

Aliizor Ltd

Lizor Care Concept

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lizor Care Concept is a domiciliary care agency providing personal care to people who live in their own home. 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. At the time of the inspection 23 people were receiving personal care.

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

The provider did not have effective systems to identify and manage the risks people faced. There was a lack of information about how staff should support people who used specialist medical equipment, or the support people needed when they were distressed due to the impact of living with dementia. Staff did not always keep clear records of incidents that occurred or identify when people were making allegations of abuse.

The provider had not followed government guidance on regularly testing staff for COVID-19, which increased the risk that staff may transmit COVID-19 to people.

People were not supported to have maximum choice and control of their lives and the provider could not demonstrate decisions were made in people's best interests; the policies and systems in the service did not support this practice.

The governance systems were not effective at identifying shortfalls in the service provided or planning how to make improvements.

Staff respected people's privacy and dignity. People felt staff treated them well and were comfortable with staff in their home.

People were supported to prepare food and drinks where needed, ensuring this met people's needs and minimised identified risks. Staff worked with health teams to ensure people were able to access the services they needed.

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

Rating at last inspection

This service was registered with us on 14/05/2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing arrangements, infection prevention and control and management of the service. A decision was made for us to complete a

comprehensive inspection and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive 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.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission, which is required as a condition of their registration. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 11/03/2021 and ended on 19/03/2021. We visited the office location on 11/03/2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual and care manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including four people's care records and medicine management records. We looked at three files in relation to staff recruitment and induction. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We looked at training data and quality assurance records. We received feedback from three people who use the service, four relatives and six care staff.

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 for this newly registered service. This key question has been rated 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

- The provider did not have effective systems in place to assess the risks people faced and review how risks were managed following incidents.
- Risk assessments did not contain clear information for staff to manage the risks associated with specialist medical equipment. One person has a urinary catheter and a PEG (Percutaneous endoscopic gastrostomy), which is a tube inserted into the person's stomach through their abdomen to provide nutrition or medicines. Both the catheter and PEG were being managed by community nurses. However, there was no information for staff in their care plan about the care they should provide or how they could identify signs of possible infection.
- One person was at times verbally and physically aggressive towards staff as a result of distress caused by living with dementia. The plans did not set out any potential causes of distress or details of the support staff could provide to the person.
- There were three incidents recorded in the daily notes over a five-day period in February and March 2021 where the person had been verbally and physically aggressive towards staff, hitting and swearing at them. Staff had not identified the need to report these through the incident reporting systems. The care manager confirmed that no incident records had been completed. The risk management plans had not been reviewed following these incidents.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The provider had not followed government guidance on testing staff for COVID-19. Of the 13 staff listed on records, four had not completed any COVID-19 tests and only one staff member was completing a test each week. This increased the risk that staff would transmit COVID-19 to people using the service.
- The care manager told us they had tests available, but not all staff had wanted to complete them. The provider's policy on Infection Control (COVID-19) Management stated they would support staff to access testing but did not cover action they would take if staff refused testing.

The failure to ensure staff providing personal care to people were regularly tested for COVID-19 did not follow current government guidance. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff reported they had access to personal protective equipment (PPE) and had completed training on using it safely. This was reflected in the training records.
- People said staff followed good infection prevention and control practice when they were in their home and used all the required PPE.
- Changes has been made to work practices as a result of the COVID-19 pandemic. This included minimising the number of different staff visiting people, maintaining social distancing in office and training areas and the use of video calls where possible.

Systems and processes to safeguard people from the risk of abuse

- Staff had not identified comments from a person as an allegation of abuse and had not reported the concerns to the management team. The manager took immediate action to report the allegation to the local authority safeguarding team when we informed them of the details. Action was taken to ensure this person was safe. Other concerns had been raised with the safeguarding team promptly. The provider had worked with the local authority and police to ensure allegations were investigated and people were safe.
- Staff had completed some training on safeguarding people from abuse, but this was not clearly recorded on the staff training records. This made it difficult to identify which staff had completed the training and when they were due to complete any refresher training. Staff we spoke with were aware of their responsibility to report allegations or concerns and were confident the provider would take action to keep people safe.
- People said they felt safe with staff working in their home. People were confident the provider would address any concerns they had.

We recommend the provider reviews training and guidance to ensure all staff are aware of the processes to safeguard people from the risk of abuse.

Staffing and recruitment

- There were enough staff working to meet people's needs. People told us staff arrived on time and stayed the full time they were booked for.
- The provider had effective systems to plan staffing levels based on people's needs and their location. Staff said their schedules were realistic and had travelling time built into them, so they didn't need to rush.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character.

Using medicines safely

- People were supported to take the medicines they had been prescribed.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take.
- Staff had received training in safe administration of medicines. Their practice had been assessed to ensure they were following the correct procedures.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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 had not ensured the best interest decision making process was followed for people assessed to lack capacity to consent to their care.
- Two records we inspected stated the person lacked capacity to consent to their care and treatment. There was no information about who made the assessment that they lacked capacity. Neither person had any record that the best interest decision making process had been followed.
- The care manager reported they had identified further work was needed and had requested input from people's social workers. The care manager had worked with people's family members to understand their needs and plan their care. However, they had not ensured they could demonstrate all decisions made on behalf of people were in line with the principles of the MCA.

We recommend the provider seeks further guidance and support to review their procedures and records when people lack capacity to consent to their care and treatment.

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. This assessment was regularly reviewed to ensure staff had current details of their needs and choices.
- 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 the care certificate, which is a nationally recognised basic level of training for care staff.
- Staff said training was relevant to their role. New staff spent time shadowing experienced staff members as part of their induction.
- People told us staff have the right skills to meet their needs, with comments including, "The staff know what they're doing."
- 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 clear information in their care plans. These set out the support people needed and how they liked their meals prepared.

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.
- Records demonstrated the service worked with GPs and community nurses to ensure people's needs were met effectively.

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 were treated with kindness and were positive about the staff's caring attitude. Comments from people and relatives included, "The carer is excellent and gets on really well with [my relative]" and "The carer interacts well with everyone and is very caring in their approach."
- 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 said staff provided support in ways that maintained their privacy and dignity.
- Confidential records were securely stored, and staff ensured they did not share information about people without their permission.
- 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.

This is the first inspection for this newly registered service. This key question has been rated 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 plans did not always contain the information needed to provide effective care and support for people.
- People had care plans, but some key information was not included. Examples included specific information about people's reaction to distress and specific information about actions to meet people's medical needs.
- Daily care records were not always completed with enough detail to demonstrate people received the care they needed. The service had introduced electronic care records and one entry was an exact copy of the entry for a previous day, including typographical errors. Another entry stated a person had refused personal care. There was no information about what action the carer had taken as a result of this refusal. The care plan did not contain any information about how to support the person if they were reluctant to receive personal care.

We found no evidence that people had been harmed however, the provider did not have effective systems to maintain an accurate record of care provided to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- 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 and use of sign language.

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 first used 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

- The service worked with health professionals where necessary, including the palliative care service and

community nurses.

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 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

- The service did not have a registered manager at the time of the inspection, which is required as a condition of the provider's registration. The previous registered manager cancelled their registration in October 2020. We have received two applications for registered manager since then, but both have been withdrawn. The nominated individual, who had been the previous registered manager, had applied to be the registered manager again.
- The service had quality assurance systems in place, for example audits of infection control practices, reviews of support plans, observations of staff and feedback from people and their relatives. However, these systems had not identified shortfalls in the management of risks, COVID-19 testing for staff, responding to safeguarding allegations or processes to follow when people did not have capacity to consent to their care.
- The management team did not have an effective system to make improvements to the service. There was no overall plan to address shortfalls in the service to ensure the provider met their legal requirements. Audit records contained some details of actions needed, but no details of who was responsible for completing the action or review to ensure the actions were completed.

We found no evidence that people had been harmed however, 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.

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

- The provider had promoted a person-centred approach in the service. This was evidenced through the content of staff communications and the feedback from people and staff.
- People said in addition to personal care, staff provided company and social interaction in ways that were specific to them and their relatives.
- The provider was aware 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 involved people and their families effectively in a meaningful way. A member of the

management team visited people to check how their care was going and whether any changes were needed.

- The provider responded to concerns people had raised and let people know what action they had taken. Comments included, "[The director] has resolved issues very quickly. I'm very confident he would resolve anything else that was a problem" and "When I've raised any issues, they have sorted it out."
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured there were effective systems to identify and mitigate risks to people using the service, or control the spread of infections. Regulation 12 (2) (a) (b) and (h).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there were effective systems to assess, monitor and improve the quality of the service provided or maintain an accurate record of care provided to people. Regulation 17 (2) (a) and (c).</p>