

Liznett Care Services Ltd

Bexley

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bexley (Liznett Care Services Ltd) is a domiciliary care agency that provides personal care to older people in their own homes. 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. They were providing personal care to 40 people at the time of the inspection.

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

At our last inspection in 2018 we found there had been breaches to regulations on safe care and treatment and good governance. At this inspection we found though improvement had been made, further improvement was required; specifically, medicines management was not always safe, risk assessments did not always address people's medical conditions and quality assurance systems were not effective in monitoring or improving care.

Records of incidents and accidents were inconsistent. Staff were not always on time. Food and fluid preferences were not always recorded correctly. People and relative's involvement in care plan reviews was not always recorded. There were mixed views on promotion of people's independence. Care plans were not always up to date.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation on recording capacity and consent.

People were supported with their health care needs, though we have made a recommendation about ensuring staff have access to the most up to date information about people's health.

There were safeguarding systems and processes in place. Recruitment was carried out with people's safety in mind. Staff used infection control practices.

People's needs were assessed before they used the service. Staff were supported through induction, training, supervision and appraisal. The service worked with other agencies to ensure people received good care.

People told us staff were caring. Policies and procedures at the service supported equality and human rights. People expressed their views and had input into their care. People's privacy and dignity were respected.

People knew how to make complaints and the service responded appropriately when complaints were made. The service was able to work with people who were at the end of their life.

People thought highly of the management. The management acted responsively to concerns. People and staff were able to feedback about the service.

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

Rating at last inspection

The previous rating for this service was requires improvement (published 15 August 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified continued breaches in relation to safe care and treatment and good governance.

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

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 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 not always caring.

Details are in our caring 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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bexley

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

There was one 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 houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, four care workers, a care coordinator and administrator.

We reviewed a range of records. This included five people's care records and multiple medicine administration records. We looked at five staff files in relation to recruitment and staff supervision. We also viewed 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 regarding risk assessments, medicines management, consent and safe recruitment to validate evidence found. The provider sent us documentation we sought.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had not always managed medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that whilst improvement had been made the provider was still in breach of regulation 12.

- People's medicines were not always managed correctly. Staff completed Medicine Administration Record (MAR) charts to record medicines administered and these charts were audited by management. We looked through ten people's MAR charts and audits for the last 12 months and found unexplained gaps in three people's MAR charts that had not been picked up in the MAR audits. We saw that MAR audits were not being completed regularly. We noted improvements to the quality of the information gathered by these audits, but because they were not being completed consistently, gaps in people's MAR charts had not been picked up by the service.
- Risks to people were not always monitored. We highlighted a care plan to the registered manager that named two medical conditions a person had been diagnosed with; there was no explanation of what the conditions were and whether there were any risks associated with them. The registered manager told us they did not believe it to be their remit to understand people's health conditions as they felt this was the role of medical professionals. This meant they were potentially unaware of risks to people and others as they did not know the nature of people's conditions, how it affected them or those around them.
- Care plans contained risks assessments that monitored risks within people's home environments and moving and handling. At the time of the inspection we did not find risk assessments or risk management plans that were specific to people's health conditions. For example, we saw that some people had conditions associated with their heart and others with nutrition and diet. The registered manager told us risk assessments were in people's home and following the inspection sent us copies.
- The risk assessments sent to us following the inspection covered areas including cognition, medicines, nutrition, skin condition as well as other aspects to do with people's care. However, some of the risk assessments were incomplete and did not cover specific health conditions.
- One risk assessment was signed by the registered manager stating that a person had consented to administration of medicines. The part of the risk assessment associated with medicines had a tick box section where both 'yes' and 'no' had been marked for questions such as 'Any meds side effects?' and 'Any factors affecting medication intake'. This meant it was unclear whether the answer was yes or no as both had been marked. There was also a box where medicines, their effects and risks identified/comments had been left blank.

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

The registered manager felt that the service had made great improvement since our previous inspection and was upset that these gaps had not been explained in the MAR charts. They were able to give reasons as to why there were gaps after investigation and told us that staff who made the omissions would be given "support and learning".

- Staff received training on how to administer medicines, their competency was assessed and they were spot checked while at people's homes. One staff member explained their administration process, "I will put medication in the pot, offer water, then after I document it." Records indicated that staff were competent and where errors were made, further training was put in place to assist their learning. These medicine administration errors were recorded appropriately and discussed with staff at supervision.
- Following the inspection, we were provided with documents that stated the side effects of medicines people took and the risks associated with those medicines.

Learning lessons when things go wrong

- Accidents and incidents were recorded by the service. One staff member said, "We try to reduce the risk of things happening but we'll report things when they happen." However, accident and incident reporting was inconsistent. Reports did not always contain follow up actions nor were they signed off by a manager.
- One incident report we saw was unclear in that there was no information on what had happened to the person though there was information stating the person had been hospitalised. We asked the registered manager about this and he directed us to another member of staff who was able to tell us why the person had been hospitalised. After discussion with the registered manager and staff we considered it likely that appropriate actions had taken place when things went wrong but these actions had not been recorded.
- The complaints system was used effectively to drive improvement. We saw that following on from complaints, investigations would take place and sometimes this would lead to staff supervision where lessons were learned with respect to where things had gone wrong.

Staffing and recruitment

- People told us staff seemed rushed and did not always arrive on time. One person said, "I think the carers seem rushed at times." Another said, "The carers are not always on time." We looked at the staff rota and the system the service used to record and monitor calls. We saw there were enough staff to meet people's needs but that staff were sometimes late for calls.
- We spoke with the registered manager and the local authority about this and understood that the service was working to improve their call timeliness.
- The service completed checks on people before they were recruited. All staff had provided proof of identification, applications and employment histories to the service before starting. We found that two staff did not have Disclosure Barring Service (DBS) checks on file, but when we prompted the registered manager they obtained evidence of these checks. DBS checks are made by employers to ascertain the suitability of employees to work with vulnerable people. They state people's criminal convictions and or whether they've been added to any lists which would mean they were unsuitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us people were safe. One relative said, "I think that [family member] is definitely safe." There was a safeguarding policy and procedure in place. Staff members received training and knew what to do if

they suspected abuse and were continually asked about their understanding of it at supervision. One staff member said, "Protect them from abuse. You have to ensure people are not maltreated." At the time of the inspection the service had not reported any safeguarding alerts but told us they had discussed possible issues with social workers at the local authority.

Preventing and controlling infection

- Staff were supported to prevent the spread of infection. We saw boxes of gloves at the service the provider gave to staff to carry out their tasks. There were various policies that informed staff how to prevent and control infection such as the blood borne virus and the infection control policies.
- People told us staff wore protective equipment when providing care. One person said, "Everyone always wears gloves and aprons." Staff confirmed this. One staff member said, "We have a lot of ways of preventing infection. We use gloves. We wash hands." Staff were trained on infection control and we saw that staff were provided with this equipment to do their job.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

- Staff understood the need for consent and acting in people's best interest. One staff member told us, "All the time. Every time - you can't just go ahead. I always seek consent." However, care plans contained no information about people's mental capacity other than stating whether they had a diagnosis of a health condition where capacity might fluctuate, such as dementia.
- During the inspection the service was unable to provide us with consent to care agreements. Following the inspection, the registered manager sent us some copies. Numerous consent agreements had been signed by relatives. The service had policies on consent and dementia. The policy on "Service Users Consent" stated that "under English law, no one (not even husbands or wives, partners, close relatives or carers) can consent to treatment on behalf of another adult." There was no evidence in care plans whether relatives had the power of attorney or deputyship for people around their health and wellbeing or whether any best interests' meetings had been held to support decisions made around people's care.

We recommend that the service follow best practice on recording and monitoring capacity and consent.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health care needs. One staff member told us, "Yes, many times we have invited the district nurses to come and assist us." The service communicated with health care professionals and we saw email correspondence highlighting this. However, we noted that not all staff had access to the email correspondence and we saw one instance where a health professional had sent a report to the service to update them on a person's health care needs. This report was not kept in the person's care plan and therefore the staff could not refer to it for future reference.

We recommend the provider follow best practice with respect to maintaining up to date care plans.

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

- People told us they felt they could be supported better with their food. One person said, "They help me with my food sometimes. I feel like they should help a bit more. There are a lot of restrictions on what they can and can't do. They'll only heat up microwave meals for me, which is not appropriate for my health needs."
- People's food and fluid intake was recorded where necessary. However, care plans did not always contain up to date information about people's dietary needs and preferences. For example, we saw one person's care plan indicated they had diabetes. We saw that food and fluid charts indicated they were being supported to be fed by staff. There was little information in the person's care plan about what food they could or couldn't eat.
- We asked the registered manager about this and he directed us to a coordinator who told us that food was prepared by the family and staff supported the person to eat. However, this person was now receiving pureed food following advice from health care professional. There was nothing in the person's care plan about this updated advice and how the person's needs had changed.

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

- People's needs were assessed before they began using the service. One person said, "I was given carers straight out of hospital for about 4-5 weeks, so when that ended a new plan was discussed. We all sat and had a chat in the beginning." Assessments covered different areas of people's lives where they needed support. This support covered people's health concerns and needs, their social relationships and other information that supported the service provide care.

Staff support: induction, training, skills and experience

- Staff completed inductions when they started work so that they knew what they were supposed to be doing when they began working with people. Staff learned about the various aspects of how the service worked, the importance of person-centred values, safeguarding and other topics that would assist them in their role. All staff shadowed experienced colleagues on shift to understand how to work with people correctly. Inductions were then signed off by the managers within the service.
- The service provided training suitable for working with vulnerable people. All training was face to face as the registered manager believed this was better than online training. Staff completed training that the provider had identified as necessary for working in health and social care. Training topics included fire safety, safeguarding, moving and handling and person-centred care. Refresher training was completed annually. One relative told, "I think they're very skilled. The ones I've seen are very good. They help [person] with things that I wouldn't even think to do, they go above and beyond."
- Staff told us they were supported by the management. One staff member said, "Yes regular supervision and spot checks - they are very useful. They can point out mistakes and efficiencies and we're given targets to improve the quality of care." All staff received supervision, appraisals and had ongoing spot checks completed with them to see how they performed in their jobs.

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

- Daily logs completed for all people using the service demonstrated staff recorded relevant information to share with each other and this information was shared with other professionals where appropriate. The service recorded when staff had contact and met with social workers and health care professionals in their electronic care planning software. We saw electronic records of interaction between the registered manager and other professionals supporting people receive 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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People and relatives told us they were involved in creating their care plans. One relative told us, "With their care, they talked it all through. The manager even called me yesterday. We've got a good relationship, we can call anytime." However, people's service user agreements and their care plan reviews were often unsigned or if they were signed the service did not maintain a copy at their registered address. This meant there was no indication of whether people had been involved in their reviews or not. The registered manager also confirmed that meetings held with people and relatives were not always recorded, other than some notes in the registered manager's note book, meaning there was no accessible record of their preferences or objections raised at meetings.

Respecting and promoting people's privacy, dignity and independence

- There were mixed views on the service's promotion of independence. One person said, "I wish they could do more for my independence. Some of them feel I am already independent, they tell me to rest more. I don't do any activities." Whilst a relative said, "They promote [family member's] independence very much. We usually stock up on shopping, but sometimes they make a list if [person] runs out. When they go to get their hair done, there is a co-op nearby, so the carers will tell them what is needed". Staff understood the importance of promoting people's independence. Staff told us they promote independence "By encouraging people to do things on their own."
- People told us their privacy and dignity was respected. One person said, "They always give me privacy and dignity. They make sure to always close the door and they think about the timings that the work men may come." Another said, "Definitely very respectful." We saw that people's confidential information was stored on password protected computers or in lockable filing cabinets. There were policies to support data protection and people's confidentiality. There was training on privacy and dignity that all staff completed.

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

- People and relatives told us staff were caring. One person said "They're very caring, they know me now. That trust has built up over time." A relative told us, "They're all so caring, and have a nice chat with [person] when they come".
- Training and policies at the service sought to ensure people were well treated. Training included person centred care, duty of care and equality, diversity and human rights. Various policies supported people's human rights, identifying relevant law and principles. There was guidance on how people should be treated. Staff told us they were happy working with people who had diverse needs. One staff member said, "Everyone has value and they should be treated with respect and dignity. We positively welcome people and

give them respect."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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

- People and relatives told us the care was planned. One person said, "I was happy with the planning of my care, I've always felt involved." However, as we noted elsewhere in this report care plans did not always contain up to date information. We were informed one person was taking pureed food which was not in their care plan. This demonstrates people's documentation was not updated when their needs changed.
- Care plans contained information about people's needs and preferences. Care plans we saw contained person-centred care element of the plans that provided information that was personal to people. They provided information about health needs and care preferences, people's lives before receiving care and who and what was important to them. However, we noted one care plan did not contain any information about the person's life before receiving care.
- There were mixed views on whether staff knew how people liked things done. One person said, "They don't always ask if there is something else they could be doing, they should ask. It's difficult for me to ask for help, sometimes I do things on my own." One relative said, "They've been great, I was doing loads for [person] like their washing up and laundry and after having a conversation they told me to hand it over, so they could do it."
- There was explicit guidance for staff how people wanted their care. For example, one care plan stated, "Greet me when you come in. Prepare for my wash. Put my clothes out, adjust my bed and position the frame from me. Prompt me to stand and mobilise to the commode."

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.

- The service supported people with sensory impairment. Assessments gathered information about people's communication needs and the service provided information how people wanted. We saw that some people had sensory impairments and the service provided information in the format they wished to receive it.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us they would feel able to do so. One person told us, "If I ever had a complaint, I'd know what to do, I just haven't needed to" There was a complaints policy and procedure in service user guide.
- Complaints to the service were recorded and dealt with appropriately. We saw complaints were

investigated and where necessary other agencies involved to ensure people were receiving the right care.

End of life care and support

- At the time of our inspection no one was at the end of their life. However, the service had an end of life policy and worked with other agencies to ensure that people would receive the care they needed. One staff member said, "We try to offer a dignified and pain free death."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 the provider had failed to take proper steps to ensure there were effective systems to assess, monitor and mitigate risks to the health and safety of people to improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that while some improvements had been made further improvement was required in this key question.

- Quality assurance systems and processes were not sufficiently robust. As noted elsewhere in this report, we have highlighted various issues that require improvement, including gaps in people's medicine administration charts that should have been picked up by quality assurance processes. Similarly issues with care plans and staff files not being up to date could have been picked up by better quality assurance systems.
- Administration and governance at the service was lacking. As with our previous inspection, information was not readily available, and records were not always presented promptly during our inspection. For example, risks assessments and consent agreements were only seen after the inspection as they were not being kept at the registered premises.

We found no evidence that people had been harmed, however, quality assurance systems were either not in place or robust enough to demonstrate safety was effectively monitored or managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had worked hard to improve the service since our last inspection and would continue to do so. They told us the local authority quality assurance team were supportive and they would seek guidance on how to improve.

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

- Although there was some criticism of the service, people and relatives regarded the service positively. One relative said, "As carers go, they're pretty good." They also told us they thought the service was well managed. One relative said, "The management is brilliant. I had a couple of issues in the beginning, but I was happy with the way it was handled. I'm confident to raise anything." The service had a statement of purpose and a service user guide. Both these documents highlighted the aims of the service, to provide quality person-centred care to people in their own homes.

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 and acted responsibly and responsively when things went wrong. One relative told us, "The management are on the ball, if I have any questions I usually text them and they text me right back." We looked at complaints and saw that the service replied to these in a professional manner and took responsibility for the care they provided. We also spoke with the local authority about the service and they noted the responsive manner of the registered manager and the general sense of content among people who used the service.

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

- People and relatives had mixed views on being asked for their feedback. One person said, "They take on board my suggestions." A relative said, "No one has called for any opinions ever." We saw surveys completed by people and that they were asked for their opinions and suggestions in spot check and care reviews. Feedback and monitoring we saw indicated that people felt supported by the service.
- The provider held staff meetings. Staff told us these were useful. One staff member said, "We try to review our activities and evaluate what is been going on. We look at solutions. If we have issues in the field we discuss them." Meeting minutes we saw contained topics including how to talk with people, training and medicines management.

Working with others

- The service had professional relationships with the local authority and other health and social care providers. These relationships were maintained to the benefit of people using the service. We saw various examples of when staff worked alongside others to provide good care to people.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not done all that is reasonably practicable to mitigate risks.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not operate an effective system to assess, monitor and improve the quality and safety of the service provided.