

Egeh's Care Ltd

Egeh's Care

Inspection report

Unit F1, London Fashion Centre
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London
N4 3JH

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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

Egeh's Care is a small domiciliary care agency registered to provide personal care and other support to people living in their own homes. At the time of this inspection, three people were receiving support with their personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The service ensured people's safety was fully assessed and managed. Risks to people were identified at their initial assessment and the provider had systems in place to ensure risk assessments were regularly reviewed and updated where required. Staff were provided with the guidance they required to ensure potential risks to people were minimised as far as possible.

The provider had ensured a sufficient number of staff were in post to meet people's care and support needs. Pre-employment checks had been carried out to ensure all new staff were safe and suitable for their roles.

The provider had systems in place to minimise the risk of infection to people. Staff were provided with personal protective equipment. Staff had received training in infection prevention and control.

People's care needs, wishes and preferences were assessed before they started using the service. Their care plans contained guidance for staff on how they should ensure people's needs were respectfully and effectively met.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests and the policies and systems in the service supported this practice. People's relatives gave positive feedback about the support their family members received from staff.

Staff respected people's choices, including those related to protected characteristics such as disability, cultural or religious preferences. People and their relatives had been involved in making decisions about how care and support was provided.

Staff had received an induction at the commencement of their employment to ensure they had the knowledge they required to meet people's needs. The provider had a system in place to ensure training was refreshed annually or as required. Staff received regular supervision from the registered manager. Spot checks of staff care practice had been carried out.

People's nutritional support needs were met. People's care plans included guidance and information for staff on their preferences in relation to meal preparation and preferences.

There was a process in place to report, monitor and learn from accidents and incidents. The service was relatively new and there had been no incidents, accidents or other concerns raised at the time of our inspection. However, the provider had procedures in place to ensure incidents and accidents and concerns were managed and reported effectively, and lessons learned from these where required.

The provider had systems in place to monitor and assess the quality of the care and support provided to people. Policies and procedures which reflected current best practice were in place to underpin this. People's views about their care were sought on a regular basis. Feedback from people and their relatives was positive.

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

Rating at last inspection

This is the first inspection of the service. This service was registered with us on 27 April 2022.

Why we inspected

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

Follow up

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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Egeh's Care

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care and practical supports to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included feedback we had received about the service and any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this

inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and care co-ordinator. We reviewed three people's care files, three staff records, policies and procedures and a range of records relating to the management and quality monitoring of the service. We received feedback from two care staff and three relatives of people using the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of harm or abuse.
- Staff had received training in safeguarding adults. They understood the types of abuse people may be vulnerable to and their responsibility to report immediately any concerns that a person may be at risk of harm or abuse.
- The provider's policies and procedures reflected current best practice in safeguarding people from abuse.

Assessing risk, safety monitoring and management

- People had person centred risk assessments. These included risks associated with their personal safety, mobility, and home environment. People's risk assessments were linked to their care plans. These contained guidance for staff on managing and minimising identified risks.
- The provider had an 'on call service'. This meant people, relatives and staff could contact them at any time if they had questions or concerns.
- Information about health professionals and key contacts were included in people's care records. Staff told us they knew what to do and who to contact in the event of an emergency.

Staffing and recruitment

- The provider had ensured there were enough staff in post to meet people's needs. The registered manager told us they were recruiting new staff to ensure the service had capacity to meet the needs of any new referrals to the service.
- People's relatives told us staff were reliable and punctual.
- The provider ensured staff were safely recruited. Pre-employment checks had been carried out, including references, proof of identity and Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.

Using medicines safely

- At the time of our inspection the service was not supporting anyone with medicines. However, the provider's systems, policies and procedures on safe administration of medicines reflected current best practice.
- The registered manager explained that, should any staff member be involved in medicines administration, they would receive appropriate training and their competency would be assessed.

Preventing and controlling infection

- The provider had systems in place to ensure the risk of infection was prevented and controlled as much as

possible. The service's policies and procedures were up-to-date and reflected current government guidance.

- Staff had received training in infection prevention and control.
- Staff were provided with the personal protective equipment (PPE) they required to reduce the risk of infection. The provider maintained a stock of PPE, such as masks, gloves, aprons and sanitising gels, and staff collected new supplies when they visited the office.
- The provider's records of spot checks of staff practice in people's homes, showed there had been checks of correct use of PPE.

Learning lessons when things go wrong

- This was a relatively new service and there had been no accidents or incidents reported. The registered manager told us that all incidents and concerns would be reviewed, and actions taken to ensure lessons were learnt in order to reduce the risk of reoccurrence.

Is the service effective?

Our findings

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, choices and preferences were assessed when they were referred to the service. Information about people's histories and their dietary, cultural, communication and health needs were included in the initial assessment.
- The provider developed person centred care plans and risk assessments from the initial assessment. Guidance had been provided for staff on meeting people's needs and preferences in a sensitive and respectful way.
- The provider had systems in place for ensuring regular reviews of people's assessments and care plans took place. The registered manager told us these would be immediately updated should there be a change in people's needs or circumstances.

Staff support: induction, training, skills and experience

- New staff received an induction to the service before they commenced working with people. This included core training, understanding the provider's policies and procedures and other information about the service. The induction training was mapped to the outcomes of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- Staff spoke positively about their induction. A staff member told us, "It was very thorough and gave me a good background before I started working in the field."
- The registered manager had identified and registered with reputable training providers to ensure staff received training that met regulatory and service requirements.
- Staff received ongoing support and supervision in their role. The registered manager met with staff to review their work and to identify training needs. The registered manager also carried out 'spot check' observations of staff practice whilst they were carrying out care tasks in people's homes.

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

- The provider ensured staff had the information they required to support people with eating and drinking.
- People's care plans contained information about their dietary needs and preferences, including religious and cultural needs, and needs associated with their individual health conditions, such as diabetes
- At the time of our inspection, staff had limited involvement in supporting people with eating and drinking as this support was generally provided by people's families. However, people's care plans included information about people's personal and cultural dietary preferences, along with guidance for staff on how these should be met.

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

- The registered manager told us that staff had not yet engaged with healthcare and other professionals on

people's behalf as this was done by their family members. People's care plans included information about their health needs and the professionals involved in their health care. The registered manager told us staff would work with other professionals and support people to attend appointments should this be required in the future.

- Staff knew that if they had concerns about a person's care or well-being, they should report it to the registered manager immediately.

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 provider was working within the principles of the MCA. The registered manager understood their responsibilities in seeking consent and acting in line with the principles of the Mental Capacity Act 2005. They knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.
- People's care plans included information about their capacity and ability to make decisions.
- Staff had received training on the MCA and understood their roles in ensuring people were enabled to make positive choices about their care.

Is the service caring?

Our findings

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

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

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

- People's care plans included information about how they wished to be supported. They included guidance for staff on meeting people's equality and diversity needs, such as cultural and disability-related needs.
- The registered manager understood the importance of providing a consistent and reliable service. They arranged people's care visits at the times they wished and told us they would endeavour to be flexible in rearranging the times of care visits if people required this.
- The registered manager ensured that when staff changes needed to be made, for example, due to annual leave or other absence, people were informed and, wherever possible, arrangements would be made to provide care from a staff member already known to the person.
- The provider's values, policies and procedures promoted an inclusive culture across that respected people's rights, dignity, equality and diversity. Staff understood the importance of respecting people's differences and providing support in a way that met their individual needs and preferences.

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

- Relatives told us they and the person receiving care were fully involved in decisions about their care and support.
- Staff described the importance of ensuring people were always involved in making their own choices about their care and support.
- The registered manager maintained contact with people and their relatives through regular telephone calls and visits. This gave people opportunities to discuss their satisfaction with their care. A relative told us, "[Registered manager] keeps in touch and we appreciate this."

Respecting and promoting people's privacy, dignity and independence

- People's care plans included guidance for staff on how to support people with dignity and respect in accordance with their wishes and preferences.
- People's relatives told us staff treated people respectfully and understood their wishes and preferences. One relative said, "The staff have a good relationship with [relative]. They know what he needs and chat to him when they are giving care."
- Staff described how they supported people's privacy and dignity, for example, by ensuring they had privacy when personal care tasks were being carried out.
- The provider's spot checks of staff carrying out personal care in people's homes included a review of whether staff provided care in a professional and respectful manner.

Is the service responsive?

Our findings

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

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

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

- People's care plans and assessment information showed that the provider involved people and their relatives (when applicable) in planning people's care.
- People's care plans included a summary of life histories and interests. This helped staff to know and understand the person more fully and helped them to provide personalised care and support.
- Staff were knowledgeable about people's individual needs and preferences. They described how they worked with people and their relatives to ensure they were happy with the care and support they provided.
- Staff told us they were immediately informed about any changes in people's needs. People's care plans were regularly reviewed to ensure they were always up to date.

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 provider was meeting the requirements of the Accessible information Standard.
- People's care plans were written in a clear and easy to read format. The registered manager told us they would ensure information was provided in other formats, such as other languages or picture assisted, if this was required by anyone using the service.
- People's care plans included information about their communication needs. The registered manager told us that, if required in the future, they would endeavour to recruit and match staff who could communicate with people in their preferred language if they were unable to communicate in English.

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

- People's care plans included information about their social and cultural needs and interests, and how to support these if required.
- People using the service lived with family members and staff did not have an active role in supporting people socially. People's care plans included information about their social needs and interests. A staff member told us, "This helps us to have topics of conversation so we can develop our relationships with people."
- The service had a complaints policy and procedure. People's relatives told us they had been provided with

this when their family members started using the service.

- This was a relatively new service and there had been no complaints at the time of our inspection. The registered manager told us that they would ensure that every complaint would be responded to immediately, actions would be taken to address concerns, and any lessons learnt would be shared with staff.
- Staff understood that should they receive complaints about the service they should record these and report to the registered manager immediately.

End of life care and support

- At the time of this inspection no one was receiving end of life care. The registered manager told us that if anyone using the service required end of life care, they would liaise closely with their relatives, healthcare professionals and others to ensure people received the care they needed from staff.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had systems in place to ensure a positive culture was in place. People's care plans were person-centred.
- People's relatives spoke positively about the service and its management. They described how they and their family member had been involved in planning care and support.
- Staff spoke positively about the support they received from the registered manager and care co-ordinator. They told us they received the information and guidance they needed to provide people with safe and effective care that met their individual needs. They could contact the registered manager at any time to seek advice and discuss concerns.

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 understood the need to report incidents to the local authority and the CQC where appropriate. They described the importance of being open and honest when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were clear about their roles and responsibilities in meeting regulatory requirements and providing a quality service to people.
- There were systems in place to assess, monitor and check the quality of the service provided to people. Regular spot checks of staff carrying out their care duties in people's homes were carried out by the registered manager. This helped to monitor the performance and competency of staff and the quality of the service people received.
- Monitoring of care plans, care records, staff practice and people's satisfaction with the service were carried out regularly. The service was new, so these were limited. The registered manager showed us how they planned to develop quality assurance monitoring as the service grows. For example, they had developed templates to monitor incidents, safeguarding and complaints. They told us they planned to introduce an electronic care monitoring system in the future as the service grows.

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

- The registered manager was knowledgeable about the characteristics that are protected by the Equality

Act 2010 and understood the importance of ensuring people, the public and staff received consistent and equal treatment from the service.

- The service regularly sought verbal feedback from people and their relatives. The feedback we saw showed a high level of satisfaction with the care and support people received. The service was relatively new, and the provider had not yet carried out a formal satisfaction survey. The registered manager told us they planned to do this in the future.
- People, relatives and staff thought the service was well managed and that they were engaged and involved in people's care and support.

Continuous learning and improving care

- The registered manager demonstrated a commitment to continuous learning and improving care. The service is relatively new, and there had been no incidents or concerns raised. The registered manager described how they would use the outcomes of incidents, accidents and concerns to develop improved practice. This approach was reflected in the policies and procedures we reviewed.

Working in partnership with others

- The provider had developed and maintained a good working relationship with people using the service and their relatives. The registered manager and staff demonstrated that they knew when to seek professional health and social care advice and support and how to obtain it.