

Elect Care Consultants Limited

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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 well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Elect Care Consultants is a domiciliary care service, providing personal care to people living in London.

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. On the day of the site visit, five people were receiving the regulated activity of personal care.

People's experience of using this service and what we found
Most people and their relatives told us the service was safe.

At the last inspection we had concerns about staff recruitment procedures. At this inspection we could not be assured if improvements had been made.

We received mixed feedback about staff punctuality and staff deployment from people who used the service and their relatives.

We could not be assured staff were receiving regular supervision.

Before and during the inspection we had difficulty accessing the location and seeing records. The registered manager was not available and a person employed by the provider managed the service during this absence. We formally asked for documents after the inspection. We did not receive all the documents we requested. People's and staff records were not accessible to authorised staff. This meant management cover arrangements were not safe.

We received mixed feedback about the management of the service. Systems for monitoring the quality and safety of the service were ineffective in ensuring records related to care and treatment were up to date. We were not assured the provider had effective systems and processes in place to ensure the safe running of the service.

Staff understood what action to take if they suspected somebody was being harmed or abused. Staff knew how to report accidents and incidents. People had risk assessments to keep them safe from the risks they may face. These were updated as needed and used to inform reviews of people's care.

The provider had adequate medicines administration procedures in place.

The provider ensured there was infection control guidance in place. Staff confirmed they were provided with enough personal protective equipment such as masks and gloves.

People's needs were met by staff who were appropriately trained. People's dietary needs were met effectively.

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. (Report published on 16 January 2020) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We carried out an announced comprehensive inspection of this service on 25 November 2019 and 3 December 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions 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 is 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 Elect Care Consultants Ltd on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing, staff recruitment, staff supervision and governance systems at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Inadequate ●

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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.

Inspection team

The inspection was completed by three inspectors and 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

When we first announced the inspection we were informed the registered manager was on leave. We therefore re-announced the inspection a week later giving 24 hours' notice. 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 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. 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.

Also, before the inspection we spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with three care workers. We used all of this information to plan

our inspection.

During the inspection

The registered manager was on leave during the inspection. We spoke to the person who was in charge of the service during the registered manager's absence.

We were unable to look at any records during the inspection.

After the inspection

We spoke with the registered manager. We continued to seek clarification from the provider to validate evidence found. We formally requested and reviewed documentation provided and liaised with service commissioners.

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 remained the same. 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 comprehensive inspection, the provider had failed to ensure recruitment of staff was managed safely. This was a breach of regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we were unable to see staffing recruitment records. This was because the person in charge did not have access to records and told us they were locked in the office.
- After the inspection we spoke with the registered manager. They told us they had not recruited any new staff since the last inspection. Therefore, we were unable to determine if any improvements had been made.

We found no evidence that people had been harmed however we were not provided with evidence to demonstrate staff recruitment was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People did not receive continuity of care as the deployment of staff did not consider their needs effectively. We received mixed feedback about staff punctuality and staff deployment from people who used the service and their relatives. One person told us, "[Staff member] rushes me and just goes out and bangs the door behind [them] after 15 minutes and [they] should stay for half an hour." A relative said, "I would say there are the odd times when two carers are needed and only one turns up. There is always some excuse. It's not safe to do [relative] with just one carer." The same relative commented, "[Staff] do rush [relative]. If it is an hour call, they do it in half an hour. I have complained but nothing is done about it. They don't seem to have a proper system or rota in place especially at weekends."

- During the inspection we were unable to see staffing attendance records. This was because the person in charge did not have access to records and told us they were locked in the office.
- After the inspection we received people's care schedules which included the name of the staff member and allocated time and length of the care visit. However, we could not be assured that staff arrived at the correct time and for the duration of the call. The provider was unable to demonstrate how they assured staff attendance was safely delivered.

We found no evidence that people had been harmed however, staff were not effectively deployed to ensure they could safely meet people's care and support needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person commented positively and said, "[Staff] never rush me, and I think there are enough staff."

They are not late, but I do have a number to call if I need to about anything."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. They were for areas such as personal care, nutrition, medicines, mobility, mental health, relationships, and communication,
- Risks were regularly reviewed, and any changes were shared with staff to ensure they had up to date information before any care was given.
- Staff knew about people's individual risks in detail. One staff member said, "You read the [support plan and risk assessments]. It's how we are managing and protect someone like someone slipping or tripping, or how they move. If there is anything different, or if someone should fall, you ring the manager and tell them, and they will tell you what to do." Another staff member told us, "If we notice any changes [with people] we report to [registered manager] immediately and she deals with it."

Using medicines safely

- Staff told us they had received medicines training and their competency was assessed. One staff member said, "[I] did have [medicines] training with the manager and the nurse, who checked me before I can give medication." Another staff member told us, "I have had medication training with a trainer and [registered manager] was there too. [Registered manager] checks you are giving medication and assesses you especially when she does spot checks."
- The registered manager told us they were not supporting people with medicines administration at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- Most people and their relatives told us the service was safe. One person said, "Yes I do feel very safe with [relative]." A relative told us, "Yes, [relative] feels safe with [staff]. They are constantly reassuring [relative] and talking through what they are going to do." Another relative said, "Yes I know [relative] feels safe with [staff]." However, one person commented, "No I don't feel safe with them all. There are a few [staff] that are better than others."
- Staff understood how to safeguard people and knew how to report concerns. One member of staff said, "Anything that concerns you report to the manager, and the manager will report to social services. If the manager did not report to social services, then I would." Another staff member told us, "Any problems like safeguarding, [I would] contact the manager to report it. She will deal with it, she will contact the council."

Preventing and controlling infection

- Most people and their relatives told us the service was following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed. One person told us, "[Staff] all wear the equipment correctly." A relative said, "[Staff] all wear the PPE." However, one person said, "[Staff] do not all wear the PPE, they wear masks but rarely wear any aprons at all."
- The provider ensured an adequate supply of PPE was available to staff. One staff member told us, "Had the [infection control and prevention] training. It was good. Plenty of PPE [available]." Another staff member said, "No problem with PPE. Have done [infection control and prevention] training. Every two weeks [registered manager] gives me [PPE]. Everything I need."

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents. The registered manager told us they had not had any accidents and incidents in the last 12 months. The registered manager said, "When things go wrong the carers would write a report, we would have a staff meeting and discuss it, so it doesn't

happen 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 requires improvement. At this inspection this key question has remained the same. 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

At our last comprehensive inspection, the provider had failed to ensure staff were receiving appropriate supervision, appraisal and training support. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we were unable to see staff records which included supervision, appraisal and training records. This was because the person in charge did not have access to records and told us that were locked in the office.
- After the inspection we were sent supervision and appraisals records for staff. However, staff told they did not always receive regular supervision. One staff member said, "We did used to have supervision and team meetings in the office, but we haven't been doing that so much during the pandemic." Another staff member told us, "Have had no staff meetings because of Covid19 or supervision." Therefore, we could not be assured if any improvements had been made.

We found no evidence that people had been harmed however, we could not be assured staff were receiving appropriate supervision support. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives provided mixed feedback in relation to the skills of staff. One person said, "[Staff] are very professional." A relative told us, "Most of [the staff] seem good and well trained." However, one person told us, "[Staff] are not all good at their jobs."
- Staff told us they received an induction when they joined the service. One staff member said, "I had an induction it was good." Another staff member told us, "New staff get an induction. Experienced staff do help with the induction and we have shadowing."
- Staff told us they received regular training to support them in their role. One staff member said, "I had lots of training. It was good." Another staff member told us, "We get plenty of training."

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

- During the inspection we were unable to see care records which included people' assessment needs. This was because the person in charge told us records were locked in the office. Therefore, we were unable to make a judgement.
- The service carried out an initial assessment before the service began. This included the person who used the service and relatives being involved. The registered manager told us since our last inspection the service had no new admissions.

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

- Staff supported people with their meals when needed. A relative said, "Sometimes [staff] help [relative] with food."
- People's dietary needs were recorded in their support plan along with any associated risks and instructions for staff to meet those needs safely.
- Records confirmed staff had received training in food hygiene and nutrition and fluids.

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

- The service worked with other agencies and health professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought. One staff member told us, "If it is an emergency, if someone has fallen out of bed or from the chair, and it's very bad I would ring for an ambulance."

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.

- During the inspection we were unable to see people's care records which including how people's consent was recorded. This was because the person in charge told us records were locked in the office. Therefore, we were unable to make a judgement.
- After the inspection the registered manager told us all the people they supported had the capacity to make their own decisions.
- People told us were supported to make their own decisions as much as possible. One person said, "[Staff] always ask for my permission before they try to do anything to ensure that I am ready and don't rush me at all." A relative said, "[Staff] will ask [relative's] permission." Another relative commented, "[Staff] always ask permission before they start to do anything for [relative]."
- Staff told us they asked people's permission before delivering care and always offered choice. One staff member said, "You ask the person each time." Another staff member told us, "You ask people for their consent all the time. Give them proper choice. I can't give somebody what I want, it's about what they want. You ask before giving care."

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 deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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.

At our last comprehensive inspection, the provider had failed to 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 plans. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvements had been made at this inspection and the provider was still in breach of regulation 17.

- The service had a registered manager. We were told when we announced the inspection on the 7th July 2021 the registered manager was on leave and returning on 19th July 2021. The person we spoke with was the care coordinator and trainer and he advised us that he was covering the role of the manager until the return of the registered manager. However, he told us during the call he did not have access to people's care records and staff records because the registered manager had taken the key to the locked cabinets. This meant people's and staff records were not accessible to authorised staff.
- We could not be assured the service was managed safely in the registered manager's absence. The person in the authorised role of managing the service was unable to access records for the running of the service. During the inspection we saw filing cabinets in the office. We asked this person if they could check to see if the cabinets were open. They told us, "No, I will not."
- The person covering for the registered manager was unable to provide us with any documentation to show how the service had been managed during the weeks the registered manager was absent. They also refused initially to allow us to inspect.
- After the inspection we spoke with the registered manager. They told us the person who was covering her role in her absence did have a key to the locked cabinets which held people's and staff records however they had lost the key. This meant we were not assured the provider had effective systems and processes in place to ensure the safe running of the service.
- We received mixed feedback about the management of the service from people who used the service and their relatives. One person told us, "[Management] are rude mostly and don't do anything well. I don't complain, if you knew their history you would know why." The same person commented, "It's not worth

complaining as they are just rude on the phone." A relative said, "The company is run by a husband and wife and care calls were missed. The husband became cross with me and said he didn't have any carers."

- We requested various documents after the inspection. Most documents we did receive. However, we requested information regarding how the service monitored staff attendance for the last three months. The provider was not able to produce this. We were therefore unable to assess whether calls of this nature had been effectively audited or managed.
- There was an auditing system in place, but this had not been operated effectively and had failed to identify the on-going concerns we found during the inspection.
- We saw from records that people's feedback was gathered on the quality of the service. We saw record of a spot check. We also saw an analysis of a survey sent to people and their relatives about the quality of the service for December 2020 to January 2021. However, people and their relatives told us they had not received a survey for a long period of time. One person told us, "They used to send surveys in the past but not now." Another person said, "No they don't visit to see how it's going, and I do not remember doing any surveys with them." A relative commented, "They used to do surveys once a year but since covid that seems to have stopped." This meant we could not be assured the service had effective systems in place to monitor the quality of the service.

We found no evidence that people had been harmed however, systems and processes were either not effective or robust enough to monitor the quality and safety of the service. We also could not be assured records were accessible to authorised people as necessary in order to deliver people's care and treatment in a way that meets their needs and keeps them safe. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt supported by management. One staff member told us, "I think [registered manager] is a good leader." Another staff member said, "I do think [registered manager] is a good leader. She knows everything that goes on each day with all of us and the [people]. You can always ring her. She is always there. She's got a soft heart and is very caring."
- One relative gave positive feedback. They told us, "Yes I would say it is well run."

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 responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Working in partnership with others

- The service worked in partnership with the local authority, health and social care professionals and commissioners.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured adequate checks had been carried out to ensure staff were safe to work with people. This put people at risk of harm. Regulation 19 (3) (a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured adequate numbers of suitably skilled and competent staff had been deployed to meet people's needs. The provider had not ensured all staff received support and supervision. Regulation 18 (1) (2) (a)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance, assurance and auditing systems had not effectively assessed, monitored and driven improvement in the quality and safety of the services provided and ensured compliance with regulations. Records for service users and person's employed were not always accessible for authorised people. Regulation 17 (1) (2) (a) (c) (d)

The enforcement action we took:

warning notice