

Elect Care Consultants Limited

# Elect Care Consultants 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

Elect Care Consultants is a domiciliary care agency providing personal care to 21 people at the time of the inspection.

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.

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

People's medicine support needed to be clearer in their support plan. Staff were recording that medicine had been administered but this was not in accordance with guidance.

Staff completed most of their pre-employment checks. However, where a criminal records check was not in the recruitment file this was not provided after the inspection. We also noted in application forms staff had not provided previous education details.

Staff understood their safeguarding responsibilities and how to blow the whistle. People and their relatives told us they felt safe with staff. People felt punctuality of staff could improve for visits.

Risks to people were recorded and minimised. Staff were provided with equipment to prevent the risk of cross infection. There were systems in place to learn from incidents when they happened.

Staff told us they received training and support from the registered manager. People had their needs assessed before they received care from the service. People were offered choice and their consent sought before care was provided.

People were supported by kind and caring staff who did not discriminate against them. People's privacy and dignity was respected and people were supported to be independent.

Support plans were personalised and contained people's preferences. People knew how to make complaints to the service. The service had a strategy to support people at the end of their life.

Quality assurance systems were not thorough or consistent. Staff records were not readily available during or after the inspection.

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](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 25 May 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe recruitment practices, staff support and supervision, good quality monitoring systems and management of records.

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

#### 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?

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** ●

# Elect Care Consultants 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 carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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.

#### What we did before the inspection

We reviewed the information we held about 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 two members of staff including the registered manager and administrator.

We reviewed a range of records. This included three people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. 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 found. We spoke to one person who used the service, four relatives and three staff. We contacted the local authority for feedback on the service.

# 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 good. At this inspection this key question has now deteriorated to 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.

### Staffing and recruitment

- People told us staff visited them but felt there were not enough staff. Staff told us they were able to visit people on time as they lived locally, and this reduced the risk of late visits.
- However, there was mixed feedback around the punctuality of staff. A relative told us they had experienced issues with late calls and where they were due to receive two carers, only one attended the call. This put people at risk of not receiving care if they required the support of two staff to provide care.
- A relative said, "The lunchtime carer comes when they want, there have been times I've waited and no one has come." Another relative told us they thought the service did not have enough staff and said the registered manager attended to provide care when staff were unable to. A third relative told us their carers arrived on time and if they were to be late they were contacted.
- Records showed staff had completed an application form before being employed. However, we noted the previous education section was often blank and one criminal record check out of the three we checked was not present. We queried this with the administrator to find out how they assessed staff competency and they advised they thought this did not need to be completed as the applicants were from overseas. In relation to the criminal records check the registered manager told us it had been completed and was to send confirmation of this after the inspection, but it was not sent.
- We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the person was safe to work with people. This placed people at risk of harm.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had provided references and in the other two recruitment files viewed they had completed a criminal record check with the Disclosure and Barring Service to ensure they were safe to work with people at the service.

### Using medicines safely

- Medicines support was not always clear in people's support plans. For example, in a support plan it had been documented the service was to administer and prompt medicines therefore making it unclear whether the service or the person was managing their medicine.
- The registered manager told us staff had been trained in medicines support but we did not see evidence of this during the inspection.
- Records viewed showed the provider and staff were recording "blister pack" and not the individual medicines administered during each visit.

We recommend the provider consider current guidance in relation the safe management of medicines.

- To support safe administration, pictures of medicines prescribed were provided in people's medicine risk assessment.

Systems and processes to safeguard people from the risk of abuse

- People using the service were protected from the risk of abuse.
- Staff at the service demonstrated they understood safeguarding policies and procedures. Staff told us they would contact the registered manager in the first instance and would 'blow the whistle' if they felt action was not being taken after raising a safeguarding allegation.
- A member of staff said, "I'd tell the registered manager, it's important they're vulnerable people."
- Staff told us they discussed safeguarding matters during team meetings and training.

Assessing risk, safety monitoring and management

- People were kept safe in their home and risks to people were assessed and minimised.
- People and their relatives told us they felt safe with staff. A relative said, "[Staff] she cared, she kept [relative] safe." Another relative said, "Oh yes, [relative] is safe with them."
- Staff told us it was their responsibility to keep people safe. A member of staff said, "I have to make sure whoever is in my hands is kept safe."
- People had risk assessments in place to reduce known risks. Risks included use of equipment, environment and medicines support.
- A member of staff told us guidance was provided to support safe manual handling practices when using specific equipment. They said, "It's in the support plan they have a picture of the hoist, how it's done, what colour straps to use and where to put them. It's in a picture right near their bed and where they are sitting."
- The registered manager advised risk was reviewed every six months or sooner if needed to ensure people were kept safe.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff told us they were provided with personal protective equipment to prevent the spread of infection. This included shoe covers, gloves, aprons, sleeves and hand sanitiser.
- The registered manager told us they encouraged staff to follow good hygiene practices such as washing hands between tasks and not using the same pair of gloves for different tasks.

Learning lessons when things go wrong

- The provider had systems in place to learn when things went wrong.
- The registered manager told us the process they would follow if an incident took place such as a medicine error. They said, "I'd bring them [staff] back in, retrain if necessary and conduct supervision. I would shadow them to make sure were safe to give medicine again."



# 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 now deteriorated to requires improvement. This meant 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

- People and their relatives provided mixed feedback in relation to the skills of staff.
- A person who used the service said, "I think they could do with more training." A relative said, "Overall they are good and handle [person] well and use equipment safely."
- Staff who joined the service completed an induction and records confirmed this.
- The manager told us staff were trained to perform the role and staff told us they attended training to support them in their role. A member of staff said, "We do attend training we had some training with the hoist and we have safeguarding training coming up." We did not see evidence of up to date training that had been completed. We requested an up to date training matrix to be sent after the inspection to review training staff had attended, this was not provided.
- Supervisions were not consistent or in line with the providers policy of every three months. Out of the three staff files we viewed, only two had a supervision record on file. For one staff it was dated 21 July 2019 and the other staff member's was not dated so we were not sure when this had taken place.
- The registered manager said they would submit the missing supervisions for the staff we viewed but this was not sent. We did not see any evidence of completed appraisals for the staff who were due to have one. We asked the registered manager to submit these and they were not sent.
- Staff told us they had enough support and could approach the manager at any time with queries however, supervision was not regular.

We could not be assured staff were receiving appropriate supervision, appraisal and training support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received an assessment of their needs before they began using the service.
- A relative told us the registered manager visited to complete an assessment of needs. The registered manager said, "I carry out the assessment to see what they need and want, carer preference and times of the call. I check does the person need any equipment do they need more than one carer for support."
- The registered manager told us they followed published guidance from National Institute for Health and Care Excellence and Social Care Institute for Excellence to support the initial assessment process.

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

- People at the service did not require support with meal preparation.

- Staff told us they helped people heat meals and provided them with drinks of their choice.

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

- People were supported to maintain their health by staff who visited the service.
- Staff told us they would inform the registered manager if someone they had visited was feeling unwell and support plans encouraged staff to be vigilant of changes to people's health needs and to ask them how their health was.
- Support plans discussed the need to monitor people's oral care even if the person's family was monitoring this.
- Records confirmed health professionals such as occupational therapists, GP, social worker, physio therapist and district nurses were involved in people's health care.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to make their own decisions as much as possible.
- Support plans contained people's consent to care.
- Staff told us they asked people's permission before delivering care and always offered choice. A member of staff gave an example of how they showed people different options when deciding food. A member of staff said, "I bring out two meals for [person] to choose, always an option."

# 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 remained the same. 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 supported by staff who were kind and respectful.
- A person who used the service said, "Most of them [care staff] are nice, the ones who aren't I told them [provider] not to send them back." A relative said, "The carers are wonderful and lovely."
- People were supported by staff who were non-discriminatory. A member of staff said, "There is no racism here, we treat people like human beings. We will not neglect people." The registered manager said, "We do not discriminate, we respect people."
- The registered manager told us people who identified as lesbian, gay, bisexual or transgender were welcome at the service. They said, "We would serve them as best as we could and approach in the same way (as anyone else)."
- The registered manager told us they discussed equality and diversity in team meetings and they said, "We have to respect each other, we are all different, always be polite."

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

- People were involved in making decisions about their care.
- People's records indicated they had input in expressing their needs about how they received care and by whom.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by the service.
- People who used the service told us staff respected their home, privacy and dignity.
- Staff told us they would close the bedroom and bathroom door where people were having personal care.
- Staff at the service encouraged people's independence. This was recorded in people's support plan where it stated the tasks people were able to do for themselves. A member of staff said, "Some want to be independent, but you can't force them. Some want to try so I just persuade them for example I give them the spoon and they try to feed themselves."

# 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 now remained the same. 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

- During the inspection the sample of support plans we viewed were not personalised, were not in the file or had not been updated. After the inspection the registered manager sent us updated support plans which were personalised.
- Support plans contained specific details to support staff provide an individual service to each person. For example, in a support plan it stated how people liked to receive support and whether any soaps or creams were needed during personal care.
- Staff told us they read the support plan to understand the needs of the person but they would still ask them what they needed and if the support they were providing was alright.
- People's care was reviewed to ensure it was up to date and continued to meet their needs.

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.

- Records confirmed the service assessed people's communication needs and how they wanted to be supported.
- People's support plans discussed whether they had any communication needs.
- At the time of the inspection no one at the service required support to communicate their needs.
- The registered manager advised they could provide information in different formats for people who used the service.

Improving care quality in response to complaints or concerns

- The service had systems in place to report and record complaints.
- People and their relatives told us they knew how to make a complaint and spoke to the registered manager. A relative said, "If something goes wrong, I tell them straight away."
- We viewed the records and there had been no complaints, formal or informal received by the service.

End of life care and support

- At the time of the inspection no one at the service required end of life support.
- There was an end of life policy and strategy which indicated the service would develop a package when people were nearing the end of their life
- The registered manager told us they had attended end of life training and they shared this learning with

staff afterwards

# 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 good. At this inspection this key question has now deteriorated to 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

- Records were not readily available, a number of records such as evidence of staff training, up to date supervisions, appraisals and support plans which should have been on site were not present. The registered manager was provided with the opportunity to present this information but failed to do so.
- There were systems in place for quality monitoring but the records provided did not show consistent monitoring took place or when it had occurred. They were also ineffective as they had not identified the issues found during this inspection.
- Spot checks were being carried out by the registered manager to ensure staff were attending people on time but these were not consistent. For example, we were provided with one spot check dated 16 May 2019 and the member of staff had been working since 6 April 2018.
- We were given a sample of telephone questionnaires but there was no date to indicate when these had been completed. The registered manager advised they had been completed in October 2019.
- The registered manager advised they sent surveys to people who used the service. We reviewed a sample and there was no date when this had been sent to understand the period of time being reviewed. The registered manager was to send their analysis of the surveys after the inspection but failed to do so.
- We reviewed a sample of daily logs but none had been audited to check for quality. The registered manager told us they would send evidence of audited logs but failed to do so.
- The registered manager and staff told us staff meetings took place around lunchtime so as not to impact people using the service. However, we were not able to view any minutes of these meetings. We gave the registered manager the opportunity to send them and they failed to send them.
- We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were clear about what was expected of them and it was discussed during team meetings.
- The registered manager stated they ensured staff knew what was required by talking to them during team meetings.

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

outcomes for people

- People and their relatives provided positive feedback on the registered manager. One person said, "Oh yes she's a good manager, she sometimes comes to do the work herself." A relative said, "I've got [registered manager] number if need to speak to her but I get updates from the supervisor."
- Staff were complimentary about the registered manager. A member of staff said, "Yeah, she's a good manager, approachable."
- The registered manager told us their work place was a positive environment and that communication was important for people using the service for them to get support and advice. The registered manager said, "I want to help them, if I don't know (the answer) I will find out for them or direct them to the appropriate organisation."

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; Continuous learning and improving care

- The registered manager understood their responsibility to be open and transparent when things went wrong and to report to the relevant organisations including the CQC.
- The registered manager told us continuous learning took place by sharing best practice with staff. They said, "I work alongside them during visits, show them the best way."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were overall happy with the service. Questionnaires showed there were no concerns identified. The registered manager completed telephone surveys and sent questionnaires for people and their relatives to complete.
- However, a relative told us they had not been contacted for feedback. Other relatives when asked if the registered manager asked for feedback, told us they spoke to the registered manager all the time and could get hold of them easily if they needed to.
- The registered manager worked with health professionals to ensure people using the service received the right equipment and support to ensure they could live as comfortable and healthy life as possible.

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 have systems or processes to maintain accurate, complete and contemporaneous records for staff training, quality monitoring and an up to date copy of people's support plan. 17 (1) (c) (d)</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Persons employed must have the information specified in Schedule 3, namely a copy of an enhanced criminal record certificate issued under section 113B of that Act together with, where applicable, suitability information relating to children or vulnerable adults. 19 (3) (a)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Persons employed by the service must receive appropriate support, professional development, supervision and appraisal to enable them to carry out the duties they are employed to perform. 18 (2) (a)</p>