

# Eazy Innovations C.I.C.

## N1C

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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:

N1C is a domiciliary care agency providing personal care. The service provides support to adults with dementia, physical disabilities and those who require support with mental health. At the time of our inspection there were 5 people using the service.

People's experience of the service and what we found:

We identified shortfalls related to the governance of the service. The managerial quality audits were not carried out regularly. These included audits of care plans, risk assessments, medicines competency as well as staff personnel records. Such audits were needed to ensure the care was provided effectively, safely and in line with the current national guidelines.

We identified that some improvements were needed to people's care plans and risk assessments to ensure these were always person-centred. Nevertheless, we noted that due to the small size of the service, staff knew people's needs and preferences. This was because people were supported by the same staff who new them well.

People were protected from the risk of harm or abuse. Staff told us they had received regular safeguarding training and were able to explain their understanding of identifying and reporting safeguarding concerns. The registered manager demonstrated knowledge of how to handle safeguarding concerns appropriately and the relevant agencies to notify including CQC.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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 supported this practice.

Right Support

People told us they were encouraged to maintain independence and had choice over their care.

Right Care

People and their family members told us they were happy with the level of care they received. Staff provided person-centred care and promoted people's dignity, privacy and human rights.

Right Culture

People and their families said they felt able to raise concerns with their carers and the registered manager. They said, their concerns were listened to and acted upon.

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:

The last rating for this service was Good (published 6 April 2018).

Why we inspected:

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about the auditing of staff training records.

Enforcement

We have identified a breach in relation to the governance of the service.

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

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?

Good 

The service was Safe.

Details are in our Safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# N1C

## 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.

This service was inspected due to length of time since last inspection. At the last inspection this provider was rated as Good overall and in all areas.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28th November 2023 and ended on 7th December 2023. We visited the

location's office/service on 28th November 2023.

#### What we did before

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 a combination of onsite and off-site evidence gathering for this inspection. In addition to visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### During the inspection

Whilst on site we looked at all 5 people's care plans and risk assessments. We looked at 6 staff recruitment and training records. We also reviewed managerial audit files.

#### After the inspection

Following the site visit we spoke with registered manager about the service. We also spoke to 3 members of staff by telephone along with one person receiving care and one person's relative.

We reviewed the following policies for the service: health and safety, person-centred care planning, medications, safeguarding of vulnerable adults, recruitment selection and business continuity.

# 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 Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The safeguarding policy had a clear flow chart for action. Staff were given regular safeguarding training and those we spoke with showed a clear understanding of safeguarding risks and reporting procedures.

Assessing risk, safety monitoring and management

- People had individual risk assessments prior to beginning a package of care. The registered manager also carried out environmental risk assessments to ensure care could be delivered safely in people's homes without risk to staff or the person receiving care. These were reviewed regularly and updated when needs changed.

Staffing and recruitment

- All staff had undergone DBS checks, and this was recorded in staff files. We noted that two staff files had this information missing. The registered manager was able to evidence that these DBS checks had been carried out and assured us the information would be added to files.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records showed that people received their care visits as agreed.

Using medicines safely

- Staff were responsible for administering and prompting with medication and received medication training prior to carrying out this task.
- Medicine competency checks were carried out regularly. These competency checks were being conducted by the registered manager, though they did not have the correct level of training to do this. Therefore, there was a risk staff would not be assessed as required. Following our inspection and feedback the registered manager provided evidence they had arranged to undertake this training.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff we spoke with advised that they had access to Personal Protective Equipment as needed and were able to order stock to be held at people's home address as well as to carry with them, which helped reduce infection risk.

Learning lessons when things go wrong

- There were no accidents or incidents in the last 12 months. The registered manager was able to explain steps which would be taken in any such event and provide policies which reflected this. Staff were also familiar with this policy. We were assured that reporting systems were robust, and actions would be taken to improve if such incidents were to occur.



# 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

- People's needs were assessed when they began their care package, annually or if needs appeared to be changing. People said they felt involved in decisions about their care.
- Care workers explained they always asked people how they preferred their care to be given and encouraged people to make choices about this. This was supported by people using the service and their family members who were happy that they could express their personal needs and preferences and this would be listened to by staff delivering care.

Staff support: induction, training, skills and experience

- The provider had an induction process for newly employed staff. The process included practical training and shadowing of more experienced staff. We noted that the provider did not always maintain clear staff induction and shadowing records. Therefore, they could not always assure us these took place as required.

We recommend the registered manager takes steps to ensure a more robust audit of staff files. A second level of auditing may be beneficial to prevent any gaps in recording.

- The staff we spoke with confirmed they received the training and induction, which they said was beneficial. Staff told us they could ask for further training if they required it. They also said the registered manager encouraged staff to work towards recognised care qualifications.
- Staff records showed that staff completed their mandatory training in a timely manner.
- People we spoke with thought staff who supported them were well trained to carry out their roles.

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

- Staff supported people by preparing food and drink. They worked with speech and language therapy teams and GPs where required to ensure nutritional needs were met. They gave people choice of what to eat and how food was prepared and served. This detail was recorded in care logs.

Staff working with other agencies to provide consistent, effective, timely care

- The staff we spoke with worked with other professionals involved in people's care. This included speech and language therapists, GPs, community nursing teams and social workers.

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

- The staff and the registered manager understood the principles of the MCA. While no people receiving support were identified as lacking capacity, any concerns that emerged were immediately escalated to the relevant agency for further evaluation.
- The staff we spoke to supported people to be independent in their decision making even if those decisions were felt to be unwise, with consideration for any risk involved

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff we spoke to had a clear understanding of person centred care. They strove to ensure those they supported were cared for according to their needs and personal preferences. The service supported people who were practising different religions and made adjustments according to their needs to enable them to follow their faith.

Supporting people to express their views and be involved in making decisions about their care

- People receiving care were asked about their preferences and involved in the review of their care plans as needed. They were encouraged to provide feedback and the family member we spoke to said they always felt their relatives' views and feedback was acted upon quickly.

Respecting and promoting people's privacy, dignity and independence

- Staff described aiming to enable people as much as possible. They helped to promote independence by encouraging people to continue doing things they could. They also employed patience and understanding by asking if support was needed rather than presuming. People were given their preference of care worker gender and people were always asked for verbal consent when personal care was given.

# 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 remained 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

- We found care plans reflected people's care needs and staff were provided with enough information to ensure people received the care they needed. Care plans would benefit from more consistency in information between people's care files. The registered manager recognised this and provided assurances this would be improved.
- Not all care plans reflected how people wanted to receive their care, though it was clear from talking to people that they felt care staff did understand their wishes due to the small size of the service. The registered manager advised the care records would be updated to reflect this information.
- People and their relatives told us they were involved in reviews of their care plans. The care plans we saw did reflect that these were regularly reviewed and updated. However, it was not always clear who had been involved as they were not all signed and/or dated. We discussed this with the registered manager who said they would address it.
- Staff we spoke with were aware of what was in people's care plans. Due to the small size of the service staff regularly cared for the same people and got to know them and their preferences well.

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. 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 registered manager told us that where possible people who speak English as a second language are matched with care workers who can communicate in their native language. This was confirmed by people we spoke to.
- Information is also translated from English, so people can read communications. Large print information is available if requested.

Improving care quality in response to complaints or concerns

- There have been no complaints/incidents within the last 12 months.
- The service had a clear process for managing complaints that involved steps to understand, investigate,

take action and learn before feeding back outcomes.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy. People and relatives knew how to make a formal complaint.
- People and relatives could also raise concerns during regular contact with the registered manager. One relative told us they find the manager very approachable and always felt their concerns were taken seriously.

End of life care and support

- At the time of our inspection, the service had not provided end of life care to any of the people who used the service.

# 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 did not have fully established quality assurance processes to ensure the registered manager monitored all aspects of the service effectively. This included monitoring staff files, care plans and medicines competencies to show these had been assessed and reviewed for the required standard of care. We identified several gaps in the recording of staff training, induction and DBS checks, confirming the managerial checks needed to improve. The registered manager agreed to review the auditing procedure and ensure accurate recording.

Continuous learning and improving care

- People receiving care were asked to complete a satisfaction survey and this information was recorded and stored. It was not clear how this information was used. No outcomes or actions were documented or shared with people receiving their care or partner agencies. It was unclear what the purpose of these surveys was as no evaluation was evident.

The shortfalls in systems to support the management oversight of audits and feedback of the service were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In discussion with the registered manager, they recognised these issues and had already begun to review their auditing processes and feedback analysis. Recruitment is also planned for a deputy manager to ensure a further level of scrutiny is possible which is hoped will make records more robust. The registered manager also explained that they were moving records onto a digital platform, and this was increasing the possibility of inconsistency until complete.

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

- Staff we spoke to knew the people they were providing care to well and demonstrated a caring and person centred approach. One staff member described the working relationship as "walking alongside with people and giving the care they want, not taking the lead and giving the care I think they should have"
- Staff, people receiving care and their relatives all said they felt able to raise concerns with the registered manager and that they felt listened to by the service.
- People receiving care had goals included in their care plans with plans to help them achieve these. The service promotes independence and it was evident that this approach was part of the working culture at

N1C. Staff and family members expressed efforts were made to ensure people did not become care dependant and were encouraged to continue doing as much as they could with carers showing patience to enable this.

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

- The registered manager informed us that N1C is part of a wider community organisation providing support predominantly to local Somali residents.

They supported people into work which can include into the care sector through N1C. People from a Somali background have the benefit of access to carers who can speak their first language and come from a similar cultural background, where this preference exists as part of their package of personal care.

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 showed clear understanding of the requirements to notify partner agencies when things go wrong. Nothing requiring such notifications has taken place in the last 12 months, but the services policies and procedures do provide assurance that appropriate steps would be taken, including transparency if anything went wrong.

Working in partnership with others

- The provider works closely with other healthcare providers involved in the care of people who receive care. This included people's family and those we spoke to felt included and well communicated with. One relative explained that the speech and language therapist who supported their relative in relation to chewing and swallowing was able to work with carers face to face to explain and demonstrate their needs.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not operated effective systems to:</p> <p>Assess, monitor and improve the quality of the service. Regulation 17 (1) (2) (a)</p> <p>Assess, monitor and mitigate the risks relating to health, safety and welfare of service users. Regulation 17 (1)(2)(b)</p> <p>Maintain securely an accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (1)(2)(c)</p> <p>Maintain accurate and record in respect of staff each person employed by the service. Regulation 17 (1) (2)(d)</p> <p>To act on feedback from relevant persons and other persons on the services provided for the purposes of continually evaluating and improving such services Regulation 17 (1) (2) (e)</p>