Aliizor Ltd

Lizor Care Concept

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

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 71 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission 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 provider has a poor history of compliance with regulation. There have been 5 inspections since the provider's registration in May 2020. All inspections have been initiated due to safeguarding concerns or to follow up on shortfalls identified at a previous inspection. As a result of the inspections, we have issued requirement notices and a warning notice, to ensure the provider made improvement. At this inspection the provider remained in breach of regulations.

Risks people faced had not been identified, assessed or mitigated. This included the risk of choking, skin soreness and fire hazards when using petroleum-based emollients. Recommendations from specialised professionals such as the epilepsy nurse, had not been added to people's care plans. This did not ensure staff had the knowledge to support people safely.

Medicines management remained unsafe. Staff had not given a person their prescribed medicine for four days and, once identified, they had not sought medical advice. This put the person at risk of harm. Guidance for staff regarding people's medicines was not always clear or accurately documented. This meant people were at increased risk of experiencing harm from avoidable medicines errors.

The provider had made some improvement to staff recruitment, but shortfalls remained. Applicants had not always given a full employment history and the performance of one applicant had not been verified. These shortfalls did not clearly evidence the applicants were suitable for their role, which placed people at risk of harm.

Care planning was task orientated and not always person centred. The information did not show how a person's health condition, such as dementia impacted, on them. Techniques staff should use to best support a person were also not identified. This did not ensure a consistent staff approach to effectively meet people's needs.

Systems did not effectively monitor the performance of staff. For example, records showed one member of staff required more supervision, but there were no records to demonstrate this. There was no assessment of the staff member's competence to show they were able to carry out their role effectively. This did not ensure people were supported effectively.

Whilst people and their relatives knew how to raise a concern, records did not evidence a well-managed complaint procedure. The provider was not able to provide evidence of the complaints raised, their investigation or outcome. This did not demonstrate all complaints were addressed or that lessons had been learnt.

There were some auditing systems, but these did not always identify shortfalls in the service. This included those shortfalls found at this inspection, such as staff recruitment and supervision, the safe administration of medicines and risk management. Audits of daily records, care plans and medicines had been completed, but the information had not been used to give an overview of service provision. For example, some lateness of people's support had been identified, but not analysed to show any patterns or trends. This did not ensure action was taken to improve provision.

Staff had been recruited via the government's staff sponsorship scheme. The scheme had ensured there were enough staff to support all care packages and had enabled the size of the agency to grow significantly. The provider had divided all staff into teams based on the geography of where they worked. A team leader for each team had been employed, to ensure better overview.

People were happy with the infection control practice staff followed. This included wearing the appropriate personal protective equipment and keeping areas of their home clean. Records showed staff had received training in infection prevention and control.

At our last inspection we recommended that the provider revisited the safeguarding training staff received, and ensured staff were competent to apply their learning in their practice. This recommendation had been acted on and systems were in place to minimise the risk of people sustaining abuse. People felt safe with staff supporting them and were complimentary about the service they received. They said they generally had a consistent staff team, who usually arrived on time and stayed the full allocation of their visit.

Rating at last inspection and update
The last rating for this service was requires improvement (published 05 January 2023) and there were breaches in regulation. This service has been rated requires improvement for three inspections since registration. At this inspection we found the provider remained in breach of regulations and has been rated inadequate.

Why we inspected
The inspection was prompted in part due to concerns received about the number of safeguarding notifications we had received from the local authority and other agencies. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lizor Care Concept on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to risk management, the safe administration of medicines, staff recruitment, person centred care and good governance.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures:
The overall rating for this service is 'Inadequate' and the service in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

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 undertaken by 2 inspectors 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 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
This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 October 2023 and ended on 03 November 2023. We visited the location's office on 16, 24 and 27 October 2023.

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 this information to plan our inspection.

During the inspection
During the inspection we spoke with 10 people who use the service, 6 relatives, 7 staff including the registered manager and nominated individual and a health and social care professional.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at people's medicine records, assessments of risk and information related to the management of the service.

Requires Improvement

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 two comprehensive inspections and our last focused inspection, we rated this key question requires improvement. At this inspection the rating 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

- Risks were not always identified, assessed, or mitigated, which did not promote people's safety.
- One person was not assured of timely emergency medical support in the event of a seizure. This was because their care records did not match the management plan written by the epilepsy nurse.
- Another person was at risk of choking. They had recently been assessed by the Speech and Language team, but there were no details of this in the care plan. This did not ensure staff knew how to assist the person safely with eating and drinking. Another person was also at risk of choking due to a health condition. This risk had not been assessed and there were no identified control measures to enhance the person's safety.
- Skin integrity risk assessments had not always been completed correctly. For example, one assessment identified a person was fully mobile and incontinent of urine, but they used a wheelchair and were doubly incontinent. Another person spent varying amounts of time in bed, but their assessment showed they were fully mobile. These errors did not ensure the correct level of risk was calculated, and there was a risk their support was insufficient to ensure healthy skin.
- Staff supported some people with prescribed emollients for skin care, but these contained petroleum which was flammable. The risks of the emollient being on the person's skin or clothing and in contact with a naked flame, had not been identified. This meant people were at risk of harm without adequate control measures in place.
- One person was prescribed anticoagulants, which meant they bled easily. Whilst their care records identified this medicine, the information did not inform staff of the action to take in the event of a serious injury. This meant internal bleeding could go unnoticed, increasing the risk of harm. A relative told us they were worried about a staff member's lack of knowledge about anticoagulants, and the risks to their family member because of this.

Systems had not been effectively established to ensure risks were assessed or mitigated. This did not ensure service users safety and placed them at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An electronic monitoring system informed the provider and the registered manager if staff had not arrived or were late to support a person. This enabled action to be taken to minimise the risk of a missed call. People and their relatives told us staff generally arrived on time, which provided a reliable service.
- People told us they were safely supported, and staff knew how to use any equipment they had.

Using medicines safely

At our last inspection systems had not been effectively established to ensure the safe administration of people's medicines. This was a breach of the 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.

- Documentation did not ensure the safe administration of people's medicines.
- One care record stated staff could administer a medicine to control a person's seizure, but this was incorrect as they had not received the required training. The instruction was therefore confusing and increased the risk of unsafe practice.
- A relative asked a staff member to apply a transdermal patch to a person's skin, but this was not documented in the care plan or on the medicine administration record. There was no instruction to inform staff of this procedure, which did not ensure the medicine's effectiveness. Another person had a topical cream that was to be applied to an intimate area, but there was no care plan to inform staff of its use. This did not ensure the topical cream was applied effectively or with dignity.
- The medicine administration records gave a generic description of each medicine, but it was not specific to the person. For example, one record about ear drops stated they were not to be used if allergic to olive oil or had ear problems. The record did not identify if this applied to the person, or not, so that the medicine was safe to use.

Systems had not been effectively established to ensure the safe administration of people's medicines. This placed people at risk of harm. This was a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were not safely managed.
- One person had not received their medicines, prescribed for the management of their epilepsy, for four consecutive days. This significantly increased the risk of them having a seizure. There were no records to show that medical advice was sought when the error was identified. This increased the risk of the person sustaining harm.
- Records showed another person had run out of their topical cream. This was required to ensure healthy skin. A relative told us that running out of medicines was a problem. They said, "I had a phone call on a Saturday afternoon, to say that there were no more meds left and the chemist which dispenses [family member's] medication was closed." Another relative said they had not been informed when their family member had run out of eye drops.
- A staff member repeatedly took medicines from a family member to give to the person. This was not safe practice and was not documented in the care plan or on a medicine administration record. This increased the risk of an error, as the staff member would not have been assured of the medicines they were giving to the person.

Systems had not been effectively established to ensure the safe administration of people's medicines. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us work had been undertaken to ensure people's visits coincided with any time specific medicines. This ensured the correct and safe duration between each medicine.
- Staff had received training in the safe administration of medicines. Their competency was assessed during spot checks of their performance.

Staffing and recruitment
At our last inspection, systems had not been effectively established to ensure the safe recruitment of new staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider told us improvements had been made but some shortfalls remained.

● Staff continued not to always be recruited safely.
● 3 job applications did not always demonstrate a full employment history, as gaps in employment had not been identified or verified. This meant safe recruitment decisions had not been made.
● One application contained testimonials rather than references. This is when the applicant provides information about their character and performance themself, rather than the provider requesting it. This does not ensure the information is accurate and may indicate a past employer does not want to give good feedback about the applicant.
● Some staff were used from an agency if any visits could not be covered. These staff and the training they had completed were not assessed or verified to ensure they were suitable for their role.

Records did not show recruitment processes were sufficiently robust to ensure staff recruited had the qualifications, competence, skills and experience which were necessary for the work to be performed. This was a repeated breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

After the inspection the provider showed us they had made efforts to obtain references for the staff member who had a testimonial.

● Other checks were undertaken, which helped make safer recruitment decisions. This included checking the applicant's identity, their right to work in the UK and any criminal convictions.
● There were enough staff to support people safely, but the majority of the team were very new. This increased the risk of inexperience, and inconsistency of care provision.
● The provider was utilising the government's staff sponsorship initiative and was recruiting from other countries. These staff told us the provider fully supported them with accommodation and transport, whilst they adapted to this country.
● People told us there were enough staff to support them safely. One person told us, "They aren't too bad. They come when we need them and seem to stick to the time we like."

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider revisited the safeguarding training staff received, and ensured staff were confident and competent to apply their learning in their practice. The provider had made improvements.

● Systems were in place to minimise the risk of people suffering abuse.
● The provider told us they discussed safeguarding with staff more often to ensure their understanding. This included in one-to-one meetings with staff and in full staff meetings.
● Records showed staff received training in safeguarding. Staff knew how to identify and report an allegation of abuse.
● People told us they felt safe with staff supporting them and felt comfortable with staff being in their home. Specific comments were, "I feel absolutely safe and happy with all of them. If I ever had a worry, I could call

the office, but I haven't needed to" and, "The staff are really good and helpful, we have got to know them and they're lovely, so I feel very safe with them."
● Relatives did not have any concerns about safety. One relative told us, "I'm usually happy with the care staff who come here, the majority are brilliant and one in particular is extremely good." The relative did say one or two staff had been rude, but the provider addressed this and they no longer supported their family member.

Preventing and controlling infection
● Systems were in place to ensure staff followed good infection control practice.
● Staff completed infection control training and their practice was monitored through spot checks of their performance.
● Infection prevention and control was discussed in staff meetings. This included a reminder of when they needed to wear personal protective equipment (PPE).
● People told us staff were always well presented, with clean uniforms and a good personal appearance. They said PPE was worn and staff left their home tidy and generally disposed of rubbish appropriately. One person told us, "They're all very clean and tidy. They wear gloves and aprons. Oh yes, they wash their hands, and they wear gloves when they put cream on my legs."

Requires Improvement

Is the service responsive?

Our findings

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

At our last comprehensive inspection, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Care planning focused on tasks and outcomes and was not always person centred.
- Health conditions were stated in people's care plans, but the information was generic and not specifically related to the individual. For example, one care plan showed the person had dementia, but not how it impacted on them or their support. This did not ensure staff were fully informed to provide support in the best possible way.
- Another person had a poor appetite, and staff were required to encourage them to eat and record what they had. There was limited guidance about how to do this, including their preferences or approach staff should use. Staff had documented what the person had eaten, but not the amounts, and their intake had not been monitored. Information showed personal care was a 'contentious subject' for the person, but this was not expanded upon. This did not ensure the person's support was effective or met their needs.
- Care plans did not always show the techniques staff should use when supporting people. For example, one person had varying levels of anxiety, but potential triggers and de-escalation techniques were not identified or evaluated. This did not ensure the person received a consistent staff approach to minimise their anxiety.
- The service used an electronic care planning system, which people and their relatives could access if they wanted to. However, the system contained many different processes, so the information was not easy to navigate. The person's support was divided into actual tasks to inform staff what they needed to do, but this did not promote person centred care. The daily records were also task orientated and contained little information about the person's wellbeing.
- One relative told us they were usually happy with the support their family member received and said, "The regular staff are brilliant and one in particular goes above and beyond." However, they told us, "In the evenings, we tend to get fewer regular staff, there can be problems, like forgetting to clean and soak [family member's] dentures. Some staff don't really take account of their needs, and if I try to prompt them, they don't like it."

Systems had not been effectively established to ensure the designing of people's care reflected their needs and preferences. This placed people at risk of not receiving care that best supported their needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were generally happy with their support. One person told us, "The best thing is, that I decide; I might have a strip wash or a shower depending on how I'm feeling. They adapt to me." Another person said, "I'm happy so far. It was all set up by asking me what I needed and wanted and that's all kept in a book here. [The care plan] is fine and it's what they do."

● The provider told us after the last inspection, they had confirmed with people about their preferences of the gender of staff supporting them. They said they were now able to offer what people wanted.

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.

● At the inspection in March 2022, the service met the AIS.
● There has been no evidence to show any changes to this, and therefore it has been assessed the service continues to meet the AIS. This included identifying people's communication needs and providing documents in large print to make them more accessible.

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
● The support people received promoted relationships and enabled individual preferences and activities to be followed during the day.
● The provider recently reminded staff they needed to stay the full allocation of the person's visit, to minimise social isolation. They said they had identified some staff were leaving once all tasks had been completed, which was a missed opportunity in reducing loneliness. They said this was addressed with the staff concerned and has since improved.

Improving care quality in response to complaints or concerns
● The provider was not able to evidence an effective complaints procedure.
● An incident and accident log, and a person's care plan, identified complaints that had been raised, but there was no further information about them. The provider did not have any records to show how the complaints were addressed or what action was taken. This did not show complaints were properly investigated or used to further develop the service.
● Complaints had been discussed at a staff meeting. The provider informed staff there had been a high number of recent complaints, and some were serious, but there were no records of the complaints or investigations.
● People and their relatives knew how to make a complaint, and some said they had done this. They told us action had been taken, as the staff member involved had been removed from their support. However, they had not been formally informed of this, or had received any other communication from the provider.
We recommend the provider reviews the management of complaints to ensure a clear and effective process is evidenced.

End of life care and support
● The provider told us the service was able to provide this type of care, but no one was receiving end of life care at the time of the inspection.
● Records showed staff received training in end-of-life care.
● The provider told us they worked alongside health care professionals such as community nurses, to ensure they were supporting the person as needed.

Inadequate

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 focused inspection, we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the registration of the service in May 2020, the provider has failed to achieve the required standard for the overall rating of good. They have been rated requires improvement on 3 inspections and has been in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 4 times.
- The provider had failed to fully address those shortfalls identified at the last inspection and continued not to have an effective auditing system. This meant the service was not a well-managed service.
- Audits to assess systems, such as care reviews, staff supervision or infection prevention and control were not undertaken. This meant the provider could not be assured all areas of the service were operating effectively.
- There were no records to demonstrate a member of staff had been fully monitored after facing disciplinary action. This increased the risk of the shortfalls continuing and did not evidence the provider had effective staff performance management systems in place.
- The auditing systems had not assured the provider that safe recruitment practice was being followed. This was because there continued to be shortfalls in recruitment including gaps in the applicant's employment history and accurate evidence of their performance.
- Daily and monthly checks of the medicine administration systems were undertaken, but not all shortfalls were being identified. This included the safe administration of people's medicines and the detail and accuracy of the medicine records. This meant people were at risk of harm.
- The auditing of care plans had not identified shortfalls in risk management or the lack of person-centred information available to staff about people. This included the risk of choking, pressure sores and the safe management of a person's epilepsy.
- There was not an effective system to provide an overview of service provision and development through auditing. For example, audits had identified there were occasions when staff were late arriving to support people, but further analysis had not been completed. This meant themes or trends, such as particular locations, times or days which impacted on lateness had not been identified or addressed.

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

● The provider told us they had improved recruitment, including giving staff notice if they did not reach the required standard expected of them. They said this included following a much stricter process when assessing if staff had passed their probation period. The provider told us many staff had left the service, and a new team was being developed, which was working well.
● The provider told us they had divided staff into 3 teams based on location and had employed 3 new team leaders to provide better support, supervision, and overview.
● A new person to the service was contacted after their first week, and then month, to find out if they were happy with their support. Further reviews then continued, which enabled any changes to be made, if required.

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
● Work had been undertaken to improve the culture of the agency.
● The provider said they had spoken to staff about being open and honest in the event of an incident and more widely in their role. They said they had adopted a no blame culture to help with this.
● Staff had completed training in Code of Conduct to help them understand their responsibilities in ensuring an open culture. There had also completed training courses, such as equality and diversity, dignity and communication. This helped facilitate a positive, empowering culture.
● People told us they could not think of anything the agency could do to improve the service. They said contacting the office had been a positive experience, as staff had been approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider told us people were asked for their views about the service.
● Feedback from questionnaires demonstrated all feedback was either good, very good or excellent.
● People told us they could raise their views about the service but had not been asked to complete a questionnaire.

Working in partnership with others
● The agency worked with other agencies such as the local authority, brokerage and health and social care specialists. This included social workers, occupational therapists, physiotherapists, and community nurses.

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 9 HSCA RA Regulations 2014 Person-centred care Care planning did not always take into account needs and preferences, which did not ensure people received the support they required. Regulation 9 (1)(a)(b)(c) 3 (a)(b).

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures did not ensure staff had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Regulation 19 (2)(a)(b).