

Ezer Leyoldos Limited

# Ezer Leyoldos Domiciliary Care Agency

## 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 caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Ezer Leyoldos is a domiciliary care agency providing personal care to people under the age 18. The service user group included people with a learning disability and/ or an autistic spectrum disorder. 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. At the time of the inspection three people were using the service from the same family.

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

People were not always supported by staff who had received appropriate training for their role. We identified a member staff had not completed any training with the service since they had joined in July 2019. We were advised staff completed an induction but, the details of the induction were not recorded. We have made a recommendation about staff obtaining training relevant to their role.

Some staff were not clear on their safeguarding responsibilities and who they should report their concerns to outside of the service. Other staff were aware of the processes to follow and how to blow the whistle if they observed poor practice.

We have made a recommendation about staff safeguarding and whistleblowing responsibilities.

People were supported by staff who had been overall recruited in a safe way. However, we found gaps in employment were not always explored.

We have made a recommendation about recruitment practices at the service.

People had their risk of infection reduced as staff followed good hygiene practices and used appropriate protective equipment to stop the risk of cross infection.

Staff knew what to do in the event of an accident or incident and the manager of the service had systems in place to investigate and learn from incidents if they occurred in the future.

Relatives told us staff were good at their jobs and provided support that was good for their family members.

People had their needs assessed by the service and this was done jointly with people's relatives due to people's young age. People were supported by staff to eat and drink sufficient amounts in a safe way.

People's care plans were personalised, and staff knew people's likes and dislikes. Relatives told us care was regularly reviewed and they observed the care was meeting their family members' needs.

Relatives were complimentary of staff and their kind and caring nature. Relatives were also pleased the service had worked hard to find a female member of staff who was from the same cultural background and

could speak the same language as the person's mother.

The service had appointed a new manager who had only been in post for a short time, however, they had been working as an assistant manager within the service for 15 months. The manager was aware of changes needed to improve the quality of the service in terms of staff training and records and had taken steps to do this. Relatives were happy with the level of communication from the management at the service and they were easily accessible. Records showed relatives gave positive feedback on the service.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 28 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

**Good** ●

# Ezer Leyoldos Domiciliary Care Agency

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager who was currently in the process of becoming registered with the Care Quality Commission. This means they will become legally responsible for how the service is run and for the quality and safety of the care provided along with the provider.

#### 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.

#### What we did before the inspection

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

judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four members of staff including the manager, coordinator, and two care staff.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to a relative to seek their views on the quality of the service, we were unable to speak to people who used the service due to their age.

# 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 good. At this inspection this key question has deteriorated to requires improvement. 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.

Systems and processes to safeguard people from the risk of abuse

- The process and systems were not robust to safeguard people from the risk of abuse.
- Staff told us they would tell the management or the family if they witnessed abuse. Only one member of staff was fully aware of the process to follow if they had safeguarding concerns and the other required prompting to identify the organisations they should contact if they thought someone was being abused.
- Only one member of staff knew how to blow the whistle in the event their concerns were not being listened to and knew to report to the local authority or CQC if they observed poor practice. A member of staff said, "I must say what I have seen, we have rules to safeguard children I have to do the right thing."
- The manager advised they discussed safeguarding at the induction stage with new staff. However, we did not see any records to confirm what was discussed with staff.
- There was no evidence staff had received current safeguarding training. We raised this with the manager and they advised staff were to be placed on training.

We recommend the provider consider current guidance to ensure staff are aware of their safeguarding and whistleblowing responsibilities.

Assessing risk, safety monitoring and management

- People had risk assessments to protect them from the risk of avoidable harm.
- Relatives told us their family members were kept safe with staff.
- Staff told us how they kept people safe within the home and while out in the community. A member of staff said, "I never leave [person] on their own for one minute, if I have to get something I call the parents." Another member of staff said, "While we go out I always hold [person's] hand, I also make sure the area is clear to prevent trips and falls."

Staffing and recruitment

- People were supported by staff who were recruited in a safe way.
- Records identified a recently recruited member of staff had a gap in their employment and we could not see an explanation this had been explored during interview.
- Prospective staff had completed an application form, attended an interview, provided references and completed a criminal records check to ensure they were safe to work with the children.

We recommend the provider consider current guidance in recruitment practices to ensure gaps in

employment are explored and recorded.

#### Using medicines safely

- At the time of the inspection no one required medicine support.
- During the last inspection the service advised they did not administer medicines to people using the service and were not planning to in the future.

#### Preventing and controlling infection

- People were protected from the risks of infection and staff followed good infection control practices.
- Staff told us the coordinator brought personal protective equipment which included gloves and aprons for them to use at people's homes during personal care.

#### Learning lessons when things go wrong

- The manager advised there had been no accidents or incidents at the service since the last inspection.
- Staff at the service knew how to respond in an emergency situation and their responsibilities to report to management and record what happened.
- If any accidents or incidents occurred the manager said, "To prevent in the future, I would want to meet with both the family and the [staff] and see what had gone wrong. Is it a training or communication issue? If it [incident] led to safeguarding I'd inform [staff]." This meant there was the opportunity for staff at the service to learn lessons after an accident or incident.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- People were not always cared for by staff who had received training relevant to their roles. This meant staff were not provided with the skills to meet people's needs effectively at the service.
- Records showed a new member of staff who had recently joined the service had not completed any training since joining the service. The manager advised the member of staff was to be booked on training in October 2019.
- The manager advised one member of staff had experience from their previous employment but this training was obtained in 2013.
- The manager advised staff who joined the service completed an induction and they showed us the template form used to do this.
- Staff confirmed they received an induction however, we did not see any evidence of a completed induction record with current staff.

We recommend the provider consider current guidance in relation to staff training.

- A relative told us they thought staff were very good at their jobs and looked after their family members well.
- Another new member of staff had completed the Care Certificate with another employer. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they felt supported by the management at the service. A member of staff said, "I get a lot of support from [coordinator] if I have any problems. Another member of staff said, "Yes I do feel supported."
- Records confirmed staff received regular supervision with the coordinator. Staff advised this was an opportunity to discuss how the care package was going and for the coordinator to observe care in the person's home.
- At the time of the inspection staff were not due for an appraisal. The manager advised they had systems in place to complete an appraisal when they became due.

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

- A relative told us they were involved in the care planning process and were able to say what was needed for their family member. A relative said, "They asked us exactly what we wanted."
- Records showed the coordinator attended people's home to perform an initial assessment to ensure they

were able to support people.

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

- People were supported to have sufficient amounts to eat and drink from staff at the service.
- Staff did not prepare any meals for people as this was completed by family members.
- Care records explained how to support people during mealtimes and the texture food should be provided to support safe eating.

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

- Staff and management had established links with health professionals and met regularly with them where changes to people's health occurred.
- Staff regularly took people out to the local park in order to have access to fresh air and be active.
- Records included details of people's medical history and information sheets were provided on their different health conditions, this gave staff insight and helped them understand people's health needs.

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.

- At the time of the inspection the service was supporting people who were under the age of 18 and staff told us they asked people they supported for permission before giving personal care.
- Consent to care documents were signed by people's parents as they were under the age of 18.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were supported by staff who were kind towards them.
- A relative said, "They are kind, patient and speak to the children nicely. One [staff member] can also speak our language which is perfect."
- A relative commented on how the service had gone above what was expected of them to help them find new accommodation and they felt this was very caring as it helped the family greatly. The relative said, "I know [finding accommodation] [was] not really part of their job but thankful for the support."
- Staff spoke of people in a caring and respectful manner. A member of staff said, "I can speak the language which means I can also speak to [person's relative], they like that very much."
- All staff we spoke to explained they would ensure anyone who needed care from the service received it in a person-centred manner. Staff told us if someone identified as lesbian, gay, transgender or bisexual [LGBT] they would not be treated any differently.
- The manager advised there were LGBT services they would approach for extra support where required. This would ensure LGBT people received appropriate care and did not feel excluded.
- Care plans recorded people's religious beliefs and how staff should say people's name correctly. This enabled staff to provide person-centred care.

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

- Staff told us the people they supported were encouraged to express themselves. The manager advised the coordinator had conversations with people at the service to ask them how they were.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected at the service. A member of staff advised they would close the door while providing personal care and respected people's wishes for privacy when they asked for it.
- A member of staff said, "I have to respect my [people's] privacy. [Person] will say, 'let's take my clothes to my bedroom'."
- A relative told us staff always showed respect to their family members privacy and dignity. They said, "They show it, I don't have to explain anything, they [staff] just understand everything... the culture."
- Staff at the service encouraged people to maintain their independence and care records supported staff to do this. For example, in the care plan it stated, "[Person] should be encouraged to do as much as they can to promote self-care skills, rub in shampoo, put on clothes themselves."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 personalised care from the service with support from their relatives and staff could explain what it meant to provide person centred care.
- People's likes, and dislikes were recorded in their care plans along with how to pronounce people's names properly, and social interests. Care plans stated how to support people according to their preferences.
- Staff told us they always asked the people they supported what they wanted to do as they were there to provide support for them.
- Relatives told us reviews of care took place promptly. Records showed the service met with relatives to discuss people's care needs every quarter or sooner if needed. This meant the service was able to ensure the care met people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly stated in their care plan and the languages spoken in people's home.
- At the time of the inspection people were able to verbally express their needs to staff at the service.

Improving care quality in response to complaints or concerns

- At the time of the inspection there were no recorded complaints.
- The service had a complaints policy and procedure available for people's relatives to use.
- A relative told us they had no complaints but, they knew they could contact the director of the service and other management if they needed to.

End of life care and support

- At the time of the inspection no one at the service needed end of life support.
- Due to people's ages and their health the service respected the wishes of the family and did not discuss this.

# 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 improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager was currently in the process of becoming the registered manager of the service and had been in post for a month and had worked as an assistant manager for 15 months. The coordinator supported the manager and they had been in post for seven years.
- Staff at the service told us they knew what was expected of them and this was discussed during their supervisions with the coordinator.
- The service had systems in place to monitor the quality of the service.
- The coordinator maintained records to confirm when they had performed a spot check, telephone review and review of the care package, we viewed this during the inspection.
- The coordinator was responsible for seeking feedback from the family and performing unannounced spot checks on staff. The coordinator said, "I like to randomly pop in, I get [relative] to sign as confirmation I have attended."
- A relative told us they were regularly contacted for feedback and comments confirmed they were pleased with the quality of care. For example, one comment read "This is the best support I could have wished for."

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 manager showed they were aware of their duty to report to the CQC when things went wrong. The manager said, "Yes, I'm aware of what is expected and what I should inform you of. If I need support I also have the director."
- The manager showed they were open and transparent when it was identified there were issues regarding recruitment and staff training and were taking steps to ensure staff received training immediately.

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

- Relatives were happy and spoke highly of the care provided and how all staff at the service worked with their family members.
- Staff told us the service was a good place to work and they could approach the managers at the service whenever they had any questions.
- The atmosphere at the service was welcoming and staff and management were committed to providing high quality care for people.

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

- There were systems in place to seek feedback from people, their relatives and staff.
- Relatives were regularly asked for feedback on the quality of the service and whether anything could be improved.
- Staff had meetings with the coordinator at people's home where they were asked to discuss the care package and what was working well and needed to change.

Continuous learning and improving care; Working in partnership with others

- The manager advised they had support from other adult social care providers who supported people in the community and sought advice where necessary.
- The manager told us they had established contacts with the local borough to support people to achieve good health outcomes. The manager said, "In Hackney we have got good contacts with disabled children's team, we went to their meetings and engage with their team."