

Elizabeth Homecare Limited

# Elizabeth Homecare Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Elizabeth Home Care is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection there were 86 people using the service. 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

New systems and processes had been implemented since the last inspection. However, further work was required to embed them and ensure they were fully effective. The systems in place had not always made improvements to the service. For example, we found medication errors and missed calls continued to be inconsistent. Some records were not always accurate, or robust.

At times calls were missed meaning people did not receive the care they required. There was no robust monitoring to prevent missed calls.

Staff had received safeguarding training and procedures had been implemented. People felt safe with the support they received from staff. Accidents and incidents were monitored by the management to ensure prompt referrals were made when required.

Significant improvement had been made to update staff training which was tailored to individual learning styles. Staff received supervisions and told us they felt supported in their roles.

People were happy with the care they received and told us staff delivered care how they wished. People had been involved in the development of their care plans. The provider had made improvements to the care plans, but further work was required to ensure these were always accurate.

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 support 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 and update

The last rating for this service was inadequate (published 30 March 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, although some improvements had been made, we found the provider remained in breach of some regulations.

At our last inspection we recommended that the provider implemented procedures for recruitment and duty of candour. At this inspection we found the provider had met the recommendations.

This service has been in Special Measures since 22 February 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out announced comprehensive inspection of this service on 25 and 29 November 2021. Multiple breaches of legal requirements were found.

We undertook this focused inspection to check whether the Warning Notice's we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. And the requirement notices for regulation 11, 13 and 18 had been met. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elizabeth Home Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to medicines, staffing and governance at this inspection.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always 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 responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Elizabeth Homecare Limited

## **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

Two inspectors carried out this inspection. An Expert by Experience made telephone calls to people and their relatives. 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 September 2022 and ended on 10 October 2022. We visited the location's office on 28 September 2022.

#### 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 all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with 9 family members and 6 people who used the service about their experience of the care provided. We spoke with 9 members of staff including the nominated individual, registered manager, the training coordinator and six care workers. We reviewed a range of care records and medicines records. We looked at 3 staff files in relation to recruitment and staff supervision and records relating to the management of the service.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.



# 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 Inadequate. At this inspection the rating has changed 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

At our last inspection we identified the provider had failed to ensure there was enough staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- People continued to have missed calls which left them at risk of harm as they had not received their planned care.
- People did not always receive appropriate staff to meet their needs. On some occasions relatives had to support staff provide care to their relative and on other occasions one staff carried out the care call where two was required.
- There was no robust system in place to effectively monitor care calls. The provider was not proactive in preventing missed calls.
- Travel time was not always planned appropriately. Staff told us there wasn't always enough time to get to people's homes which made them late, and other staff told us they had to use time out of the care call for travel.

This was a continued breach of regulation 18 (1) (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was actively recruiting and was confident they had enough staff to meet care calls.

### Using medicines safely

At our last inspection we identified medicines were not effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Although the provider had implemented systems to monitor and identify medication errors, these were not fully effective. Errors continued, and people did not always receive their medicines as prescribed.

- Protocols to guide staff on when to administer as and when required medication continued not to be in place due to a lack of understanding of what the protocols were. This put people at risk of not receiving their medicines when required.
- Although staff received knowledge assessments and training, they had still not had robust medication competency assessments in practice even though medication errors continued.

This was a breach of regulation 12 2 (c)(g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we recommend the provider implemented a recruitment policy and procedures to support the safe recruitment of staff. At this inspection the provider had met the recommendation.

- Safe recruitment practices were followed to ensure staff were of suitable character.
- The provider had implemented a recruitment policy.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we identified systems and processes were not operated effectively to prevent abuse of service users. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider implemented a safeguarding policy and safeguarding alerts had been made to the local authority. Further development was needed in the monitoring of safeguarding records.
- Staff had received safeguarding training and understood their responsibilities to report any suspected abuse.
- People told us they felt safe with the support they received from the service. One relative told us, "They are really good and [Name] is very safe with them, I couldn't manage without them."

Assessing risk, safety monitoring and management

At our last inspection we identified the provider had failed to mitigate the risks to people. This was a breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- Risk assessments had been developed to guide staff on how to mitigate any risks to the health and safety of people. Some risk assessments required further detail. For example, to manage risks associated with catheter care.
- Environmental risk assessments had been completed to keep everyone safe when accessing and navigating people's properties.
- Staff told us they now had enough information to keep people and themselves safe.

Preventing and controlling infection

At our last inspection we identified risks in relation to the control of infection were not being managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated



Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- The provider had implemented policies and procedures and risk assessments to prevent the risk of spread of infection, including in relation to COVID-19.
- The provider had implemented a system to record and monitor any COVID-19 tests.
- People and their relatives confirmed staff followed up to date guidance and used the required Personal Protective Equipment (PPE). Staff told us they always had access to PPE.

Learning lessons when things go wrong

- The provider had implemented a system to monitor any falls or staff accidents, this ensured action was taken in a prompt manner.

# 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.

Staff support: induction, training, skills and experience

At our last inspection we identified the provider did not ensure that staff received the appropriate training, support, supervision and appraisal as necessary to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (2)(a).

- The provider had made significant improvements with supporting staff to ensure required training remained up to date. Some further improvements were needed in relation to medicines training and competencies.
- The training coordinator was passionate about ensuring effective training and adapted their training styles based on staff needs. Staff were positive about the training they received. One staff told us; "Yes I am happy with training; I have had all my refreshers this year so all up to date. It's good quality training, there is either one or two of us having training at a time with the trainer, so you can ask any questions."
- Staff received an induction and completed shadowing shifts with more experienced members of staff when they were first employed at the service.
- Most people felt staff were well trained. Feedback included; "[Name] has a stoma and they sent staff for training for stoma care. We are happy they know what they are doing."

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

At our last inspection the provider did not have suitable arrangements for obtaining and recording people's consent. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Care plans and risk assessments now took into consideration people's capacity to consent to their care.
- Care records now contained information when people had nominated representatives to make decisions on their behalf, but further information was needed on some records.
- Staff had received MCA training to improve their knowledge, they had also been given miniature booklets to refer to if needed when assessing people's capacity to consent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were involved in assessments prior to care starting and in further reviews of their care plans. One person told us "Someone came out and went through my care plan with me, not long had one maybe 3 months ago. If my folder needs updating, they do that."
- People were supported with their fluid and nutrition intake. Care records contained information regarding the support people required with their food and drink.

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 with health care appointments and the provider ensured joined up working with health professionals.
- People and their relatives told us staff were good at identifying any health concerns. One relative told us; "The carers are very good at watching for pressure sores. They always bring anything like that to my attention so that we can get the District Nurses out."

# 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.

Improving care quality in response to complaints or concerns

At our last inspection we identified complaints were not being recorded or investigated. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) 2004.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The provider had implemented a complaints policy and procedure.
- A system was in place to record and monitor any concerns or complaints that were received.
- People told us they would feel confident to complain. One person told us, "We don't have any complaints but if we did, we would just phone the office and speak to them because they are always very helpful."

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

- The provider had improved the quality of care plans and information available to staff to guide them in how people wanted to be supported. However further work was required to ensure they were consistent, accurate and contained full detail.
- People were positive about the support they received from the staff. One person told us; "The carers are all kind and helpful and they will do anything we ask them to and more if there is any time"
- Staff told us there had been improvements in care plans. One staff told us, "Care plans, are a lot better now they are more detailed, it's still hard when you go into new as you need to develop a relationship but there is a lot of information to know what people want us to do when we go."
- People confirmed they had been involved in the development and reviews of their care plans.

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 recorded in their care plan.
- The provider had a policy to ensure accessible information was available if required.

#### End of life care and support

- Nobody was receiving end of life care at the time of inspection.
- People's care plans contained basic details such as people's decisions regarding resuscitation, but it was not always clear if people had been offered the opportunity to discuss their care wishes at end of life. The provider started to address this during the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received support with social events and accessing the community if it was part of their care package.

# 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 Inadequate. At this inspection the rating has changed 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; Continuous learning and improving care

At the last inspection systems were either not in place or robust enough to demonstrate the service was operated safely and effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made and the provider remained in breach of regulation 17.

- Although systems had been embedded since the last inspection further time was required to ensure these were effective at identifying and addressing areas of concern.
- We have identified continued concerns with medication management and staffing.
- Systems were used to monitor and take interim action, but they were not always used to look at the service as a whole for themes and trends and to improve the quality and safety of the service.
- Further work was required to ensure accurate, consistent and robust records were kept. This included care plans, risk assessments and for monitoring records such as the complaints analysis.

This was a breach of regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were receptive to feedback during the inspection and were keen to make the required improvements to the service.

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

At the last inspection we recommended the provider consider current guidance and implement a policy to aid and support their practice to ensure they meet the requirements in relation to duty of candour.

- The provider had implemented a policy regarding the duty of candour and were ensuring this was been followed.
- The management team understood their responsibilities to inform people when things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People were happy with the care they received. One person told us; "They are very respectful and if I feel something is wrong and I'm anxious they are very gentle, and they reassure me"
- Staff were confident to raise any concerns or issues with the office. They told us multiple examples of where they had identified areas people required support or concerns and they raised it with the office who addressed this.
- The provider worked effectively with health and social care professionals. Compliments had been received regarding the joined-up approach to deliver good quality care.
- The provider had been working with the local authority to make improvements to the service.

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

- Satisfaction surveys had been carried out and reviewed but outcomes had not always been used to develop the service.
- Systems had been developed to ensure effective communication with staff.
- Staff meetings were held, and staff told us they felt supported.

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  People did not always receive their medicines as prescribed.  12 2(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not sufficiently robust to improve the quality and safety of the service.  17 (1)(2)(a)(b)(c)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There was an insufficient number of staff deployed to respond to people's needs.  18 (1)