

EZZE Healthcare LTD

# Thurrock Essex

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ezze Healthcare Ltd provides personal care and support to people who require assistance in their own home. At the time of our inspection four people were being supported by the service. 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

We received positive feedback on the service. One person said, "They provide an excellent service."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were cared for and supported by staff who had received appropriate training. There were systems to minimise the risk of infection. There were safe medicine procedures for staff to follow. Staff had a good understanding of people's preference of care, staff promoted people's independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet. People and their relatives were involved in the planning and review of their care. The registered manager had policies to respond to complaints. People could be supported with end of life care.

The provider had systems to monitor and provide good care and these were reviewed on a regular basis.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
This service was registered with us on 25 January 2021 and this is the first inspection.

### Why we inspected

This was a planned inspection because the service had not been inspected or rated.

### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Thurrock Essex

## 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

The inspection team consisted of two inspectors.

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

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 July 2022 and ended on 27 July 2022. We visited the office on 22 July 2022.

#### What we did before the inspection

We reviewed information we received about the service since registering. We sought feedback from health professionals. The provider was not asked to complete a provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they

do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with three relatives. We spoke with two members of staff including the registered manager and a care worker.

We reviewed a range of records. This included three peoples support plans. We reviewed two staff records in relation to training and supervision and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People we spoke with told us they felt safe using the service.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any concerns and I know I would need to protect the people I am working with and make sure they are not at any risk of abuse. I know who I would go to and how to report any concerns."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. There were no open safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks.
- These were regularly reviewed to ensure they remained up to date.
- Care records ensured staff understood what care people needed. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. The registered manager told us, "I work closely with families and other health professionals when reviewing people's care plans."

Staffing and recruitment

- The registered manager said they continued to recruit staff as the service expanded.
- Staff were subject to Disclosure and Barring checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people's needs. A relative told us, "Staff always turn up on time and we have never had any issues with missed visits."
- Minor improvements were needed to staff recruitment files to ensure they meet regulation.

We recommend the provider ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

Using medicines safely

- People were given their medicines safely and as prescribed, and it was recorded on their medicine administration record.

- Staff did not support people with medicines until they had completed the required training; medicine competency assessments were seen on staff files.
- Risk assessment and care plan documentation were in place to ensure safe administration.

#### Preventing and controlling infection

- Staff had received training in infection prevention control and were provided with the appropriate personal protective equipment (PPE). Staff told us they had enough PPE available and what they were required to wear.
- Risk assessments were in place for staff and people to mitigate risks from infections.
- Staff were tested for COVID-19, consistent with government guidance.

#### Learning lessons when things go wrong

- Since the service had been running the registered manager told us they had not had any significant incidents or accidents.
- There were systems in place to ensure any incidents would be investigated and lessons learned shared with staff to reduce the risk of them happening 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people began using the service a comprehensive assessment of their needs and choices were carried out by the registered manager. This was then the basis of an agreed plan of support. A relative told us, "We were given a copy of the support plan to review and we were able to make comments and suggestions and the registered manager made the changes accordingly."
- People's care plans were detailed and personalised. They provided the necessary information for staff to meet their needs, in line with current guidance and standards.
- Care plans were reviewed regularly, or if there was a change in people's care and support needs.

Staff support: induction, training, skills and experience

- Staff were up to date with their mandatory training. Some staff had completed additional courses which were specific to people's needs.
- Staff were supported to complete the care certificate as part of their induction along with other courses to gain specific knowledge and skills they may need to provide care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific jobs roles in health and social care.
- Staff were supported with a full induction when they first started working at the service. One member of staff told us, "After I completed my induction I was then introduced to the people I would be supporting and spent a lot of time doing shadow shifts so I could get to know them well."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A member of staff told us, "My manager is very supportive and supervised me regularly. The manager also carried out spot checks."

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

- People received support to eat and drink enough to maintain a balanced diet. Details of nutrition and hydration were seen in people's care plan.
- One relative told us, "The staff always help prepare and serve my [relative] food and always check to see how much they've had and encourage them to finish their food."

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 closely with health and social care professionals to help support people to maintain their health and wellbeing. The registered manager told us they made referrals to external professionals when appropriate.



- Staff had practical information to support people with their healthcare needs. Care plans contained prompts and guidance for staff on action to take, should a person become unwell.

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

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

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

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.

- Staff understood the principles of the Mental Capacity Act (2005) and how to support people to make decisions for themselves when they had capacity.
- Where a person lacked capacity, a meeting had been held to ensure decisions were made in their best interests.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person told us, "(Staff) always go above and beyond and are amazing. I have no complaints. They are extremely kind, considerate and very caring."
- Staff were calm, focused and attentive to people's emotions and support needs. A person told us, "The care they provide is exemplary. The carers are very supportive and go beyond their duties to keep me safe."
- Staff were able to tell us about people's preferences and how they like to be supported.
- Feedback from relatives and people was positive about how caring staff were. A relative told us, "Staff are consistent and know exactly how to care for my [relative]. The manager is very caring and very attentive."

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

- The registered manager worked closely with people and their relatives to ensure their care was tailored to match their needs and we saw evidence of this in their care plans.
- Care plans were kept up to date and regularly reviewed to ensure staff had all the information they needed.
- The registered manager had tools in place to gather feedback such as surveys for relatives and people to complete on their experience of care.

Respecting and promoting people's privacy, dignity and independence

- The service ensured the persons confidentiality was always respected. Records were kept securely. Each staff member had their own login details to any information stored electronically.
- Feedback from relatives was positive about how caring staff were. One person told us, "Staff are always patient, kind and caring even if I am in a bad mood. They always say the right things which make me feel better."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received a personalised care plan based on their assessment needs. The registered manager undertook a thorough assessment of people's care needs when they first contacted the service. Care packages were planned with people's and relative's involvement to ensure their needs could be met.
- People were supported by a small team who knew them well and how they like to be supported. One relative told us, "Staff always take their time to speak to my (relative) about Christianity and this means a lot to us."
- People's care was reviewed regularly, and people had the opportunity to shape the service they received. The registered manager told us they regularly amend or update the care plans with people and their families as and when required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- The care plan was written in practical, plain English.

Improving care quality in response to complaints or concerns

- There was a policy on how to manage and record complaints.
- At the time of our inspection the service had not received any complaints or concerns. There was a process for complaints to be logged on the system and the registered manager could audit these on a monthly basis.
- A relative told us, "I have never had to make a complaint, the staff always go above and beyond but if I did have to, I would know who to raise them with the registered manager."

End of life care and support

- The registered manager was aware of the importance of documenting discussion about end of life care so staff could understand and comply with people's wishes.
- The service was supporting an individual with end of life care at the time of the inspection and their wishes were reflected in the person's care plan.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, families and other professionals had to say. A member of staff said, "My manager is very supportive, and they always listen and are approachable." Families told us the service was open to suggestions. A relative told us, "The manager is very down to earth and always keeps us involved and is very passionate about their work."
- The registered manager worked directly with people and led by example. Staff told us, "My manager often does a lot of the work with us and knows the job really well. They are always here to support us."

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;

- The provider was aware of their responsibilities in relation to duty of candour. Duty of candour requires providers are open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of any important reportable events. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. There was an effective quality audit system including a medication audit which correlated to medication records.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs wishes changed over time. The manager had regular contact with health professionals and updated care plans accordingly.

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

- People, and those important to them, worked with the registered manager and staff to develop and improve the service. One relative told us, "I get on really well with the manager and whenever I make

suggestions, they always listen which is very reassuring."

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Surveys were sent to families and positive feedback was seen.
- The registered manager had systems in place for staff to share information and had frequent contact with staff to gain feedback on the care they were providing.

Continuous learning and improving care; Working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager had systems in place to review care and was developing audits to monitor and improve outcomes for people.
- Staff were supported with all aspects of training required. The registered manager had joined networks with other registered managers where they shared ideas and information on the care system.