

Elizs Domiciliary Care Agency Ltd

Eliz's Domiciliary Care Agency LTD

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Eliz's Domiciliary Care Agency LTD provides personal care to people living in their own homes. At the time of our visit, the service provided a waking night support to two people who lived in the same house.

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

People were supported by the same staff who knew them well and met their needs. Staff recruitment processes were robust. Staff were experienced, trained and supported by the registered manager to carry out their duties providing effective personal care.

The provider's policies and procedures of adult safeguarding ensured people were protected from abuse. The service had infection control protocols in place to ensure the risk of infections was managed. Staff managed the impact of Covid-19 well.

Risk assessments were completed, and care plans were personalised. People were encouraged and supported to make their own decisions about their care. They were able to choose what to eat, when to go to bed and how to take their medicines. They were able to choose to receive personal care from different agencies.

There was a good management system in place. Audits of various aspect of the service were undertaken. This ensured records were up to date and any shortfalls were identified and addressed so people were safe, and their needs met.

People had opportunity to influence the quality of the service by sharing their views with the provider. The registered manager was clear about their responsibility under duty of candour, and learning from incidents, accidents and new ideas of providing effective care. Staff worked with health and social care authorities to ensure people received care and support which met their needs.

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

Rating at last inspection

The last rating for this service was requires improvement (published 30 July 2019).

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. 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 Eliz's Domiciliary Care Agency LTD on our website at www.cqc.org.uk.

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 safe.

Details are in our effective findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our effective findings below.

Good ●

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 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.

The service had a registered manager, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the provider short period of notice 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 17 May 2021 and ended on 25 May 2021. We visited the office location on 20 May 2021.

What we did before the inspection

We reviewed the information we already held about the service. This included details of its registration and

previous inspection reports. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager who was also the provider of the service. We reviewed two people's care files and one staff file in relation to recruitment and supervision. We also reviewed records relating to quality assurance and the provider's policies and procedures.

After the inspection

We spoke with one care staff by telephone. We continued to seek further evidence and clarification from the provider, which we have included in the report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing levels

At our last inspection the provider had not implemented consistent staff recruitment processes that made sure people were protected from abuse. This was a breach of Regulation 19 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 19.

- Staff were recruited safely. The provider had undertaken full checks to ensure the staff employed at the service were fit and proper for their roles. The provider had not employed new staff since our last inspection but had undertaken checks on existing staff. This included criminal record checks, references, proof of identity and employment history. This meant people were supported by staff who were appropriately checked to work with vulnerable people.
- There were enough staff to meet people's needs. The registered manager told us they never had staffing problem to cover shifts; however, if ever there was a need, they could use a care agency staff for emergencies. They also told us that they were recruiting new staff.
- Staff told us there were no issues with the staffing level or travelling time. This was because the service provided care to two people who lived in the same house.
- Records showed there had been no issues related to staff arriving at and leaving from people's homes. We noted staff arrived and left at the agreed time.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguarding people from abuse. The provider had policies and procedures to safeguard people from potential abuse. At the time of our inspection there had been no safeguarding incidents.
- Staff told us they had read the provider's safeguarding and whistleblowing policies and knew who to contact if they needed to raise a concern. One staff member said, "I would report to the manager, and I felt no action was taken, I would contact CQC, the police or the local authority."

Assessing risk, safety monitoring and management

- The provider completed risk assessments for people. This ensured personal and environmental risks were identified and mitigated.
- Staff told us they found risk assessments useful in providing them with information and guidance on how to minimise risks to people. A member of staff said, "The risk assessments are useful. They help us

understand people's needs and make sure they are safe."

Using medicines safely

- The service did not support people with medicines at the time of our visit. We noted people had other arrangements in place for managing and administering their medicines.
- Staff were trained in administration of medicines. The registered manager had a medicine's policy and knew that medicines administered by staff needed to be recorded and audited.

Preventing and controlling infection

- Staff knew the importance of infection prevention and control. They told us they used personal protective equipment (PPE) such as gloves, face masks and aprons. Records showed, and staff confirmed, staff had received training in infection control and how to use PPE.
- The service had adequate supply of PPE and had updated their infection control policies and training due to the COVID-19 pandemic. We noted that some staff members had received vaccinations for Covid-19 whilst others were still waiting to receive their vaccinations.

Learning lessons when things go wrong

- No incidents and accidents had been reported or recorded. However, the registered manager had a system in place to record, investigate and draw lessons from incidents and accidents.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported by management at the service. At the last inspection we found no formal staff supervisions had taken place since the start of service. At this inspection we found regular formal staff supervisions had taken place. This meant staff had structured opportunities to discuss their practices and development needs.
- Staff told us they had received mandatory training and refresher courses to carry out their work effectively. A member of staff said, "I had induction when I started work at the service. I have received many training and refresher courses. They are all helpful in doing my job."
- Staff were supported in their roles. A member of staff told us, "The manager is supportive. I can speak to them about anything. They are superb."

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.

- People's care was in line with law and guidance. Staff had good knowledge of MCA. A member of staff said, "I always ask people for consent, they make decisions about their care."
- People received independent support including advocacy from an organisation in some areas such as managing their finances and reviewing their care plans.
- People's consent to care was recorded in their files and respected by staff.

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

- People's needs had been assessed before using the service. No new people had begun using the service since our last inspection. The registered manager understood people's needs had to be assessed before the service could provide care in order to know they could meet people's needs.

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

- People had alternative arrangements for support with nutrition and hydration. However, staff told us that when needed they helped people with drinks and snacks.
- People's care plans contained people's dietary needs and food preferences and how they were supported.

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

- Staff worked with other agencies to improve people's care. The service worked closely with another domiciliary care agency who provided care to the same people. They shared information and files to respond better to people's care needs.
- The registered manager liaised with people's representatives, health and social care professionals, to provide effective care. they told us they had a good working relationship with health and social care professionals during the Covid-19 pandemic.

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

- People were supported with their health. Staff were able to identify if people were unwell and what actions to take to report an emergency.
- People were supported to access healthcare services. A member of staff told us, "We can contact health professionals such as an OT, a dentist or a dietitian depending the needs of a person."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 identified the provider did not have effective audits, staff recruitment and supervision processes in place. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were quality assurance systems in place. Various aspects of the service such as care plan reviews, risk assessments, staff records were regularly audited. Care plans were up to date, and staff received supervision regularly.
- The registered manager sought feedback from people and their representatives about the quality of the service. The outcome of the feedback was positive which meant that people and their representatives were satisfied with the service. The registered manager told us they had a plan to undertake a new survey to ensure people shared their views about the service.
- The registered manager was aware of their regulatory responsibility and worked with people's representatives, the local authority and Care Quality Commission when required. They developed and submitted an action plan in response to our last inspection.
- The registered manager understood their regulatory requirement and responsibility of their duty of candour. They told us, "We are always open and transparent, we do not hide things. We report when things go wrong and try to address them."

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

- The service provided person centred care. People's care was planned and provided in a way that met their individual needs.
- People were protected against discrimination. Staff had good of knowledge of equality and diversity. A member of staff said, "We treat everyone equally; we do not discriminate because of people's differences such as colour, gender, sex, sexuality or religion."

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

- The registered manager sought feedback from people and their representatives. They kept regular contact with people and representatives to ensure care plans were reviewed and people's needs met.
- Regular staff meetings were held. This ensured there was good communication and information sharing between staff.
- The service worked in partnership with other agencies. Although all people using the service were privately funded, we noted, for example, the service liaised with health and social care professionals to access training and PPE.

Continuous learning and improving care

- The registered manager was undertaking a professional qualification at a university. This would further develop their management knowledge and skills.
- The service had policies and procedures such as quality assurance, incident recording and complaints in place. These were used to review and improve the quality of the service provided.