Eazy Innovations C.I.C.

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Inspection report

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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?	Good

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. Eazy Innovations provides domiciliary care services to people living in the community in their own homes in Camden. There were currently two people using the service. The service provides personal care to older people who have personal care needs.

This is the first inspection of the service since initial registration in February 2017.

At the time of this inspection there was a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service had a care plan which contained information about the person and their care needs and requirements. As part of the care planning process, the registered manager carried out risk assessments which covered the home environment, personal care needs, moving and handling and health and safety.

Care staff were trained about how to identify types of abuse and there was clear guidance about the actions they should take if they had any concerns.

The registered manager and care staff had a good understanding of the Mental Capacity Act 2005 and how this could impact on the provision of care and support. Care plans demonstrated that mental capacity assessments took place. Neither person using the service lacked capacity.

Care staff received training in the safe administration of medicines. The registered manager monitored medicines recording and administration and there were robust systems in place to ensure this was managed safely.

The service had safe recruitment processes in place. These included obtaining references and the completion of a criminal record check prior to the care staff commencing their employment. Care staff told us that they felt supported in their role and received regular supervision. All of the care staff had been working at the service for a little under six months. Annual appraisals had not yet been completed yet, although the registered manager told us this would occur when they were due but prior to August 2018 when care staff first started working at the service.

Care staff, when they first started working at the service, received an in-house induction and training, which included first aid, safeguarding, moving and handling and medicine administration.

A spot check system was in place in order to monitor the care and support provided to people along with regular reviews of people's care and support needs. No missed or late visits had occurred.

The service had a complaints policy which was given to people using the service and relatives. The registered manager reported that they had not received any complaints since the service began operating.

Although the service was relatively new, quality assurance questionnaires had been completed. These showed a high degree of satisfaction with the servicer by people using it and their relatives. There was regular contact with people by the registered manager.

As a result of this inspection we found that the provider met all of the key lines of enquiry that we looked at. Please refer to the main body of this report for further details.

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. The staff assessed people's individual risks associated with their care in order to mitigate or reduce risk to ensure people's safety.

Medicine administration was managed in a safe way. Medicine Administration Records listed the details of the medicines that were administered.

Care staff were trained in keeping people safe from harm and they had to report any suspected signs of abuse to ensure people's safety.

Is the service effective?

Good

The service was effective. The registered manager and care staff considered mental capacity assessments to identify if any person lacked capacity.

Care staff received an induction when they started work with the service.

People were pro-actively supported with their health and care needs by the service.

Is the service caring?

Good

The service was caring. People were treated with respect and staff maintained privacy and dignity.

People were encouraged to have input into their care and their views were respected. We were informed by relatives that care staff were kind and caring and paid attention to people.

Is the service responsive?

Good

The service was responsive. People's care needs were assessed prior to them receiving care and changes to care needs were reviewed on a regular basis.

A complaints policy was available and was also given to people and relatives when the service began. The service had not

received any complaints.

Is the service well-led?

Good

The service was well led. The service had effective systems in place for monitoring the standard of day to day care.

The registered manager was able to show us the quality checks they had in place and told us how they would keep the quality of the service under review.

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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.

This inspection took place on 25 January 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by one inspector.

Before the inspection we looked at information that we had received about the service and any formal notifications that the service had sent to the CQC. We looked at two care records and risk assessments, four staff files, a medicines record and other documented information related to the management of the service. We spoke with the registered manager, and received an e-mail response from one of the four care staff we contacted that were currently employed.

During our inspection we made contact with the relatives of the two people using the service. Both people preferred us to contact their relatives and both gave us their views.

Good

Is the service safe?

Our findings

Neither of the relatives that contacted us made specific comments about how safe they thought the service was. However, from the comments that they made about other areas it was evident they had no concerns about the welfare of their relatives using the service.

The provider used a risk assessment process that held information for care staff about minimising risks to people receiving care. The registered manager was responsible for ensuring that each person using the service had a completed risk assessment, which included information about risks and minimising these risks. The action needed to reduce any potential harm due to these risks was identified and recorded. Care staff were provided with clear instructions about what to do in order to minimise potential risks.

Both people received support with taking their medicines, although support for one person was prompting. The other person was helped by their family. Care staff recorded the support they provided and completed a Medicine Administration Record (MAR) which was held along with the person's care plan. The MAR charts described the medicines that were prescribed and taking. The registered manager checked that medicines records were up to date and that care staff were competent at managing medicines safely.

Training records showed that care staff had received training in managing and administration of medicines. A relative had signed on behalf of a person to confirm that they agreed to being assisted by staff to take medicines. It had been documented that the person had asked their relative to do this as they were finding it physically difficult to do so at the time and this had been done in front of the registered manager.

The member of staff who replied to our request for feedback about the service told us, "I know what to do to keep myself and clients safe." They relayed this comment to the training that they had received. No concerns had arisen. Training records showed that care staff received safeguarding training and as all staff were new the registered manager told us that this training would be updated when required.

The registered manager expected staff to send a text message to confirm they had arrived at each visit to people using the service, which they did. We saw examples of this having taken place over the few days prior to our visit and the registered manager stated that no expected visits had been missed.

Safe recruitment processes were used to ensure staff were suitable to work with people. Recruitment files contained the necessary documentation including criminal record checks, references and identity verification. Evidence was also available of staff member's right to work in the UK if they were not UK nationals.

All staff were provided with personal protective equipment such as gloves and aprons that were supplied by the provider. We were informed that no-one using the service had any infectious diseases or other conditions although staff were always required to use the protective equipment provided when carrying out intimate physical care.

The service had a system and guidance for staff about reporting incidents, although we were informed that none had occurred and we verified that no notifications had needed to be made to the commission.

Good

Is the service effective?

Our findings

A relative told us, "Our family are very happy with Eazy Innovations. They provide my [relative] with the care and support she needs." The other relative told us "My family has been very impressed and pleased with the care services provided."

The service carried out an initial assessment regarding people's care and support needs before a package of care was agreed and provided. The service recorded individual personal details, information about people's health, medicines and care support. Environmental, health and safety and moving and handling risk assessments were also undertaken. Therefore, the agency could decide whether they would be able to meet the needs of the person. As a part of this assessment procedure the registered manager visited each person who was referred at their own home to talk with them and their family about their care and support needs.

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 who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this was in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS), however, DoLS does not apply in a service of this kind.

We checked whether the service was working within the principles of the MCA. The registered manager undertook mental capacity assessments when people were first referred to the service. No one using the service lacked capacity. The provider had the necessary guidance in place to address this in future should it be required for current or future clients.

The member of care staff who contacted us said, "My training I found really helpful as it reboots my knowledge." The provider had clear guidelines in place that staff should always seek permission to provide care. The provider sought people's consent to receiving care and had done so from both people currently using the service.

In-house induction was provided to all new care staff in line with the Care Certificate. The Care Certificate is a set of standards that new health and social care staff follow when at the start of their professional duties. The service had been registered with Skills for Care, which is a nationally recognised training body funded by government. As part of the induction all internal procedures of the service, which included key policies and the day to day procedures about working for the agency. All four care staff had documentary evidence on their personnel files that confirmed they had completed the induction.

The member of care staff who contacted us did not make reference to supervision, but did say they felt

supported. The service had a supervision policy, which stipulated that care staff would receive supervision every three months after induction and this had happened for the longer serving members of care staff. Staff records showed that staff were involved in supervision sessions and other regular communication with the agency. This demonstrated that the registered manager was using systems to offer staff the support they required to do their work.

The service provided light meal preparation for people where this was required. This included heating up food prepared by the person's own family, or making a snack such as sandwiches.

Care plans, compiled by the registered manager included information about people's physical and healthcare conditions. Care staff did not routinely attend healthcare appointments with people as this was usually managed by people themselves with assistance from their family as needed. However, the registered manager said that this would be considered by the service if someone was unable to be supported by a relative or friend. The registered manager told us that they were the point of contact for all staff if an emergency arose and could always be contacted by telephone. No emergency situations had arisen that required this but the registered manager told us that staff did make contact and as an example had done so to seek advice about possible changes to a person's care needs.

Good

Is the service caring?

Our findings

Relatives told us, "The carers are kind and caring" and "The carers provided by EazyCare have been kind, caring, hardworking and provide individualised care."

The service was clear about obtaining consent to care and had done so in both of the care plans that we viewed. These people had all consented themselves to their care and had not required anyone else to do so for them. Relatives were consulted about care assessments and care plans with the permission of the people receiving care. This involvement was recorded on assessments and care plans as often relatives might be present when these discussions were held.

From the views that people did share with us it was evident that care staff respected people's privacy when providing personal care. Most people did not tell us in details about whether they believed their dignity and privacy were respected, however, from the overall comments that were made these areas did not seem to be anything of any concern to people.

A member of care staff team told us, "I really enjoy doing what I do. I feel really comfortable and my clients are really friendly and welcoming."

The provider had clear policies in relation to the right of people to have their diverse characteristics respected. No one made any specific comments about whether the service or care staff showed consideration for their personal, cultural or religious beliefs or heritage. However, we noted that care staff were matched to the people they supported, not least in one situation where a person's first language was not English. To ensure effective communication staff were matched to the person based on their own experience of the person's cultural background and language.

The provider gave clear information to care staff and trained them in order to provide dignified and considerate care. Planning the care of people took account of the whole person and did not focus purely on physical care needs.

Good

Is the service responsive?

Our findings

A relative told us, "Eazy Innovations has been a wonderful fit for my [relative] and have made things much easier for our family, and we are very appreciative." The other relative who contacted us said, "[Registered manager] regularly checks up on the care my [relative] is receiving and he's always available if I need to talk to him about change of hours or change of care plan."

The provider's complaints policy was given to people and relatives when the service was provided. The policy described how to raise a complaint and the time frames in which the complaint would be dealt with by the provider. The service had not received any complaints since registration with CQC.

Each care plan was written when the person first started to use the service. We found that each person's care needs had been updated each month since the service began providing support for people. This ensured that care staff had the most recent information in order to respond and meet each person's current care and support needs. The registered manager told us that a copy of the care plan was also available in each person's own home.

As a part of the care and support a person received, care staff completed daily notes. These notes were kept at each person's home. Care staff brought these into the agency office periodically in order to store them on each person's care file. We looked at the daily log notes for the two people using the service and these described the type of care and support that was provided during each visit. We saw that recording was consistent and provided a concise record of what had been done to support each person.

The service did not specialise in providing end of life care.

Good

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager. The registered manager had appropriate training and experience to manage the regulated activity.

Relative's told us that "The management at Eazy Innovations has also been great, very efficient and responsive" and "Overall we're very happy with the service."

The service provided care and support that was of a good standard and people were happy with it, and evidently felt able to raise concerns if they were not happy.

The service had a rota management system, which was used to plan and organise each staff member's visits to people. We looked at this system for the last six months and found that it was well managed and if any changes were needed due to unforeseen circumstances this was responded to.

There were systems in place to monitor the service. For example, the manager carried out audits across a range of areas. These included spot checks either in person or by telephone contact, monitoring staff training and staff performance. There were also systems in place for regular review of day to day care needs and audits of care plans, risk assessments and medicines management all took place.

The provider currently provided a service to people who paid for their own care although they would also do so for people who were publicly funded. Each person using the service at present funded their own care. The provider had already carried out a consultation with people using the service and relatives. We looked at the feedback that had been received and it was a consistent theme that people thought the service operated well and cared for people.

The service had appropriate, up to date policies and procedures in place, which were available to staff to guide on various areas of their work. The policies included hygiene and infection control, safeguarding people from abuse, equal opportunity, medicines management and complaints.

The registered manager had quarterly meetings with the provider's company board to report on the performance of the service and plans for the future and we saw the minutes of these meetings for the last six months that confirmed these discussions.

It was too early in the operation of the service for an annual quality assurance process to be undertaken. It was, however, evident that continued contact was maintained with people and their views were sought. Peoples views were gathered during spot checks and these views were recorded.