

Ozumba Training and Consultancy Services Limited

Eminent Domiciliary Care Agency

Inspection report

Suite SLZ-4, Challenge House
616 Mitcham Road
Croydon
Surrey
CR0 3AA

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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

Eminent Domiciliary Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a personal service to both older adults and younger disabled adults. At the time of our inspection seven people were using the service.

The inspection took place on 2 November 2017 and was announced. This was the first inspection of the service since they registered with the CQC in September 2015.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of abuse because the provider had policies and procedures in place and had trained staff on safeguarding adults from abuse. People were provided information on how to report their concerns. Staff understood signs to recognise abuse and how to report suspected abuse. They also knew how to whistle-blow if necessary to protect people.

The service assessed potential risks to people and put management plans in place to mitigate them. People received the care and support they needed from staff. Care visits were covered and there were arrangements in place to manage unplanned staff absences. Staff recruited to work with people underwent checks to ensure they were suitable for their roles.

People received the support from staff to take and manage their medicines safely. The service ensured staff were trained and understood good hygiene and infection control procedures. The service had a system to report incidents. These were reviewed by the registered manager and actions put in place to prevent reoccurrence and to ensure lessons were learned.

The registered manager assessed people's care needs and devised care plans on how identified needs would be met. People were supported by staff who were trained, skilled and knowledgeable staff. Staff supported people with their nutritional needs.

The service worked with a range of professionals to meet people's needs. Staff supported people to access healthcare services they required to maintain their health. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

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 support this practice. People consented to their care and the service provided before they were delivered. People told us that staff were compassionate and caring towards them. Staff involved people in day to day decisions about their care.

Staff respected people's dignity and privacy. . People were encouraged to maintain their independence as much as possible.

The service organised and delivered people's care and support in a way that met their individual needs and requirements. The service was delivered in a flexible way in line with people's needs. The service supported people with the end of life care in the way they wanted.

People knew how to raise complaints about the service and the registered manager responded in line with their procedure. People were asked for their views about the service. These were used to improve the service.

The service had a registered manager who was experienced and complied with their registration requirements. People, relatives and staff told us the registered manager listened to them. The registered manager carried out checks and audits to monitor service delivery and drive up improvements. The service worked in partnership with other organisations to improve the service.

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. Staff received training in safeguarding adults from abuse and understood the signs to identify abuse and the procedure for reporting their concerns.

People's risks were assessed and action plans were in place to minimise harm to people. Staff reported incidents and accidents and record were maintained. The registered manager reviewed these and ensured lessons were learned from them

Staff underwent recruitment checks to ensure they were suitable for to provide care to people. There were enough staff available to meet people's needs. People received care from staff as arranged.

Staff were trained in medicines administration and supported people to receive their medicines safely.

Staff were trained in infection control to reduce the risk of infection.

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Is the service effective?

Good ●

The service was effective. The service assessed, planned and delivered people's care thoroughly. Staff received training and support they required to meet people's needs effectively.

People and their relatives were involved in making day to day decisions about their care. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

Staff supported people were supported to meet their nutritional needs and preferences.

People had access to healthcare services they needed and staff supported them to attend appointments. The service liaised with other professionals to meet people's needs.

Is the service caring?

Good ●

The service was caring. People told us that staff were caring and kind towards them. Staff knew how to care for people and supported people with their emotional needs. People's independence was promoted and staff treated people with dignity and respect. Staff involved people in planning their care.

Is the service responsive?

Good ●

The service was responsive. Care delivered to people met their individual needs and requirements. The service was flexible in the manner the delivered care to ensure it was centred on the person's needs.

Staff supported people to maintain and practice their cultural and religious beliefs. The service promoted what mattered to people.

Staff supported people with the end of life care they wanted.

People knew how to complain about the service and the registered manager responded and addressed complaints in line with the provider's policy.

Is the service well-led?

Good ●

The service was well-led. There was a registered manager in post who understood their roles and responsibilities.

People and their relatives told us that the registered manager listened to their feedback and used it to improve the service. Staff told us the registered manager was open, approachable and supportive.

There were a range of systems in place to assess and monitor the service provided. The service worked closely with other organisations to improve and develop the service. People's views were obtained about the service they received and these were used to drive improvement.

Eminent Domiciliary Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 2 November 2017 and was undertaken by one inspector. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

An expert-by-experience (ExE) made calls to people who used the service on 7 November 2017 to gather their feedback about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector also contacted staff on the 7 November to obtain their views of the service.

Prior to the inspection we reviewed the information we held about Eminent Domiciliary Care Agency including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We also reviewed the Provider Information Return (PIR) we received from the provider. PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection we spoke with the registered manager and the director. We reviewed four people's care records, medicines administration records (MAR) for the two people. We looked five staff files which included recruitment checks, training records and supervision notes; and other records relating to the management and running of the service such as the provider's quality assurance systems, complaints and compliments. The ExE spoke with four people and their relatives about the care they received from Eminent

Domiciliary Care Agency.

After the inspection, we spoke to three care staff to find out how they supported people, and the support they received from management. We received feedback from a care manager and a social worker about the service provided by Eminent Care Agency.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "Yes I feel safe. I have no problems at all they [staff members] are good and conscientious. I feel I can trust them." Another person told us, "Yes I do feel safe. If I felt unsafe with any of the staff I would report it to the agency."

The service had ensured there were adequate systems and processes in place to protect people from abuse. People were given a copy of the service's handbook when they started using the service. The handbook contained information on abuse and how to report any concerns to the registered manager or external agency. Staff were trained in safeguarding adults from abuse. They were able to tell us the various types of abuse and what actions they would take if they suspected abuse had occurred or if someone they supported was in danger. One member of staff said, "If I suspect any abuse, I won't waste time in reporting it to the [registered] manager." Another staff member told us, "Abuse is bad. I will speak to [registered manager] and she will take it up. She cares for the clients and she will take it up seriously." Staff knew how to whistle-blow to the local authority or CQC if they felt they needed to do so to protect people. The registered manager knew their responsibilities and what actions to take to protect people in line with their local authority safeguarding procedures. We saw that they had taken appropriate action to respond to a recent concern.

The registered manager assessed risks to people's health and safety and ensured actions were in place to manage them and keep people safe. Assessments covered to people's physical and mental health, behaviour, medicine management, moving and handling and environment. Action plans were drawn to provide information on how to minimise harm to people. For example, people had moving and handling plans in place which provided information to ensure people were safely supported with their mobility and transfers. Another person was at risk of choking. The management plan detailed the consistency of food they required to reduce the risk. It also stated "staff to supervise and allow small bites at a time." We saw that a moving and handling risk assessor had been involved in devising a moving and handling plan for one person and in training staff on safe transfer techniques. Risk managements plans were regularly reviewed to reflect changes in people's needs and conditions.

The service ensured there were sufficient staff and they were appropriately allocated to provide care to people. People told us they received their care visit as planned. One person told us, "Two carers come in the morning and one in the evening. Sometimes timekeeping can be a bit of a problem. They come between 09:30 am and 10:00 am instead of at 09:30 am but they usually phone to say that they are going to be late. But they always turn up even if they are late." Another person said, "Anytime I ask for the carer they come. They [Staff] let me know if they are going to be late." The registered manager managed they rota.

We spoke to the registered manager how they managed the risk of missed or late visits. They told us they planned the rota in advance and reviewed it daily looking at staff availability and people's requirements. They also said they made random phone calls to people's homes to check if staff had arrived and when they had left. They also encouraged people to call the office to report any lateness early. That way, they arranged for the field supervisors to cover the visits immediately. The registered manager was also hands-on and was

available to provide cover in emergencies. We saw that the registered manager had taken appropriate action to address two recent incidents of late visits.

The provider had undertaken thorough processes in employing staff to ensure people were cared for by suitable staff. Records contained two satisfactory references from the current or most recent employment, Disclosure and Barring Services (DBS) checks, and proof of identity, employment history and right to work in the UK. A DBS is a criminal records check employers carry out to help them make safer recruitment decisions. Applicant's skills, knowledge and experience were also checked through interview.

Staff supported people to take their medicines as prescribed. People confirmed staff supported them as required. One person said, "[Staff] help me with my medicine. I tell them what to do; they press out the tablets from the blister pack." People's care plans detailed the support they needed to manage their medicines including ordering and administration. Staff were trained on safe medicine administration and management and told us they felt confident undertaking this duty. The provider ensured there were clear procedures for staff to administer and manage people's medicines in a safe way. We checked the medicines administration records [MAR] sheets for the two people who were supported with their medicines and they were completed correctly. The registered manager also regularly audited the records to identify any errors.

People were protected from the risk of cross-contamination and infection because staff were trained in infection control. Staff we spoke with and records confirmed that staff had received training in this area. Staff told us they the service provided them with personal protective equipment (PPE) and reminded them of the importance of using PPE. Staff demonstrated they understood good hygiene and infection control principles. They told us effective hand washing and disposing waste appropriately was key.

The service learnt from incidents to protect people from avoidable harm. The service had a system in place to report incidents and accidents including missed and late care visits. The registered manager reviewed incidents records maintained and took appropriate action to reduce recurrence. For example, they had put a new protocol in place for staff to follow to cancel care visits following an incident. Record we reviewed showed that the registered manager investigated incidents and reminded staff to report to incident reporting procedures.

Is the service effective?

Our findings

People's needs were assessed and delivered to meet their requirements. The registered manager carried out an initial assessment of people's needs to establish the service would be able to meet them before accepting the request for care. Assessments undertaken covered medical conditions, physical and mental health; and daily activities. Care plans were drawn to provide staff with the guidance they need to deliver care to people in a way that met their individual needs. There were care plans to support people with various aspects of their care such as personal care, going out to the community, medicine management, nutritional and managing their health conditions. We saw guidelines from other professionals in people's care records which also gave staff information on how to appropriately meet people's needs. For example, there occupational therapist report on how to support one person with their mobility needs. Care plans were reviewed regularly to reflect any changes in their needs.

People were cared for by staff who were trained in their roles. One person told us, "Yes I see that they [staff members] are experienced." Another person said, "They [staff members] seem reasonably well trained." And a third person said, "The ones that I have are good at their jobs and well trained, they help me as they should." Staff told us they completed an induction when they first started working at the service. The induction included completing the Care Certificate workbook and two days shadowing of an experienced staff member. One staff member told us, "I have done all the training I need for the job. I had three days induction – one day in the office to read through policies and procedures and two days field work. It helped me." Another staff member said, "I have done training in moving and handling, Mental Capacity Act 2005, safeguarding adults from abuse, infection control, food and hygiene training and medicine administration." Training records showed that all staff had received training in core areas of care in line with the provider's policy.

People received care and support from staff who were regularly supported to deliver an effective service. Staff told us they felt supported by the registered manager. One staff member said, "[Registered manager] is very supportive. Always encouraging and training us to care for people very well." Another staff member told us, "I get all the support I need with anything." Records showed staff received supervision from the registered manager every two months or when required. Topics covered included performance, issues about people and team issues. The registered manager and field supervisors also carried out observation of staff to check how they supported people. They gave feedback to staff and used it to identify training needs.

People received the support they needed with their nutritional and hydration needs. Care plans detailed the support people required with preparing their meals, shopping and eating. Where people were able to undertake this task or had support from their relatives it was also stated in their care plans. One person's care plan stated the person needed support to prepare their meals. Another person's care plan stated they needed support to prepare their meals and with eating. Daily logs showed staff supported people as required. One person told us, "If I need it they [staff members] encourage me to eat and drink."

People's needs were met as the service worked jointly with staff and relevant services. We saw that palliative care team, occupational therapist and social workers were involved in devising action plans to meet

people's individual needs. Social workers were involved in people's care and ensuring care and support provided were adequate to their needs. We saw notes from a professional who had been involved to resolve a situation about a person's care. The professional provided support to staff on how to respond to the person's needs appropriately. One healthcare professional told us, "I have experienced very good liaison and feedback in relation to some of the clients Eminent Care Agency support. In one particular example, a client was discharged from hospital and started with a recommended occupational therapist (OT) support. After one day of care provision, Care staff from Eminent Care Agency promptly reported that the Support plan was not appropriate and would not safely meet the client's needs. [Name of team] swiftly responded and adjusted the support plan. In this particular case, there was regular feedback to [Name of team] that also led to GP carrying out the client's medication review with a positive outcome for the client."

People were supported to access healthcare services to maintain their health. Records showed that staff supported people to attend health care appointments such as GPs, dentists, and district nurses. We also saw evidence that staff had supported people to attend hospital appointments and to undergo medical procedures. One person told us, "[Staff] take me to the hospital to attend my appointment."

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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. At the time of inspection the registered manager told us they were not providing care or support to any people who required Court of Protection.

People consented to care and support before they were delivered. Care records showed that consent was obtained from people and their relatives upon commencing the service and on an on-going basis in delivering care to people. Staff had received training in Mental Capacity Act (MCA) 2005 and understood their responsibilities to ensure people gave their consent before carrying out care tasks. The registered manager also understood their responsibilities to ensure they obtained people's consent and involved their relatives and other professionals such as care managers and social workers to make best interests decisions where people lacked the capacity to do so themselves.

Is the service caring?

Our findings

People told us staff were caring towards them. One person told us, "They [Staff] are friendly but not over-friendly and they don't take advantage. They are wonderful." Another person said, "They [Staff] have a very friendly attitude." A third person said, "My care worker is very kind and caring. She always checks with me if I'm ok." People also told us staff gave them the emotional support they needed. One person said, "When I was in hospital they [Staff] came to visit me and it was reassuring."

Care records detailed people's backgrounds, history and behaviours. Care plans also covered people's emotional needs and support they required from staff to meet those needs. One person's care plan stated what makes them frustrated and agitated. It says, "[Person name] can get agitated if not given time or allowed to express themselves. Staff should be patient." Staff knew people well. They knew to be patient, understanding and considerate to people in the way they cared for them. We saw feedback from a social worker who was impressed how a care staff had handled and dealt with a difficult situation in a professional and sensitive manner.

People were involved in planning their care and support. People confirmed they were involved in the development of their care planning and had agreed to it. One person said, "Yes I have got a copy of the care plan it's the first thing that they do." Another person told us, "They [Staff] always ask me what I want. They tell me what they plan to do and ask if I am happy with it." Care records detailed people's communication needs and how staff were to support them express their views about their care. For example, one person's care plan stated they had slurred speech but could communicate verbally. Staff were advised to speak slowly and give them time to respond. Another person care plan stated "[Person name] communicate through gestures, signs and computer aids. Give them time and allow them to consent to the activity and care tasks before delivering it." This meant the service ensured staff involved people in their day to day care delivery.

People's privacy, dignity and independence were respected by staff. People told us staff promoted their dignity. One person told us, "[Staff] do ask and encourage me to wash myself but they help me wash my back. They respect my privacy and dignity for example they keep me covered when I am having a bed wash, they do not expose me." Another person said, "[Staff] do respect my privacy and dignity." A third person told us, "They support me to be independent by making sure I'm sitting up in the bed and by helping me dress myself." Staff we spoke with understood the importance of promoting people's privacy, dignity and independence. They said they asked for people's permission before entering or using people's things; and they were sensitive when providing personal care in order to ensure the person felt as comfortable as possible.

Is the service responsive?

Our findings

People's care was tailored to meet their individual needs. One person told us, "I am getting the care I expect. Staff help me with my personal care and anything I ask." A relative said, "[Staff] do what is expected. They help [loved one] get washed and dressed. In the evening they help them get back in bed." Care plans noted people's needs, preferences, what mattered to them and goals and outcomes they wanted to achieve and how staff were to support them achieve these. People's care visit times, the duration of the visits and the tasks to be undertaken were also stated. People's care needs ranged from maintaining personal hygiene, self-neglect, and managing physical health such as diabetes. Staff supported one person with diabetes in choosing food options appropriate to their condition. Daily logs of visits showed that staff supported people according to their individual needs.

Care plans were regularly reviewed to reflect changes in people needs. Staff told us they were informed by the registered managers of any change to people's needs and that they were encouraged to keep abreast of those changes, by regularly reading the care plans. People told us that their care visit times and duration of visits were flexible and dependent on their needs. The registered manager told us they adjusted their service based on people's individual needs and requirements.

Care records indicated what people can do for themselves. One person's care plan stated, "I can wash my body and the places I can reach. I assist me in get into the shower, drying my skin and creaming my back." Another person's care plan noted they can put on their shirts. Care plans also noted how people were to be encouraged and motivated to continue to do things they can do for themselves. The need for appropriate praise was emphasised in one person's care plans as it mattered to them. The care plan reads, "Praise [person name] when they achieve a task. It encourages them to try it next time."

People's care plans included information about their disabilities, religion, faith and cultural needs. The care plan plans stated what support people required from staff to meet these. The registered manager told us that staff regularly supported one person to attend their place or worship and another person to prepare their cultural food in line with their requirements.

The registered manager ensured people were aware of how to raise their concerns or complaints about the service. People confirmed they knew to make a complaint. One person told us, "Yes there is something in the file that tells you how to complain. I haven't complained." Another person said, "Yes, they [Management] do listen, I haven't had to complain so far." A relative told us, "I know how to complain all right but so far I have had no complaints." People were given information on how to complain when they first started using the service. The complaint procedure in place sets out a three stage complaint process including how to escalate their complaint to external agencies. We reviewed the complaint record and three complaints had been received since the service was registered in 2015. These complaints were investigated, with one being resolved in line with the provider's policy and two were on-going.

The service supported people to receive the end of life care they wished. At the time we visited two people were receiving end of life care. They had care plans in place which were devised with the palliative care nurses. It included actions staff were to take when the people presented various signs. For example, when

people's breathing pattern changed. Staff had been trained in end of life care and knew to show empathy and understanding to relatives too as they may require emotional support. During our visit we heard the registered manager supporting a staff on actions to take following changes to one person's presentation identified by staff. The registered manager advised them to contact the palliative care team as requested by them.

Is the service well-led?

Our findings

People told us the registered manager was interested in them and aimed to provide them with quality services that meet their needs. One person said, "We got information at the beginning. I feel that the agency is very caring and has concern for the client. They like to make sure everything is okay. Hopefully they will get more staff like the carer I have got." Another person said, "The registered manager is [Name of registered manager] I find her to be very approachable." A healthcare professional told us that the service worked to improve the quality of lives of the people they cared for. They gave us examples of how staff and the registered manager had liaised with them to ensure care packages commissioned for people achieves positive outcomes for them and kept them safe. Staff also told us the registered manager was keen on meeting the needs of people. One staff member said, "The clients are [registered manager's name] priority. She insists that we care for them very well." Another staff member said, "[Registered manager] is really good. She wants the best for the clients. She always works hard and encourages us to look after the clients like our own relatives."

The service sets its mission statement on providing good care to people. It reads "The mission of Eminent Domiciliary Care Agency is to provide quality care and support that exceeds the expectations of the individuals and their love ones." The registered manager showed she understood her role and responsibilities in delivering effective care services to people in line with their mission statement. They were also aware of their CQC registration requirements including submitting notifications of significant incidents. They had systems in place to ensure the service was run effectively. For example, there were various policies and procedures in place to provide guidance on the effective running of the service.

The registered manager ensured care plans in place for people set out how people's needs would be met in the best possible way. They ensured staff had the relevant skills and knowledge to provide care to people in the way that achieves positive outcomes for them. One healthcare professional confirmed that staff had they knowledge and skills to care for people appropriately. They said, "During another review in which care staff from Eminent Care agency participated, the care staff provided useful information and feedback that demonstrated that they properly understand the needs of the client and are readily suggested ways to better meet the needs of the person..., the care staff showed a good knowledge of their role generally and in particular was caring and compassionate enough in relation to meeting this person's care needs. This was also validated by the client who stated that they had been very well looked after by the carers."

People told us the registered manager sought their feedback about the service and used it to improve it. One person told us, "Yes, [management] do listen. I have had two or three meetings to find out if I am satisfied." The person told us that so far the service had fulfilled with their request. A relative told us, "[Registered manager] has been here a couple of times to check everything is all right." The registered manager carried out telephone and face to face visits to people's homes to check they were happy with the service provided. Questionnaires were also used to obtain feedback from people. People showed they were satisfied with the service. However, we received feedback from one person who told us they were unhappy with various aspects of the service provided. We checked and saw that the service was liaising with social

services to resolve the issues. We informed the registered manager of the concerns raised and they assured us they would address them. The registered manager later sent us the outcome of their meeting with the person and an action plan put in place to improve the experience of this person. We will follow this up at our next inspection .

The registered manager held regular meetings with the field supervisors, care staff and administrative staff to discuss how to improve the service. They discussed challenges in their roles and how to improve care delivered. The rota and punctuality in attending to care visits were also discussed. Staff told us the registered manager listened to their views. One staff member said, "The manager listens and help me a lot. If I have problem with the clients, or anything bothering me I will speak to the manager. She is very good. Sometimes she will arrange a meeting with the client and we will discuss the problem and solve it."

The registered manager conducted various checks and audits to identify areas for improvement. These included health and safety systems, infection control, care planning and risk assessment process and documentations, and medicine management system. They reviewed records of complaints, missed or late visits and incidents and accidents so lessons can be learned from them. The registered manager had reminded staff of the need to follow the service's procedure to report lateness or absences due to concerns received about missed or late visits. The registered manager had also reminded staff to confirm with them about request from people to cancel care visits. This was prompted following on with an issue of miscommunication between a staff and a person using the service which led to a missed care visit.

The service worked closely with external organisations to meet people's need and to improve the reputation of the organisation. They regularly liaised with local authorities commissioning and contracts teams to develop the service. They had compliance visit from one local authority monitoring team and actions put in place had been completed. The registered manager had attended several workshops, roadshows and seminars relating to health and social care industry.

The service continuously aspires to develop and improve how they deliver the service. They had recently purchased an information system called care planner which is used for care planning and creating other records. This has helped improved their care planning system. The registered manager told us they were in the process of installing an electronic monitoring system to help in managing the rota, care visits allocation and missed visits.