

Hepzibar Care Agency Ltd

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Inspection report

Jhumat House
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Essex
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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

Hepzibar Care Agency Limited is a domiciliary care agency providing the regulated activity of personal care. The service provides support to older adults and adults with physical disabilities. At the time of our inspection there were 2 people using the service.

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

Systems were in place to help safeguard people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. There were enough staff to meet people's needs and robust staff recruitment practices were in place. Steps had been taken to help prevent the spread of infections. Systems were in place for investigating accidents and incidents.

Initial assessments were carried out of people's needs before they started using the service to see if the provider could meet them. Staff received training and supervision to support them in their role. The service sought to promote healthy lifestyles for people.

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.

People told us that staff were kind and caring and treated people well. People were supported to have control and choice over their daily lives. People's privacy was respected, and staff understood the importance of maintaining confidentiality.

Care plans were in place which set out how to meet the individual needs of people. People and relatives were involved in developing these plans, which meant they were able to reflect people's needs and preferences. People's communication needs were met. People told us they had confidence that any complaints raised would be addressed.

Quality assurance and monitoring systems were in place to help drive improvements at the service. There was an open and positive culture at the service, which meant people and staff could express their views. The provider worked with other agencies to develop best practice and share knowledge.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 2 February 2022 and this is the first inspection.

Why we inspected

We had not previously inspected this service and we wanted to check that people received safe and good

quality care.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Hepzibar Care Agency Limited

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 was carried out by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we held about the service. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does 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 2 people who used the service by telephone. We spoke with 2 staff during the site visit, the human resources manager and the administrator. We spoke with a care assistant by telephone and corresponded with the registered manager by email. We reviewed a range of records. This included 2 people's care records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed, including various policies and procedures.

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

- Systems and processes were in place to safeguard people from the risk of abuse. The provider had a safeguarding adults policy in place. This made clear their responsibility to report any allegations of abuse to the local authority. However, it did not state that the provider had a legal duty to report any allegations of abuse to CQC. We discussed this with the registered manager who amended the policy accordingly. We were told by the provider that there had not been any allegations of abuse since the service first became operational.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any suspicions of abuse to their manager. A member of staff said, "I will document it properly and let them [office staff] know about any allegations of abuse."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These mostly set out the risks people faced and included information about how to mitigate those risks. However, the risk assessment on mobility for 1 person contained only basic information. We discussed this with the provider who told us they would ensure this assessment was reviewed and updated to fully cover the risks faced.
- Assessments covered risks including skin integrity, hydration and continence. Assessments were subject to review. This meant they were able to reflect the risks people faced as they changed over time.

Staffing and recruitment

- There were enough staff to meet people's needs. People had regular staff that worked with them, and there was back up staff available when required. People told us staff were punctual and there had not been any missed visits. A person told us, "Staff are on time." Staff logged in and out of each visit electronically which meant it was possible to monitor their time keeping.
- Systems were in place to help ensure only suitable staff were recruited. Various checks were carried out on prospective staff, including criminal record checks, employment references and proof of identification.

Using medicines safely

- The provider told us they did not currently support anyone with taking medicines, but that this was something they could do if required. There was a policy in place about the safe administration of medicines to provide guidance to staff if necessary.

Preventing and controlling infection

- The provider had taken steps to prevent and control the spread of infection. They had a policy on this to help guide staff and staff had undertaken relevant training. Staff were knowledgeable about infection

control issues and told us they wore PPE when providing support with personal care to people.

Learning lessons when things go wrong

- Although the provider told us there had not been any significant accidents or incidents since they became operational, there were systems in place for learning lessons when things went wrong.
- The provider had an accidents and incidents policy. This made clear that any accidents or incidents should be recorded and reviewed. This was so lessons could be learnt and help to reduce the risk of similar incidents re-occurring.

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

- Assessments of people's needs were carried out by the provider before people started using the service. This was to determine what the person's needs were and if the service was able to meet those needs. People were involved in the assessment process. One person said, "Yes, we had a meeting. [Registered manager] put in place what is been carried out."
- Assessments were in line with guidance and the law and covered areas of need including personal care, physical and mental health, mobility, equality and diversity.

Staff support: induction, training, skills and experience

- Staff received support and training to help them in their role. New staff undertook an induction programme which included shadowing experienced staff to learn how to support individuals. Training provided included safeguarding adults, equality and diversity and moving and handling. People told us staff had the skills and knowledge to support them. A person said, "The staff that come are to my satisfaction, what they are doing for me is right."
- Staff had regular 1:1 supervision meetings. Records showed that supervision included discussions about people's care plans and working with their family members as appropriate.

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

- At the time of inspection the service did not provide support with eating or drinking to anyone.

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

- The service supported people to live healthier lives. Care plans included details about people's health and medical needs, along with contact details of their GPs.
- Where required, the service supported people to attend medical appointments. A person told us, "They are helping me with my appointments with my GP."

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.

- The service was working within the principles of the MCA. All of the people using the service at the time of inspection had the mental capacity to make decisions for themselves about the care and support they received. They told us they had discussed with the provider what care they wanted, and this was then provided in line with their wishes. Staff told us how they supported people to make their own decisions about their care.

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 were well treated by staff. To help ensure continuity of care, people had the same regular staff. This enabled them to build relations with the staff and staff told us they took time to chat with people to get to know them. People told us staff treated them well. A person said, "They [staff] are caring, I am happy. I am ok, they do well." Another person told us, "Yes, I like them [staff]. They are perfect in the care they are doing. They have been so helpful."
- Equality and diversity was covered in people's care plans and staff had undertaken training about this. The provider had an equality and diversity policy and procedure to help guide staff.

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

- People were supported to express their views and be involved in making decisions about their care. People and relatives were involved in pre-care assessments and developing care plans.
- Staff supported people to make choices and told us people had the capacity to make decisions for themselves, for example, about what to wear. People told us they were able to make choices about their care. A person said, "They [staff] ask me 'What can we do for you, what do you need?'" Another person said, "They [staff] know what I need. They understand it very well."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected. Staff told us how they provided personal care to people in a way that promoted their privacy, dignity and independence. A staff member told us, "Anytime [person] wants to change, I close the curtains. I always ask their permission before I do anything. If they can do things themselves, like brush their teeth, they do that. [Person] likes to be independent." Care plans included information about what people could do for themselves and what they required support with during personal care.
- Staff understood the importance of respecting people's right to confidentiality and were aware of their responsibility to only share information about people when authorised to do so. Confidential records were stored securely on password protected electronic devices and in lockable filing cabinets.

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

- Care plans were in place for people providing guidance about how to meet their needs. Care plans were person-centred, based around the needs of the individual and covered needs including personal care, health and the person's likes and dislikes.
- Care plans were subject to regular review. This meant they were able to reflect people's needs as they changed over time. Staff told us they were expected to read care plans and that they were on an app on their phone, so they had instant access to any changes in care plans. A member of staff said, "Before I started working, I had a meeting with the manager and they took me through the care plan. It's now on the app on my phone."

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 met. These were covered in their care plans. At the time of inspection, both people using the service were able to read and speak English.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider told us they did not provide any support to people to access the community. However, they did engage in activities with people in their homes, such as playing board games. The provider worked with people's relatives where appropriate to help provide care that met people's needs.

Improving care quality in response to complaints or concerns

- Systems were in place for responding to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. The provider told us there had not been any formal complaints received since the service became operational and we found no evidence to contradict this.
- People told us they knew how to make a complaint if necessary, but added that so far they had not needed to. A person said, "If I had anything wrong I would call [registered manager]."

End of life care and support

- At the time of inspection the service did not support anyone with end of life care. There was an end of life policy in place to guide staff in the event of this care being provided in the future.

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

- The provider promoted a positive and inclusive culture. Staff spoke positively about the registered manager. A member of staff said, "They are very professional with handling staff. They make sure everything is done the right way without cutting corners." Another member of staff said, "[Registered manager] is excellent, they are available, you can tell them your concerns. They are a compassionate person."

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 understood their obligations to be open and honest with relevant persons when things went wrong. There were systems in place to identify and address shortfalls. For example, the accidents and incidents policy made clear that accidents should be reviewed to identify any shortfalls in care provided and there was a complaints procedure in place to respond to concerns raised by people.

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

- Managers and staff were clear about their roles. There was a clear management structure in place and staff understood who they reported to. Staff were provided with copies of their job description to help provide clarity about their role.
- The provider was aware of their regulatory requirements. For example, they had employer's liability insurance cover in place, and the registered manager was aware of their legal responsibility to notify the Care Quality Commission of significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with people who used the service and staff. The registered manager regularly called people to check if they were happy with the service provided. A person told us, "[Registered manager] calls me, they ask if I am satisfied, if I have any complaints, how is it going."
- Staff told us that there were regular staff meetings. A member of staff said, "We have monthly staff meetings to keep staff abreast of new developments." Minutes of meetings showed they included discussions about infection control, training and issues relating to people who used the service.
- Equality characteristics were considered. For example, this was covered in people's care plans, and staff recruitment was carried out in line with good practice in regard to equality and diversity.

- The provider worked with other agencies to help share knowledge and develop best practice. For example, they were a member of a professional body, which provided support and guidance related to adult social care, and with the local authority.

Continuous learning and improving care

- Systems were in place for continuous learning and improving care. Various audits were carried out, for example, in relation to infection control practices. Care plans and risk assessments were subject to review to ensure they remained up to date.