Ezer Leyoldos Limited

# Ezer Leyoldos Domiciliary Care Agency

## Inspection report

Suite 2
2a Northfield Road
London
N16 5RN

Tel: 02088802488
Website: www.ezerleyoldos.co.uk

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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? | Requires Improvement |

# Summary of findings

## Overall summary

We conducted an announced inspection of Ezer Leyoldos Domiciliary Care Agency on 7 March 2017. We gave the provider 48 hours' notice to ensure the key people we needed to speak with were available. At our last comprehensive inspection on 15, 19 and 27 October 2015 we found three breaches of regulations in relation to safe care and treatment, staffing and good governance.

The service provides care and support to people living in their own homes. There were six people using the service when we visited. The service provides care to people both over and under the age of 18.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risk assessments and care plans contained detailed information for care staff. All records were reviewed within six months or sooner if people's needs changed.

Care staff did not assist people with their medicines. Relatives assisted people to take their medicines.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults and children training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated a good level of knowledge about their responsibilities under the Mental Capacity Act 2005.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way. Care records contained a good level of detail about people's needs and preferences.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role.

Care workers were provided with adequate training to help them carry out their duties. Care workers received regular supervision and appraisals of their performance. There were enough staff employed to meet people's needs and visits were appropriately arranged to ensure people's needs were met.

Care workers did not provide assistance with people's meals as this did not form part of the care packages they were commissioned to provide. However, people's care plans contained sufficient information for staff about how to meet people's needs in relation to their health and nutrition. When questioned, care workers

were knowledgeable about people's nutritional needs despite not having responsibility for providing this service to people.

The service was proactive in encouraging people to socialise and maintain their independence. Care records contained a good level of detail about people's hobbies and interests and staff encouraged them to participate in these and try new activities they thought they would enjoy.

People using the service and staff gave positive feedback about the registered manager and told us they provided feedback about the service. They knew how to make complaints and told us they felt listened to and there was a complaints policy and procedure in place.

The organisation did not have consistently adequate systems in place to monitor the quality of the service. The registered manager reviewed various areas of the business on a regular basis. Information was reported to the CQC as required. However, spot checks were not conducted for all staff to check their performance and the outcomes of these checks were not always recorded.

## 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. Risks to people who use the service were identified and appropriate action was taken to manage these and keep people safe. Records were reviewed and updated where required.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

The service did not provide people with assistance with their medicines.

### Is the service effective?

Good

The service was effective. The service was meeting the requirements of the Mental Capacity Act (MCA) 2005. Care records were signed and agreed with people and their parents where they were under the age of 18.

Staff received an induction, training and regular supervisions and appraisals of their performance.

People were supported with their nutritional needs by relatives. However, care records contained details of people's nutritional requirements and care workers had a good level of knowledge about these.

People were supported to maintain good health and were supported to access healthcare services and support when required.

### Is the service caring?

Good

The service was caring. People's relatives made positive comments about the care provided by staff.

People's relatives told us that care workers spoke to their relatives and got to know them well. People using the service and relatives confirmed their privacy and dignity was respected and care workers gave us practical examples of how they did this.

Care workers considered people's emotional needs and dealt with these in a sensitive way.

## Is the service responsive?

Good

The service was responsive. People's needs were assessed before they began using the service and care was planned in response to these. Care records contained detailed information about people's preferences in relation to how they wanted their care to be delivered.

Care staff were proactive in encouraging people to maintain their independence and to access activities they enjoyed. Care records were detailed about people's social interests and hobbies and how care staff should support people to access these as this formed most of the care provided.

People told us they knew who to complain to and felt they would be listened to.

## Is the service well-led?

Requires Improvement

The service was not consistently well-led. Spot checks were not always conducted as required. There was no system for ensuring these were consistently completed.

People using the service and relatives told us senior staff were approachable.

Quality assurance systems were in place and information was reported to the Care Quality Commission as required.

# Ezer Leyoldos 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 was planned to check 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.

The inspection took place on 7 March 2017 and was conducted by one inspector. The inspection was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service and we contacted a representative from the local authority safeguarding team.

We spoke with four relatives of people using the service. We were unable to speak with people using the service as due to their age or particular needs, they were unable to speak with us. We spoke with four care workers after our visit over the telephone. During our visit we spoke with the registered manager. We also looked at a sample of four people's care records, three staff records and records related to the management of the service.

Good

# Is the service safe?

## Our findings

People's relatives told us they felt their felt their family members were safe when using the service. One relative told us "I feel my child is safe."

We looked at people's support plans and risk assessments. The registered manager or another senior member of staff visited people in their homes and conducted risk assessments on the safety of the person's home environment as well as conducting a needs assessment around areas of support. This included the person's medical conditions, their personal care needs, whether they required domestic support and other areas related to the person's wellbeing. This information was then used to produce a care plan around the person's identified needs.

At our previous inspection we identified some concerns in relation to risk assessments. We found these documents were not individualised for each person and were not updated to reflect changes in the level of risk to each person when needed. At this inspection we found that most risk assessments were individualised and that identified risks were explored and contained appropriate advice for staff about how to manage these.

For one person we saw a specific risk assessment associated with the risks of performing the activities they enjoyed. This considered the types of risks associated with the activity itself as well as the risks associated with travelling to the activity. It contained specific guidance to care workers in managing the risk so the person could continue participating in activities they enjoyed. Risk assessments were updated at least every six months or sooner where the person's needs had changed.

Care workers demonstrated that they knew the risks to people well. For example, one care worker described one person's medical condition in detail and explained how they managed this person's needs and kept them safe.

Staff told us they received training in safeguarding adults and children and demonstrated a good understanding of how to recognise abuse, and what to do to protect both adults and children if they suspected abuse was taking place. The provider had a safeguarding adult's and children's policy and procedure in place. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received first aid training and this covered what to do in the event of an accident, incident or medical emergency. Care workers understood the procedure to follow in the case of an incident occurring. They explained they would contact the emergency services or GP first if necessary after conducting an initial assessment of the situation and would then report the matter to the office and other parties afterwards.

At our previous inspection we found the prompting of medicines was not always managed safely. We found the provider had not implemented a recording system to include the specific medicines and the time they were prompted. Nor was there a system in place for this practice to be routinely monitored to check for

errors. At this inspection we found the provider had changed its policy and no longer prompted people to take their medicines. Relatives were now required to administer people's medicines and care workers no longer provided this service.

People's relatives told us that their family members were supported by the same care workers and this ensured they could develop a relationship and get to know one another well. Comments included, "We have had the same care worker and [the person] has really developed a great relationship with her." Relatives told us and care workers confirmed they had enough time when attending to people and did not seem rushed when working.

We spoke with the registered manager about how they assessed staffing levels. They explained that the initial needs assessment was used to consider the amount of support each person required. As a result they determined the amount of time required for each visit. Care workers also confirmed that they would inform the registered manager if they felt they needed more time to conduct their work, but stated they had not had any problems with this in the past.

We looked at the recruitment records for three staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms detailing their employment history.

Good

# Is the service effective?

## Our findings

At our previous inspection we found staff were not supported to obtain the necessary skills and knowledge for their roles. The provider did not provide any in-house training and instead recruited people who had a background in social care. We also found that staff did not receive an effective induction prior to starting work. At this inspection we found people received the training they needed to carry out their roles and also completed a mandatory induction before working.

We found care staff were provided with the training they needed and new staff received an adequate induction into the service. All care staff were required to complete the Care Certificate training. This involved the completion of 15 modules in areas including infection control, safeguarding, awareness of mental health and basic life support. All new care workers were required to undertake a period of shadowing experienced staff as well as an introduction to the policies and procedures of the service. Care workers told us they found the training useful. One care worker told us "I'm getting a lot of training. I had about five last month."

Relatives told us staff had the appropriate skills and knowledge to meet their family member's needs. Relatives said, "They're very good. We've always been very pleased with them" and "They've always done a good job." Senior staff told us and care workers confirmed that they completed training as part of their induction as well as regular ongoing training. Records confirmed that staff had completed mandatory training in various topics. These topics included safeguarding adults and first aid.

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. The registered manager told us supervisions were supposed to take place every two to three months, and we saw records to confirm this was taking place.

The registered manager told us annual appraisals were conducted of care workers performance once they had worked at the service for one year. Care workers told us and records confirmed these were taking place. Care workers told us they found these useful to their practice.

People's rights were protected as staff understood their responsibilities in relation to consent. 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.

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the Act. The service provided care to people both over and under the age of 18. Where people were under the age of 18 we found care records were signed by their parents to indicate they consented to the care being provided. Documentation indicated that people under the age of 18 were closely consulted in relation to their care needs and their views were recorded on care plans and followed.

Where people were over the age of the 18 we found they signed their own records to indicate they consented to their care.

The registered manager had a good working knowledge of current legislation and guidance. Care workers also had a good understanding of mental capacity. Care workers explained what they would do if they suspected a person lacked the capacity to make a specific decision. They described possible signs that may indicate that a person lacked the capacity to make a specific decision and told us they would report this to their manager.

Relatives told us people were encouraged to eat a healthy and balanced diet where this was part of the package of care they received. However, care workers provided very limited assistance to people with their nutritional needs as people's meals were usually prepared by their relatives. People's care records included information about their dietary requirements and preferences. Care workers demonstrated a good level of understanding about people's nutritional needs, but the care workers we spoke with told us they did not provide this assistance to the people they were caring for. One care worker told us, "I don't prepare [the person's] meals, but I still think it's important that I know [the person's] needs. I might have to help out one day so it's good to know these things."

Care records contained up to date information about people's health needs. Details about people's health needs were included in their care plan and details of the conditions they had were also included. Where information about people's needs was lacking, senior staff were proactive in obtaining these. For example, we identified one case where the registered manager had taken great efforts to obtain further information about one person's current needs.

Good

# Is the service caring?

## Our findings

People's relatives gave good feedback about the care workers. One relative told us their family member's care worker, "Is very good", and another said, "The carer is excellent. I've never had any problems". Relatives told us their family members were treated with kindness and compassion by the care workers who supported them and said that positive relationships had developed.

Our discussions with the registered manager and care workers showed they had a good knowledge and understanding of the people they were supporting. Care workers told us they usually worked with the same people so they had got to know each other well. Care workers gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people's habits and daily routines and the relatives we spoke with confirmed this.

Care staff were mindful of people's emotional needs and moods and were aware of how to respond to these when necessary. One care worker gave us specific details about what activities put one person in a good mood and what they found to be the triggers for putting this person in a low mood. Care records also contained a good level of detail about how care workers should communicate with people and respond to their emotional needs. For example, in one person's care record we saw advice for how care workers were to communicate with the person and how this helped the person's mood.

Relatives confirmed that their family member's privacy and dignity was respected. They told us "[The care worker] respects us and understands our traditions." Care workers explained how they promoted people's privacy and dignity and gave many practical examples of how they did this. One care worker commented "I am very gentle when I give personal care and I always tell [the person] what I'm going to do".

Care records gave details about people's cultural and religious requirements, and the registered manager confirmed that these were identified when people first started using the service. Although the service specialises in providing care to people from the orthodox Jewish community, we found one person receiving care came from a different religious background. Their care record contained a good level of detail about their religious and cultural needs and care staff ensured they assisted the person in meeting these. When we spoke with care workers they had a good level of knowledge about people's culture and religions and how this influenced and contributed to the support they provided. All care workers came from the Orthodox Jewish community.

Good

# Is the service responsive?

## Our findings

At our previous inspection we found the provider was inconsistent in involving people in the planning of their care. At this inspection relatives told us they had been involved in the assessment process and had regular discussions with staff about the needs of their family member. Relatives also confirmed care staff kept daily records of the care provided and these were available for them to see. These were returned to the office and reviewed by the registered manager on a monthly basis and we saw detailed daily records which demonstrated what care had been provided to people. We saw evidence that people's care records were reviewed within six months to reflect any changes in people's needs.

Relatives told us they were involved in decisions about the care provided and staff supported them when required. One relative told us their care worker "really understands my child's needs. She gives my child independence."

Care workers told us they offered people choices as a means of promoting their growth and independence. One care worker told us "I always give choices." We saw many written examples within care records of suggestions to care workers in how they could involve people in the care being provided in order to promote their independence. For example in one care record we saw details of how the person could assist with their own personal care.

People's care was planned in a way that took account of their individual needs and preferences. Care plans provided detailed information about how a person's needs and preferences should be met. This included information about people's life histories, people important to them and how care staff should interact with family members. For example one care record included details about the person's relatives and what their health needs were. It included information about how to manage this person's needs when communicating with them about the needs of their child.

Care records contained detailed information about people's involvement in activities as this formed the majority of the care that was being provided. As part of the initial needs assessment, the registered manager or other senior staff spoke with people and their relatives about activities they were already involved in so they could continue to encourage these. The registered manager told us they worked with family members to keep people active by encouraging them to participate in activities they enjoyed. Care records detailed people's current hobbies and encouraged care workers to assist people to access these. Activities included sports such as football or bowling, providing assistance with school homework and playing board games.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, dietary requirements and mobilising.

The service had a complaints policy which outlined how formal complaints were to be dealt with. People who used the service and their relatives confirmed they knew who to complain to where needed. The registered manager told us how they would handle complaints if any were received and this was in line with the policy.

Requires Improvement

# Is the service well-led?

## Our findings

At our previous inspection we found spot checks were inconsistently completed and there was no system in place to spot check each staff member. At this inspection the registered manager told us spot checks were conducted at the same time as quarterly monitoring visits. However, these were not recorded. One care worker confirmed that they had not been spot checked since they began working for the service four years previously. Therefore, although arrangements had been made to carry out regular spot checks there was still a risk that care workers performance was not fully assessed.
The provider reported concerns to the Care Quality Commission (CQC) as required.

The provider had adequate systems in place to monitor the quality of the care and support people received. We saw evidence of audits of safeguarding incidents as well as ongoing monitoring in other areas.

We saw accident and incident records. There was a clear process for reporting and managing these. The registered manager told us they reviewed accidents and incidents to monitor for trends or identify further action. There was evidence of further actions taken as a result of accidents and incidents in the form of further discussions with care workers to remind them of risks and actions that needed to be taken to mitigate risks.

We saw evidence that feedback was obtained from people using the service and their relatives. Feedback was sought during quarterly monitoring review visits. The registered manager told us that if issues were identified, these would be dealt with individually. We saw recorded details of this monitoring within the care records we viewed and found feedback to be positive.

Care workers confirmed they maintained a good relationship with their manager and felt comfortable raising concerns with her. One care worker said, "She is very helpful. Very good" and another said, "She takes care of all the employees, she is always available" and another told us "She is very, very good."

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations about what their roles involved and what they were expected to achieve as a result. We saw copies of employee's job descriptions and saw that the explanations provided reflected these.