

Aliizor Ltd

# Lizor Care Concept

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Lizor Care Concept is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection there were 18 people using the service.

Not everyone who used the service received personal care. 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

Systems had not been established to consistently assess and manage the risks people faced. This placed people at risk of harm. Assessments did not contain specific information about people's injuries or risks of developing pressure ulcers. There was no information for staff about the signs they should monitor for a deterioration in people's condition.

There was not an accurate record of the medicines staff had supported people to take. The systems in place for staff to record when they supported people with their medicines did not work effectively. This increased the risk that people would not receive their medicines in the way they were prescribed.

The service was not well managed, and the provider did not have effective systems to monitor and improve the service. The systems had not identified some of the shortfalls we found during the inspection. The service did not have a registered manager. The provider had not notified us of significant events, which they are legally required to. The provider had not made all of the improvements identified as necessary at the last inspection.

People felt staff had the right skills to meet their needs and were kind and caring. People said staff provided care in ways that respected their privacy and dignity.

The service had improved their infection prevention and control measures since our last inspection. Staff were being tested in line with current government guidance. People said staff followed good hygiene procedures to help prevent the spread of COVID-19.

Staff said they received the training and support necessary to provide the care people needed. Staff felt they could receive additional support and were able to contact the management team when needed, including out of office hours.

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 and update

The last rating for this service was requires improvement (published 8 May 2021) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do

and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to managing risks, keeping accurate records of care provided, management oversight of the service and notifying CQC of significant events at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Lizor Care Concept

## 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 completed by an Inspector, an Assistant Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 30 March 2022 and ended on 5 April 2022, with visits to the office on both these dates.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 of this information to plan our inspection.

During the inspection

We spoke with one person who used the service, five relatives, the manager and five staff. We reviewed a range of records. This included seven people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. We received feedback from the local authority commissioning team.



# Is the service safe?

## Our findings

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

The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong  
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risk management plans for one person did not include information about significant tissue and bone damage they had experienced. The person was receiving regular visits from the community nurse, but plans contained no information about the care staff should provide, signs of a problem such as an infection, or when staff should seek further medical assistance. Information in the risk management plan was not up to date with the extent of the person's injuries.
- Another person had a risk assessment which stated they were at high risk of pressure ulcers. The risk management plans did not detail how to mitigate the high risk. When we asked the manager they were unable to tell us what they were doing to manage the risk, other than "Visiting four times a day to provide care". Care notes for the person recorded the risk of pressure ulcers to be low. There was no information about why the care notes contained conflicting information to the risk assessment. This increased the risk pressure care would be provided incorrectly.
- Risk management plans for a person receiving oxygen therapy did not contain specific information about the flow rate of oxygen they should receive. The manager said this information would be in hospital discharge notes the person had at home. The information was not available on the electronic care records that staff had access to.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They developed new risk management plans for the three examples above, which set out how the risks were being managed and when staff should seek medical assistance.

Using medicines safely

At our last inspection the provider had failed to maintain an accurate record of the care provided to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider failed to maintain an accurate record of the medicines staff had supported people to take.
- The medicines administration records for February 2022 contained a high number of incidents where there was no record of people being supported to take their medicines. One person had no record of being supported with their medicine on 26 occasions. Another person had no record of support on 15 occasions and a third person had no record of support on 12 occasions. This meant the provider could not be assured people were receiving their medicines as prescribed.
- The manager reported they had experienced problems with their electronic recording systems, which resulted in the system 'timing-out'. The manager said they had followed up these gaps in the records. However, there was no record of any action taken or details of how the manager had received assurance that people were supported to take the medicines they were prescribed.

Systems had not been established to maintain an accurate, complete and contemporaneous record of the care provided to people. This placed people at risk of harm. This was a continued breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They worked with the supplier of the electronic recording systems and made amendments to resolve the technical problems they had experienced.

- People told us staff provided good support for them to take their medicines.
- Staff had completed training in the safe administration of medicines.

#### Preventing and controlling infection

At our last inspection the provider had failed to ensure there were effective systems to prevent the spread of infection. This was a breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 (2) (h).

- The service had introduced measures to prevent people from catching and spreading infections. The provider was ensuring staff tested for COVID-19 each day before starting their shift, in line with current government guidance.
- Staff had received training on infection prevention and control measures and how to use personal protective equipment (PPE) safely.
- People told us staff always wore the correct PPE when providing care for them.

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider consider staff training and guidance around safeguarding to ensure staff are aware of the process to follow. The provider had made improvements.

- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from abuse. Staff had received regular training in safeguarding issues.
- Staff were confident the management team would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with other agencies if they needed to.
- People said they felt safe with staff working in their home. People were confident the provider would



address any concerns they had.

#### Staffing and recruitment

- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. The provider had completed a criminal record check and obtained references for new staff before they started supporting people.
- People told us staff had the right skills and experience to provide the care they needed.
- People told us staff usually arrived on time and they always had two staff to provide care when needed.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider seeks further guidance and support to review their procedures and records when people lack capacity to consent to their care and treatment. The provider had made improvements and staff understood the principles of the MCA.

- At the time of the inspection everyone using the service had capacity to consent to their care and treatment.
- People told us staff gained their consent before providing any care.
- Staff had completed training in the principles of the MCA. They demonstrated good understanding of these principles in our discussions with them.

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

- People's needs were assessed when they first started using the service and were regularly reviewed.
- Assessments were completed with input from relevant specialists. Examples included occupational therapists and community nurses. This helped to ensure care was delivered in line with current good practice.
- People told us staff provided the care they needed.

Staff support: induction, training, skills and experience

- New staff completed an induction and were shadowed by an experienced member of staff to help them

get to know people and their care needs.

- Staff said training was relevant to their role and gave them the skills needed to provide care for people.
- People and their relatives told us staff had the right skills to meet their needs, with comments including, "The standard of care [my relative] receives tells me the carers are skilled in what they do."
- Staff had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. The management team completed observations of staff to ensure they were putting their training into practice.
- Staff told us they received good support.

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

- Staff supported people to maintain good nutrition and hydration.
- Where people were supported to prepare meals there was information about the support needed in their care plans. Comments from people and their relatives included, "Carers prepare all [my relative's] food for him and he is always given choices. They really do know what he likes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with external professionals to ensure people were supported to access health services and meet their health needs.
- People and their relatives told us the service worked well with different professionals. Comments included, "When we first got these carers, we had a meeting with the social worker and the care co-ordinator to decide what care I needed. I'm very content with what we get."

# 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.

The rating for this key question has remained 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 were treated with kindness and were positive about the staff's caring attitude. Comments from people and relatives included, "The carers are very caring, very civil and talkative, which is good. It puts me at my ease" and "The carers are first class. They are professional and have a good way of communicating."
- People's diverse needs, such as their cultural or religious needs, were respected by staff.

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

- Staff supported people to make decisions about their care. People expressed their views and set out what they wanted to happen during their assessment of care needs.
- Staff had recorded important information about people, including personal history, plans for the future and important relationships.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said staff provided support in ways that maintained privacy and dignity.
- Staff encouraged people to do things for themselves where they were able, to maintain their independence.

# 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 requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had failed to maintain an accurate record of the care provided to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 for this key question.

- People were supported to make choices and have as much control and independence as possible.
- People were supported to develop care plans, which set out how their needs should be met. Comments from people and their relatives included, "We were included in the discussions about my care plan and agreed with what was in it" and "We were part of a discussion about what [my relative] needed and we're very happy with what is provided."
- Staff knew people's likes, dislikes and preferences. They used this information to provide support for people in the way they wanted.
- Staff kept records of the care they had provided to people.

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.

- Staff had identified people's communication needs and included them in the care plans.
- Action had been taken to meet people's needs, for example by providing documents in a large print format to make them more accessible.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. The complaints procedure was given to people when they started using the service.
- Records demonstrated complaints had been investigated by the provider. Complainants had been given a response, setting out the actions taken to resolve their issue.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and in developing

care and treatment plans. The service worked with health professionals where necessary, including the palliative care service.

- Staff understood people's needs and had completed training in end of life care. People's religious beliefs and preferences were respected and included in care plans.

# 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.

The rating for this key question has remained 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; Continuous learning and improving care

At our last inspection systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The systems for monitoring the service and identifying required improvements were not effective.
- Audits had not identified there were a high number of incidents in which staff had not recorded the medicines they had supported people with. For example, audits for the three medicine records did not make reference to the gaps in the administration record. The manager was not able to demonstrate how they were assured people had received their medicines. There was no information about what action the manager had taken to prevent a similar incident happening again.
- Following the last inspection, the provider submitted an action plan setting out what they would do to improve. They stated they would meet the requirements of regulations in relation to safe care and treatment and good governance by July 2021. The provider was still in breach of these regulations at this inspection, and this had not been identified by their governance systems.
- The service did not have a registered manager. The manager was a director of the provider and had applied to register with CQC. The provider is required to have a registered manager at the service as a condition of their registration.

Systems had not been established to assess, monitor and improve the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not notified CQC of significant events when they were legally required to. Notifications are used to monitor services and failure to complete them does not give an accurate picture of events in a service.
- We identified three incidents which had not been notified to us. The incidents included one where a person had sustained a serious injury, one where a family member made an allegation of abuse and one where there was an allegation staff had neglected a person.
- The manager had taken action in each case, for example reporting the allegations to the local authority

safeguarding team and seeking medical assistance for injuries. However, the manager was not aware of all the events they were legally required to notify us of.

The provider had failed to notify CQC of significant events in the service. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

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

- Staff demonstrated a good understanding of people's individual needs and a commitment to provide person-centred care.
- The manager had a good understanding of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had held regular meetings with people and their relatives to provide feedback about the service.
- People and their relatives were happy with the way the service had involved them and kept in contact.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.



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	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to notify CQC of significant events in the service. Regulation 18.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems had not been established to assess and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. Regulation 12 (2) (a) and (b).