

Epiphany Care Services Ltd

Angel House

Inspection report

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31 May 2022

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Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Insufficient evidence to rate

Is the service effective?

Insufficient evidence to rate

Is the service caring?

Insufficient evidence to rate

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Insufficient evidence to rate

Summary of findings

Overall summary

About the service

Angel House is a domiciliary care service run by Epiphany Care Services Ltd. It provides personal care to people living in their own homes in the community. The service supports people with a range of needs such as disability, illness and dementia. At the time of this inspection there was one person using the service.

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

Relatives said the service provided good support with personal care and was "very professional." The registered manager carried out comprehensive assessments of people's needs and had a holistic approach including providing advice and support for the person's family.

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 registered manager had carried out audits, supervised staff and contacted people using the service regularly to seek their feedback. The service needed to make improvements in recruitment and training staff which they started immediately following the inspection.

Why we inspected

This service was registered with us on 30 April 2021 and this is the first inspection.

Rating at last inspection

The service is not yet operating as the provider intends and cannot currently demonstrate evidence to allow us to make full judgements about the quality and safety of the service.

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

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? Inspected but not rated.	Insufficient evidence to rate
Is the service effective? Inspected but not rated.	Insufficient evidence to rate
Is the service caring? Inspected but not rated.	Insufficient evidence to rate
Is the service responsive? Inspected but not rated.	Insufficient evidence to rate
Is the service well-led? Inspected but not rated.	Insufficient evidence to rate

Angel House

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

This 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 homes.

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

Notice of inspection

We gave 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available in the office to support the inspection.

Inspection activity started on 31 May 2022 and ended on 7 June 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. This included notifications. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider, Epiphany Care Services Ltd. The nominated individual was also the registered manager. We spoke with the relative of the one person who used the service and the relative of another person who used the service a few months previously. We were unable to speak with the care worker employed by the service as they were not available.

We looked at the care records for three people. This was the person who used the service, the person who previously used the service and a person who was due to start using the service and whose assessment and support plan had been completed. We looked at their initial needs assessments, risk assessments and support plans. We also looked at staff training records, recruitment records for three staff, supervision records, staff meeting minutes, complaints, safeguarding and medicines policies and procedures and records related to the management and quality monitoring of the service.

Is the service safe?

Our findings

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 not been rated.

Staffing and recruitment

- There was insufficient information for us to make a judgement about staffing at this inspection.
- At the time of this inspection the service had one part time care worker and the registered manager to provide the care. They had previously employed two other care workers who were no longer working. The registered manager reported difficulties in recruiting new staff. The service did not have enough staff at the time of the inspection to take on new people.
- The recruitment process included an application form, criminal record checks, medical declaration of fitness to work, evidence of conduct in previous employment, right to work in the UK and proof of identity and an interview. Although the provider had sought references from previous employment this was not always the manager or the employer so the referee may not have been authorised to provide a reference on behalf of the employer. We explained this to the registered manager who assured us they would immediately ensure all reference requests were sent to the applicant's employers and verified.
- The registered manager told us as they had met people during an assessment visit, they went with a care worker to introduce them to the person receiving care and helped them to form a relationship before the care worker started to work alone with the person.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's health and care needs were assessed and guidance provided to staff to minimise the risks.
- Risk assessments were comprehensive.
- The registered manager demonstrated a transparent and reflective approach to the work and assured us they would assess whether there were any lessons to learn from any incidents that might take place.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to help protect people from the risk of abuse.
- The service had a procedure in place for dealing with any safeguarding concerns.
- Staff had completed safeguarding training for adults and planned to complete safeguarding training for children after this inspection. We were unable to check staff knowledge of safeguarding so we were unable to make a judgement.

Using medicines safely

- We did not have enough information to make a judgement about whether medicines were managed safely.
- There was a medicines procedure in place but the service had not yet had enough experience of managing medicines for us to assess.

- Staff had not yet had medicines administration training from this provider but had received it via their other employer. The registered manager arranged this training for after the inspection.

Preventing and controlling infection

- Systems and processes were in place to ensure people and staff were protected from the spread of infection.
- The registered manager told us the service was well supplied with personal protective equipment (PPE) which included gloves, masks, aprons and hand sanitiser.
- The registered manager was aware of the current required testing regime for COVID-19.
- Care workers had not been provided with training on COVID-19 and infection control but had received this via their other employer.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

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 not been rated.

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

- People's needs were assessed and met.
- The registered manager had carried out comprehensive holistic assessments of people's needs before providing a service.
- The limited service provided so far to two people received positive feedback from relatives on the standard of care provided.

Supporting people to live healthier lives, access healthcare services and support

- Care plans contained details on people's health needs
- So far, the service had only supported one person with their health needs. The person's family told us they had been happy with the quality of the care provided to their relative.
- The service planned to provide care to a child soon after this inspection. We saw that the assessment and draft support plan contained information on the child's health needs to guide staff.

Staff support: induction, training, skills and experience

- Staff did not complete the Care Certificate. 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. It is made up of the 15 minimum standards that form part of a robust induction programme. The service's induction did not include mandatory training. We advised the registered manager and immediately following the inspection they arranged mandatory training to be completed by an external training provider.
- All staff who had worked for the service had previous training and experience working in care. Staff had regular supervision meetings with the registered manager and "spot checks" where they were visited unannounced whilst providing care so that their competence could be assessed.
- A relative of one person using the service told us they thought, "What they are doing is good."
- A relative of the person who previously used the service said they had been happy that staff had the skills needed to meet their relative's needs.

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

- Nobody was receiving nutrition and hydration support at the time of the inspection so we were unable to make a judgement about this element of the service.
- We saw the care plan for a person who was not yet receiving a service from this agency but had been assessed to do so. Their assessment and plan contained information about their nutrition needs. The plan included detail on the types of food and drinks the person preferred.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they had not yet worked with other professionals but they had approached a local authority social worker asking to be involved in reviewing a person's care needs. As a result we are unable to make a judgement about their working with other agencies.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. None of the people using the service were deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- A relative told us that the person using the service was always asked for their consent. The registered manager confirmed this and showed a good understanding of the MCA. We did not have enough evidence to make a judgement.

Is the service caring?

Our findings

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 not been rated.

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

- As the service was not yet operating fully as intended, there was insufficient evidence to make a judgement on this element of the service.
- The relative of the person told us the service worked well with them and supported the person's wish to remain as independent as possible.
- The person's cultural, religious and language were documented. The registered manager showed a good understanding of the person's culture and language they spoke and had made some communication cards in the person's first language.

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

- Due to only one person using the service there was insufficient evidence to make a judgement.

Respecting and promoting people's privacy, dignity and independence

- The registered manager who was also providing care showed a good understanding of the importance of respecting people's privacy and independence. They said they promoted the person's independence and gave examples.

Is the service responsive?

Our findings

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 not been rated.

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

- As there was very little care being provided, there was insufficient evidence to make a judgement.
- Care plans detailed people's care needs and preferences. This included their religious and cultural preferences.
- Two relatives told us that they were satisfied with the care provided by their care workers.
- Care workers worked with the same person so got to know their needs and preferences. As the service was so small, people benefited from consistency of care.
- The registered manager was suitably qualified and demonstrated a person-centred approach to care.

● 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.

- One person spoke another language and the registered manager had tried to learn some words of that language to help support the person.
- Where a care worker was planning to working with a young autistic person with a learning disability, the registered manager arranged training in understanding these disabilities immediately after the inspection and before the worker started providing care. The training on autism aimed to help staff understand and communicate with the person.

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

- Due to the service not yet operating as intended, the service was only providing care to one person, so there was insufficient evidence to make a judgement.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to respond to complaints.
- The service had a complaints procedure.
- People using the service were given a service user guide which included information on how to contact the service to make a complaint.
- Relatives told us they would speak with the registered manager if they had any concerns.

End of life care and support

- The service had supported a person with their end of life care prior to this inspection and the family had found this helpful. Staff had end of life care training from another employer.

Is the service well-led?

Our findings

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 not been rated.

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

- As the service was not yet operating as intended, we were unable to make a judgement on this element of the service.
- The registered manager was on-call 24 hours a day to deal with any emergencies and offer advice.
- The policies and procedures in place were detailed and records and files were well organised.
- The registered manager was suitably qualified for the role and understood most regulatory requirements. They reported events to CQC as required by regulations.

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

- The service engaged with staff and people using the service effectively.
- Relatives of the person using the service and a previous customer said they were happy with the service and would speak with the registered manager if they had any concerns or information to share. They said the registered manager kept in touch with them regularly and was supportive and helpful.
- There were records showing ongoing quality monitoring was taking place.
- There had been staff meetings and supervision. We were unable to speak with any staff as part of this inspection.

Continuous learning and improving care; Working in partnership with others

- The service had not yet worked alongside other health or social care professionals but the registered manager told us how they had shared information and were willing to work in partnership with other professionals. They also supported a family to access other services and benefits.

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

- The service promoted a person-centred culture.
- Relatives were happy that the service understood their needs. The registered manager had a holistic approach to providing a service and emphasised the importance of empowering people in their care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities in relation to being open and honest with people when something went wrong.

