitoring systems in place.

Staff were not always supported to feedback about the running of the service.

The service had an open and collaborative culture.

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

The inspection took place on 15, 19 and 27 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff were are often out during the day; we needed to be sure that someone would be in.

The inspection was conducted by a single inspector. Before the inspection we reviewed the information we held about the service and statutory notifications received. During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spoke with the manager, the client service coordinator and an administrator. We looked at three people's care records, and three staff files, as well as records relating to the management of the service.

Subsequent to the inspection we made telephone calls to one relative and two care staff. We were unable to speak to people using the service by telephone due to their age or support needs.

Requires improvement

Is the service safe?

Our findings

People were not always protected from risks to their health and wellbeing because written risk assessments were not individualised for each person and they were not up to date. Four generic risk assessments were completed upon the commencement of care provision and these were not updated from that point on for example, to reflect a change in the level of risk. New activities were not analysed for any potential risk of harm they posed, nor were additional assessments completed to mitigate any associated risks.

Accidents and incidents were investigated and recorded appropriately but in one case a risk assessment had not been drafted in order to prevent the risk of harm happening again.

The issues above relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The prompting of medicines was not always managed safely. With regard to prompting medicines, the Royal Pharmaceutical Society guidance states "From your records, anyone should be able to understand exactly what you, the care worker has done and be able to account for all of the medicines you have managed for an individual. The service provider needs to decide on the way in which a care service keeps records." Although a log was made every morning to state that medicines were prompted the provider had not implemented a recording system to include the specific medicines and the time they were prompted. Nor was there a system in place for this practice to be routinely monitored to check for errors. The care plan did not contain detailed guidance for care staff to follow when prompting medicines.

People were protected from the risk of potential abuse. One relative told us, "Yes, it's safe. I know who to go to if it wasn't and they'd sort it out straight away." Staff had a good understanding of what may constitute abuse and how to report it. Staff felt they could approach the manager if they had concerns about the way people were treated. They were aware that they could escalate poor practice to outside agencies such as the local authority safeguarding team and the Care Quality Commission if they felt the matter was not dealt with appropriately internally. Staff were guided by an appropriate policy about safeguarding adults and children from abuse. The manager had a good understanding of her responsibilities in reporting allegations of abuse to the appropriate authorities and the one allegation of abuse in the past 12 months had been recorded and dealt with appropriately.

There were sufficient staff working at the service to meet people's needs. Relatives told us they felt there were enough staff to meet the needs of their family member and to cover the care package. One relative told us, "They never let us down. If there is a problem they would tell me and arrange for someone else to make up [the visit]." Staff were able to work flexibly to provide care when it most suited people rather than to a fixed schedule. Staff knew how to contact the manager in an emergency and out of office hours. Staff were confident they would get the support they needed at any given time.

A thorough recruitment system meant people were supported by staff who were suitable for work in the caring profession. We reviewed four staff files that contained criminal record checks, application forms, proof of their right to work in the UK and two references.

We recommend that the service seek guidance and support from a reputable source about recording the prompting of medicines.

Requires improvement

Is the service effective?

Our findings

Staff were not supported to obtain the necessary skills and knowledge for their roles. The manager told us that the provider did not provide any in-house training and rather recruited people who had a background in social care. They kept training certificates the staff member had already received in their staff file so as to ensure they had the appropriate skills. We reviewed three staff files and found that not all staff had certificates on file for training such as how to safeguard children from abuse. This was contrary to the provider's policies and statement of purpose which stated that the provider would provide all such training to care staff upon their employment. Furthermore, the provider could not be assured that staff kept their knowledge up to date with refresher training.

The provider did not provide specialist training where it was required, nor did they ascertain that staff had already completed specialist training. One member of staff assisted with percutaneous endoscopic gastrostomy feeds for the person they supported. The person's care plan stated that the staff member had the necessary qualifications to carry out this task but no evidence of such training had been requested by the provider and held in their staff file. This meant the provider could not be assured that the staff member was trained to carry out this task safely and were therefore putting the person at risk of harm although no incidents had been reported by relatives or staff.

Other support provided to staff was inconsistent. Staff reported that they were able to speak with the manager at any time they needed guidance and support and records demonstrated that staff received supervision sessions. However, there was not an effective induction procedure for new staff, such as a period of shadowing more experienced staff

The issues above relate to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to eat and drink enough but guidance for staff was inconsistent. The majority of people were assisted by relatives with their meals. Relatives told us that they were happy with the support received, one told us, "If they see the milk is running out they will tell me to have it in advance for the next day which is great." Despite this positive comment, support required from care staff was not always clearly explained in care plans although staff were able to explain how they adequately supported someone who they thought was at risk of chocking and followed advice from medical professionals this was not written in the person's care plan and therefore the provider could not be assured that if another member of staff was required to provide care in the absence of the regular care worker that the person would be supported safely.

People's health needs were generally met by their relatives. There was evidence in people's care records that the provider worked collaboratively with healthcare professionals such as dietitians, and the provider tended to contact the person's social worker in the first instance if they had concerns with regard to the person's health. Relatives informed us that they had no concerns about their family members receiving the correct healthcare support and a staff member gave us an example of when they had put into practice a GP's advice.

The Mental Capacity Act 2005 (MCA) provides the legal framework to protect and support people who do not have the capacity to make specific decisions. The manager had a good working knowledge of current legislation and guidance. We noted that the provider was not restricting anyone's liberty so no applications to the Court of Protection had been made. Care staff had a good understanding of mental capacity. For example a member of staff told us, "You assume everyone has capacity and if it is decided they don't have capacity to make a particular decision then we talk to their social worker to make a decision in their best interests." Records demonstrated that the service had involved health and social care professionals to support people to make decisions about their care.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. A relative told us, “They do excellent. They are very good carers. [My family member] loves them and looks forward to them coming.” Staff had developed a good rapport with people and they reported that they were able to spend lots of time talking and getting to know them and were able to build their confidence.

The provider ensured consistency in care staff. The manager told us, “We look at who is available and appropriate. We make sure that staff are culturally aware and know how to work within the community. We match staff with the needs of the client.”

People told us they were involved in the day to day care decisions about their care and treatment. A relative told us, “The carer really takes the time to explain things to [my family member].” Staff explained that they offered the people they support, including adolescents, choices about what they wanted to do and the care tasks they performed. One member of staff said, “I always make sure I give [the person] all the information and give them options so [they understand]. [The person] was talking and [the person] makes the decision.”

Staff knew how to communicate with people who could not fully verbalise their views to ensure they had understood what they wanted to do. Staff described how they supported someone to feel confident and relaxed with them to discuss what they wanted to do. A relative told us that staff had developed a way of communicating and that the care worker was “excellent” at reassuring their family member when they were upset or worried.

People’s diversity was respected. Relatives told us that care workers took into account their family members culture and religion, one said, “Yes, they do it very nicely. I appreciate it as I don’t have to keep telling them.” The provider had considered people’s backgrounds and gender when matching them with care workers. For example, we noted that one care worker spoke the same language and dialect as the person they supported and that they discussed the person’s background and their home town. Records demonstrated that people were supported to attend places of worship and partake in religious ceremonies.

People’s privacy was respected. Relatives told us that staff members were discreet when talking about sensitive information. Staff were aware of how to promote dignity, “Any time we go to the bathroom we make sure door is shut. I make sure [the person] has [their] morning clothes and [they] can go and put them on.”

Requires improvement

Is the service responsive?

Our findings

The provider was inconsistent in involving people in planning their own care. We found that people were referred by social services and the referral assessments were in their care records. However, in the case of one child this was not developed into a personalised care plan that would guide staff on exactly how the person would like to be supported. A member of staff told us that it would be good if the care plans reflected the work that was carried out on a day to day basis so that other staff members may follow it if needed. We noted that the provider involved social services in decisions about people's care based on correspondence we reviewed but there was no evidence that there was an attempt to explain this to the person using the service. Other care records were signed by a parent to evidence their involvement and one relative said, "Yes, I'm involved. We discussed the care plan."

In practice, care staff provided care that was tailored to people's needs, likes and dislikes. A relative told us about different times when the member of care staff had shown understanding of the issues that would have affected a child of their family member's age and explained the support given to meet these needs. Care staff spoke about working with someone to increase their wellbeing in certain situations and the steps they took to support them, for example, including a person's love of swimming in care tasks to build their confidence. In one person's care records we noted a signed agreement between the person and their care worker which denoted the respectful way they were to be supported given the person's role within their family and their standing in the community.

People were supported to maintain their hobbies and interests. We noted that staff had an understanding about what was suitable for a person's age. For example, we noted that an adolescent was encouraged to maintain their interest in sports by arranging games of football in the park or to watch a local cricket match and to play tennis games on a games consol. Relatives that had completed the provider's questionnaires fed back that they were very happy to leave young children with care staff and that they were given lots of stimulation.

The provider gave opportunities for people to feedback about the service. We noted the provider carried out questionnaires and occasional telephone calls or home visits to get feedback about the service. Relatives felt they could raise complaints if they needed to, "Yes, I could always go to [the manager] and they would help me with it." We noted that no formal complaints had been raised in the previous 12 months.

Requires improvement

Is the service well-led?

Our findings

The service was not organised in a way that always promoted safe care through effective quality monitoring. Contrary to the provider's policy, there was not a system of auditing different aspects of the service, such as care records and medicine management, to assess areas that required improvement. The manager told us, "We don't have any of that because of the size of the organisation." However, the areas for improvement that we had identified had not been picked up by the provider and there were not any improvement plans in place.

The issues above relate to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager at the service; however she was not managing the service at the time of our inspection. Another manager had taken over the day to day running of the service but the provider had not begun the process of registering this manager with the Care Quality Commission. It was considered by the provider that this may have blurred areas of responsibility and a reason why the service was not being robustly monitored.

The provider obtained feedback about the quality of care from people who used the service. Questionnaires were given to people's relatives to complete and responses were overwhelmingly positive. A typical comment was, "The care is excellent … I am confident they are getting the care and attention [they need]." The provider also had a child-friendly version of a questionnaire which they could use if appropriate.

The provider was inconsistent in monitoring the performance of staff. There was not a system in place to complete a spot check on each member of staff whereby a senior member of staff could assess the work being carried out and provide any support if improvements were needed. Therefore there was not a forum to discuss whether staff were meeting objectives and whether they were up to date with training requirements.

There was an open, flexible and positive culture at the service. Relatives told us that the manager was approachable. One care worker explained that senior staff were "welcoming, friendly and professional." Another said, "It's one of the most welcoming organisations I've seen." Staff we spoke with told us that they felt confident to raise any concerns they had and could suggest ways of supporting people better in informal settings. However, there were not any formal meetings that involved care staff so staff felt they could not feedback fully.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not assess all risks to the safety of service users and did not do all that was reasonably practicable to mitigate all risks. Regulation 12(2)(a) and (b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured staff received appropriate training to carry out their duties. Regulation 18(2)(a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have a process to monitor and improve the quality and safety of the services provided, to monitor and mitigate the risks relating to health safety and welfare of service users, and did not maintain complete records in respect of each service user Regulation 17(1), (2)(a), (b), (c), (f)