

Liznett Care Services Ltd

Bexley

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bexley (Liznett Care Services Ltd) is a domiciliary care agency that provides personal care to 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 34 people at the time of the inspection.

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

There were safeguarding adults' procedures in place and the registered manager and staff had a clear understanding of these procedures. Risks to people were assessed and staff were aware of the action to take to minimise risks where they were identified. People received support from staff to take their medicines safely. Robust recruitment checks were carried out before staff started work and there were enough staff to meet people's care needs. The provider and staff were following government guidance in relation to infection prevention and control. Staff had received training on COVID 19 and the use of personal protective equipment (PPE).

Staff received training and support relevant to people's needs. People's care needs were assessed before they started using the service and care plans were in place to ensure staff could support them safely. Where required people received support from staff to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People using the service told us they were treated in a caring and respectful manner and they were consulted about their care needs. They knew how to make a complaint if they were unhappy with the service. People had access to end of life care and support if it was required.

There were effective systems in place to monitor the quality of service that people received. Staff said they received good support from the registered manager, care coordinator and office administrator. The registered manager took people and their relatives views into account through satisfaction surveys and any feedback they received was used to improve the service. The registered manager and staff worked with health care providers to plan and deliver an effective service. The service had a business continuity plan in place that made provisions for safe care in the event of an emergency.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 14 August 2019) and there were breaches of our regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection to assess if the provider was complying with our regulations.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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 Health and Social Care Act 2008.

Inspection team

A single inspector carried out this inspection. They were supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

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 16 May 2022 and ended on 18 May 2022. We visited the location's office on 17 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with ten people using the service and three relatives about their experience of the care provided. We spoke with three care staff, the office administrator, a care coordinator and the registered manager. We reviewed a range of records. These included five people's care records, staff files in relation to recruitment and training and a variety of records relating to the management of the service, including the quality monitoring systems and audits.

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 inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good: This meant people were safe and protected from avoidable harm.

At our last inspection 14 August 2019, we found the provider had not always managed medicines safely. We also found the provider had not done all that was reasonably practicable to mitigate risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- People received support from staff to take their medicines safely. Where people required support to take their medicines this was recorded in their care plans. Care records included medicines risk assessments, risk management plans and care plans relating to people's medical conditions. These provided staff with guidance on how to support people with their medicinal needs.
- Some people or their relatives managed their medicines and some people required support from staff with their medicines. One person told us, "The staff give me my medication and there is one that I have to have as soon as they arrive because I need it at least 30-60 minutes before food."
- The provider used an electronic medicine administration recording system (EMAR) for recording medicines administered to people using the service. The service administrator monitored the EMAR daily to make sure people received their medicines on time. The registered manager carried out regular fortnightly audits on medicine records.
- Staff responsible for administering medicines told us, the EMAR system was easy to use and they could not complete their call until people received their medicines.
- Staff told us, and records confirmed, they had received training and they had been assessed as competent to administer medicines safely. This ensured that staff had the necessary skills to safely administer medicines.

Assessing risk, safety monitoring and management

- Risks to people were assessed to ensure their needs were safely met. Risks were regularly reviewed to ensure people's changing needs were safely managed.
- Care plans included assessments of risk relating to people's medical, physical and mental health needs. Risk assessments provided staff with information on how risks should be managed; for example, when supporting people with medical conditions or to safely support people to mobilise with the use of hoisting equipment.
- Staff knew people very well and understood their individual needs and risks. Staff told us the registered manager always made sure they were trained according to people's specific medical and physical care

needs before they were permitted to support them. Where people required support with hoisting staff told us they received training from the local authority's occupational therapist on using hoisting equipment before they could provide care. A person using the service told us, "I do feel safe when the staff are transferring me, and they talk to me while they are doing it."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. A person using the service told us, "I feel safer in my own home than I would anywhere else these days."
- The provider had a safeguarding adult's procedure in place and staff had received training on this. We saw safeguarding was discussed with staff at a recent team meeting.
- Staff said they would report to the registered manager if they suspected any abuse had occurred and they were confident the registered manager would take appropriate action. They also said they would report safeguarding concerns to the police, CQC or social services if they needed to.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Staffing and recruitment

- The service administrator showed us a staff rota and an electronic call monitoring system (ECM). The ECM enabled them to monitor care calls and alerted them if calls were running late. They told us if calls were late, they contacted the staff member to enquire why they were late and then alerted the person using the service that the staff member was on their way. We saw records confirming the registered manager reviewed the ECM call monitoring log on a weekly basis.
- One person told us, "I can't fault them. The staff come on time and stay the full time." Another person said, "Sometimes the staff can be a bit late if the traffic is bad, but I have never had a missed call." A staff member told us, "We have enough staff available to meet people's needs. I get plenty of time to get between calls. I think the rota is well managed."
- Robust recruitment procedures were in place. Recruitment records included Disclosure and Barring Service (DBS) checks, application forms with full employment histories, employment references, health declarations and proof of identification. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe. A person using the service told us, "The staff always wear their PPE and change gloves when they need to." Another person said, "PPE is always worn. The staff know how important this is to me as I am vulnerable."
- The provider was accessing COVID 19 testing for staff.
- Staff had received training on infection control and COVID 19. They told us they had access to plenty of PPE and we observed office staff were abiding by shielding and social distancing rules.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately and the registered manager investigated incidents and shared lessons learned.
- The registered manager showed us a log for recording, monitoring and learning from incidents and accidents. They told us they regularly reviewed the log to identify any trends. When trends were identified they took remedial action. For example, when a person had a series of falls, they advised the person's family to contact their GP and subsequently the person received support from the district nursing team. They also

updated the persons care plan to reflect their current needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care, and support needs were assessed before they started using the service. The provider received referral information about people's care needs from the local authority. Assessments were carried out by the provider to consider if the service could meet people's needs safely. These covered people's medical, physical, mobility and mental health needs.
- People using the service, relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw that people's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. A person using the service told us, "If the staff asked me for permission to do everything, they help me with, we would be here all day. They are respectful enough I guess and here to do a job, I let them get on with it, so from that perspective, I think they are considered well trained." Another person said, "Believe me, I have had some poor care companies looking after me in the past. If I didn't think the staff were well trained, I would tell them!"
- Staff had received an induction and completed training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Staff told us they received regular formal supervision from the registered manager.

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

- People received support to maintain a balanced diet. In some cases family members looked after people's dietary needs. Where people required support with eating and drinking, this was recorded in their care records.
- A relative commented, "My loved one is diabetic, so the staff know they need to keep an eye on them." A staff member told us, "I support some people with diabetes, so I am watchful about what they eat. Everything I need to know and do for them is recorded in their care plans."

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver the service.

- People's care records included information about their medical needs and health conditions and the details of health care professionals involved in their care.
- One person told us, "If my relative is at work and can't take me to an appointment, it has been arranged that the staff will come with me." Another person said, "There have been times when the staff have contacted the GP for me, but they have not needed to for a long time."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At our last inspection 14 August 2019, we recommended that the service follow best practice on recording and monitoring capacity and consent.

We checked whether the service was working within the principles of the MCA.

- People's capacity to make decisions was assessed and recorded in their care records.
- Staff received training and understood the requirements of the MCA. Staff asked for people's consent before providing support and gave people time to think about their decisions and choices before acting.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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 received kind and compassionate care. Staff understood and responded to people's individual needs.
- A person using the service told us, "My carer washes my hair each week and rolls it up for me, just as I like it. They have got to know me well." Another person said, "Sometimes there is an opportunity for the staff to sit and chat and to be honest that helps me just as much as doing stuff for me. I feel they really do care about my wellbeing." A third person commented, "The staff have got to know me in a short space of time. I enjoy chatting with them as I don't see anyone otherwise."
- People's care records included sections that recorded to their religious and spiritual needs. Staff told us they were happy to support people with their diverse needs and preferences. A staff member told us they were mindful and respectful of the customs of people from different backgrounds.

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

- People and their relatives had been consulted about the support they received.
- One person told us, "The office has been very good and seem to be very organised. It's mainly my brother that has spoken with them." Another person said, "I have had many care plan reviews over the years, sometimes face to face, sometimes over Zoom. It works."
- A staff member told us, "Most of the people I support can make their own choices. Sometimes I show people a selection of clothes and they can choose what they want."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A person using the service told us, "The staff make sure I am not embarrassed; they even pop a towel over my legs when I am on the commode and they tell me to call them when I am ready."
- People's independence was promoted. A staff member told us, "I treat people the way I would want them to treat me. Dignity is every important and I always respect people's privacy. When I help people with personal care I encourage them to do as much as they can for themselves."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good: This meant people's needs were met through good organisation and delivery.

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

- People had care plans that described their medical, physical and mental health needs. They included guidelines for staff on how to best support them.
- Care plans evidenced that people, their relatives and health care professionals had been involved in the process. The plans were kept under review and changed as people's needs changed.
- Staff had a very good understanding of people's care and support needs. They were able to tell us in detail how people liked to be supported. For example, a member of staff told us how they supported a person using moving and hoisting equipment and another staff member told us how they supported people with their medical conditions.

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.

- People's communication needs were assessed and recorded in their care plans.
- The registered manager told us that most people using the service could understand the information they provided. If people required information in large print or a different language this would be made available to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. One person told us, "I have complained in the past about a staff member with a bad attitude and the office haven't sent them again, so I know they listen to people." A relative told us, "They really listen and respond to complaints now."
- Records showed when the provider received a complaint it was investigated and responded to appropriately. Discussions were held with the complainant to discuss their concerns.

End of life care and support

- The registered manager told us they liaised with health care professionals and family members to provide people with appropriate care and support when required.
- People were supported to make decisions about their preferences for end of life care and these decisions were retained in their care records.

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 inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good:

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection 14 August 2019 we found the provider did not operate an effective system to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- The provider had effective system in place for assessing, monitoring and improving the quality and safety of the service. We saw records confirming regular audits were carried out on call times, care logs, medicine administration records, health and safety in people's homes, infection control, complaints and staff training.
- The registered manager carried out unannounced 'spot checks' to observe staff care practice. They told us where poor care practice issues were identified, action was taken to ensure that care was provided by staff the right way. We saw records from spot checks confirming the registered manager discussed improving care practice with staff members.
- An officer from the local authority told us the provider had worked hard to make improvements following their last CQC inspection. They told us, "The service has worked hard to make improvements following their last inspection. The registered manager and his team have implemented systems to ensure the service they provide is safe and effective. They have ECM in place now which has been a great benefit to the service enabling them to monitor care calls and act on alerts promptly."
- One person using the service told us, "The service hasn't always been this good, but the team they have now are good and they seem to be learning from things." Another person commented, "The manager leads the crew very well."

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 demonstrated a clear understanding of their responsibility under the duty of

candour. They told us they were aware of the need to report issues or concerns to people's relatives, the local authority and CQC when required. They said they were always open, transparent and took responsibility when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's views about the service through six-monthly satisfaction surveys. We saw an action plan from a recent survey. This indicated that people were happy with the service they received. Where a person said a staff member was not wearing their uniform the registered manager told us they reinforced the uniform policy. A person using the service told us, "They are able to be flexible with the service they provide. I have given them positive feedback both verbally and written."
- One person told us, "I think it's a good company and they do a good job. We would tell others about them." Another person commented, "Based on how they have looked after me so far, I would recommend them to someone else."
- Regular team meetings were held to discuss the running of the service. The agenda at the March 2022 included safeguarding, lone working, the on-call system and the disciplinary policy. The meeting was well attended by staff. A staff member told us, "The team meetings are helpful. It's a good way for us to discuss any issues we have and get updates from the manager."
- Staff spoke positively about the support they received from the manager and office staff. One staff member told us, "The registered manager gives me support and advice. He is a very good manager and he listens to staff. I am happy working here; the clients are happy, and everything is going on fine." Another staff member said, "I love working for this company. They treat the staff very well. There is an employee of the month award where they might give us a little extra pay. They also give us gifts at Christmas."
- The provider had a business continuity plan in place that made provisions for safe care in the event of an emergency.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health and social care professionals, and they told us they welcomed the professional's views on service delivery.
- The registered manager told us they had worked closely with the local authority quality team and valued the support they had received.
- The registered manager regularly attended provider forums where they learned about and shared good practice. They told us they found the forums helpful and had used their learning to improve the service. For example, at one forum they learned about safer recruitment and had put what they had learned into practice at the service.