

Elizs Domiciliary Care Agency Ltd

Eliz's Domiciliary Care Agency LTD

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eliz's Domiciliary Care Agency LTD is based in the London Borough of Havering. The service provides personal care to adults 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.

At the time of the inspection two people, who lived in the same house, used the service.

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

People were supported by staff who were caring. There were enough staff who had knowledge, skills and commitment to support people.

The recruitment processes were not always robust which meant that staff were not always checked before they were employed to ensure they were safe to work with people. Staff did not receive supervision, which meant they were not supported appropriately.

Care plans and risk assessments were completed and staff understood how to provide care that met people's needs. People received person-centred care and support based on their individual needs and preferences.

People could be confident that their concerns and complaints were listened to and acted on by the registered manager.

The service had a policy on equality and diversity and staff were clear about treating people with respect, dignity and without any kind of discrimination.

People had their own arrangements for their medicines and meals. However, staff had training and knowledge to provide support if people needed it in these areas.

Staff liaised with other health care professionals and agencies to ensure people's healthcare needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 24 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date Eliz's Domiciliary Care Agency LTD was registered with the CQC.

Enforcement

At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered provider to take at the back of the full version of the report.

Follow up

We will request an action plan for 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Eliz's Domiciliary Care Agency LTD

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 who live in their own houses or 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 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 17 June 2019 and ended on 20 June 2019. We visited the office location on 17 June 2019.

What we did before the inspection

We reviewed information we had received about the service since its registration with us on 24 July 2018. We used the information the provider sent us in the provider information return (PIR). 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 this information to plan our inspection.

During the inspection

We spoke with the registered manager and reviewed a range of records. This included two people's care records and recruitment and training records of one member of staff. We looked at records relating to the management of the service, including policies and procedures.

After the inspection

We were not able to speak with people or their relatives. However, we spoke with a representative of both people and a member of staff by telephone.

Is the service safe?

Our findings

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

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.

Staffing and recruitment

- Staff recruitment systems were not consistently implemented. For example, written references were not available for one member of staff. The service had only one member of staff at the time of inspection. This meant staff were not appropriately checked to ensure they were safe to work with people.
- The registered manager told us and records showed that criminal records and a proof of identity checks had been carried out before staff started work at the service.
- There were enough staff to meet people's needs. The registered manager told us that they would continue employing new staff to meet people's needs.
- People's representatives told us staff always arrived on time.

The provider had failed to undertake full checks to ensure staff employed at the service were fit and proper for their roles. This is a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to ensure people were protected from the risk of abuse. A representative of one person told us, "Of course, I feel [person using the service] is safe. If I felt [person] was unsafe I would have gone to a different service provider."
- Staff had received training in safeguarding and knew how to identify and report abuse. Staff knew who to contact if they became aware of an incident of abuse.

Assessing risk, safety monitoring and management

- Each person had a risk assessment which identified potential risks and how to manage them. For example, a risk of falls and a 'protocol' (the procedures staff needed to follow to manage the risk) were detailed in one person's care file.
- Risk assessments were specific to people which meant that they were person-centred.
- The registered manager told us and care files confirmed that environmental risk assessments were completed. Staff told us they had read and knew how to manage risks to people.

Using medicines safely

- People had their own arrangements for administering their medicines. The registered manager told us staff did not administer medicines.
- Records confirmed staff had completed training handling and administration of medicines. There was a policy on medicines.

Preventing and controlling infection

- Staff followed infection prevention and control procedures to protect people from infection.
- Staff had completed training in infection control.
- Staff told us the service supplied them with personal protective equipment (PPE) such as aprons and gloves which they used providing personal care.

Learning lessons when things go wrong

- No incidents had been recorded since the service started providing care. However, the registered manager told us that they would log, investigate and draw lessons from incidents, accidents and complaints. They said, this would help them improve the service.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- No formal staff supervision had taken place since the service started providing care, although staff told us they had informal discussions with the registered manager. This meant staff did not have a structured opportunity to discuss their practice and development needs. The registered manager told us they had a plan to implement regular staff supervision.
- Staff told us they had completed a range of care related training before they were employed. The training staff completed included health and safety, the Mental Capacity Act (2005), adult safeguarding, and equality and diversity.
- Staff told us they had received an induction when they started work at the service. They told us they shadowed the registered manager before they began working alone.
- Staff told us they felt supported. A staff member told us, "The manager is very supportive. If I have any problems, I can talk to the manager."

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

- The registered manager completed pre-assessments of people's needs before providing care. These were detailed and included people's physical, emotional, medical and social needs.
- Care plans reflected people's assessed needs. This meant that people received care and support that met their needs.
- Staff had good knowledge of people's care needs which meant that they provided care and support that met people's preferences and choices.

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

- People did not need support with main meals. However, people's dietary preferences were included in their care plans.
- Staff told us they assisted people with snacks and drinks when they needed them.

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

- The service worked with other care agencies who provided care to people. They shared information and files with other agencies to provide effective care.
- People's representatives told us they worked well with the service. They told us they had a good working relationship with the service which ensured that people received effective care.

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

- Care files contained contact details of people's next of kin, GPs and emergency services, so that staff could contact them if there were concerns about people's health.
- Staff told us that if they were concerned about people's health, they would contact a GP immediately or emergency services so that people receive medical help without delay.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Staff told us they always requested people's consent before doing any tasks. A member of staff said, "I ask for consent, it's their choice."
- Records showed that people's consent had been sought prior to receiving care from the service.

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.

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

- A representative of a person told us people were treated with respect. They said, "Yes, staff are respectful. I am happy with the way they treat [people using the service]."
- A member of staff spoke affectionately about people using the service. They told us, "I like supporting service users, I get satisfaction from helping service users."
- Staff respected people's diverse needs and lifestyle choices and were non-judgemental in their work. A member of staff said, "I treat everyone the way they want to be treated. People are different and have different needs. I do not discriminate."

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

- A person's representative told us they were involved in planning the person's care. They said, "We met with the registered manager and discussed [people's] care plans. Yes, we were involved in care planning."
- The registered manager told us that people had advocates who supported them during their assessment of needs, designing of their care plans and managing their finances.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop and maintain their independence. Care files showed and the registered manager confirmed that people were able to carry out most of their personal care independently.
- A person's representative told us that they found staff were kind, caring and maintained the person's dignity and privacy.
- Staff told us how they ensured people's privacy. One member of staff said, "When giving personal care, I close the door and the curtains. I make sure that service user's privacy is respected and they are comfortable."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had a personalised care plan which was based on their assessed needs. A representative of a person who used the service confirmed that people's assessments of needs were completed before they started receiving care. This meant staff knew people's needs and how to support them.
- The registered manager visited each person at their homes as part of their assessment process. This enabled the registered manager to observe and obtain information to complete assessment of people's needs and develop a care plan.
- Staff completed daily records describing the personal care they provided and the well-being of people during each shift. This allowed staff to share information to ensure people's needs were met.

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.

- People's communication needs were identified in their care plans and staff knew how to communicate with them.

Improving care quality in response to complaints or concerns

- A representative of a person who used the service felt confident in raising any concerns or complaints with staff. They told us, "Yes, I contact the manager if I have any concerns or complaints."
- There was a complaints policy which included information about other organisations that people and relatives could approach if they wished to raise a concern outside of the service, such as the local authorities and CQC.
- There had been no complaints received since the service started providing care.

End of life care and support

- The service was not supporting people at the end of their life.
- Staff had knowledge about end of life care.
- The registered manager told us that before starting to provide end of life care they would ensure staff had appropriate training so they were able to meet people's needs.

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.

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

- The registered manager had not completed audits of the service to ensure any issues were picked up and managed appropriately.
- Staff recruitment processes were poor. For example, references were not received before staff were employed.
- Staff supervision was not implemented which meant staff did not have opportunity to discuss their care practice and development needs.
- Feedback from people and their representatives had not been obtained.

Due to poor governance of the service people were placed at risk of harm. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their roles and responsibilities. They had read care plans, risk assessments and knew the service's policies and procedures.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were protected against discrimination. The service had a policy on equality and diversity and staff understood their responsibility to treat people without discrimination.
- Staff told us that any changes to people's needs were communicated to other staff and people through daily notes or, by telephone.
- The registered manager had a good understanding of duty of candour. They were open throughout the inspection and we noted the registered manager was transparent and honest with people and their representative.

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

- The service had a survey questionnaire which they had yet to use. This meant that feedback from people and their representatives had not been obtained to drive improvement.
- Staff told us they felt supported. A member of staff said, "The manager supports me well, I like my job."
- A representative of a person who used the service told us they were satisfied with the service and would not hesitate to recommend it to others.

Continuous learning and improving care

- The registered manager accessed provider meetings and used the Care Quality Commission website updates to keep up to date with current practice in care.
- The registered manager had embarked on further studies and research projects related to care to develop their knowledge and improve the quality of the service.

Working in partnership with others

- The registered manager worked in partnership with an independent organisation to ensure that people were receiving care that met their needs. The registered manager was also aware of their responsibility to notify the local authority and other organisations such as CQC when needed.
- Staff worked in partnership with other professionals and agencies, such as GPs and community health services to ensure people received the care and support they needed.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not implement their staff recruitment and supervision systems effectively to ensure staff were appropriately recruited and supported to meet people's needs.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to undertake full checks to ensure staff employed at the service were fit and proper for their roles.</p>