

Elect Care Consultants Limited

# Elect Care Consultants Ltd

## Inspection report

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Date of inspection visit:  
11 January 2023  
19 January 2023  
31 January 2023

Date of publication:  
15 February 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Elect Care Consultants is a domiciliary care agency providing personal care and support to people living in their own homes. The service is registered to support older people with dementia and learning disabilities or autistic spectrum disorder and Sensory Impairment. At the time of this inspection 3 people were using the service. 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.

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

#### Right Support:

People were supported safely with their medicines. The service followed Infection prevention and control good practice guidance. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people who used the service to be involved in maintaining their own health and wellbeing where possible. Staff communicated with the person in a way that met their needs.

#### Right Care:

Staff understood how to protect people from abuse. The service had appropriately skilled and trained staff to meet people's needs and keep them safe. People's support was flexible and available when they required it. Care was delivered in a person-centred way and records reflected outcomes for people. People told us staff treated them with kindness and supported them to take part in their individually preferred activities. People were appropriately assessed before their support began. The service worked closely with external health care professionals to monitor the person's physical health needs when needed.

#### Right Culture:

The culture at the service was very positive. People, relatives and staff said they were listened to. The service was open to new ways of working and ongoing developments were introduced to promote independence and continuous improvement. Staff understood people's support needs, which enabled the person to receive compassionate and empowering care that was tailored to their needs.

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 and update

The last rating for this service was Requires Improvement (published 27 August 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elect Care Consultants Ltd on our website at [www.cqc.org.uk](http://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?

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 well-led?

The service was well led.

Details are in our well-led findings below.

Good ●

# Elect Care Consultants Ltd

## 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 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

This inspection was announced. The provider was given 17 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.

Inspection activity started on 11 January 2023 and ended on 31 January 2023. We visited the location's office on 19 January 2023.

#### What we did before the inspection

We reviewed information we had received about 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.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 3 people's care plans, risk assessments, recruitment records, quality audits, daily records and training records. We spoke with 2 staff and 1 relative who was available to speak with us. We reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records and safeguarding records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question as requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection, the provider had failed to ensure recruitment of staff was managed safely. This was a breach of regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- The provider recruited staff safely. Systems were in place to check staff were suitable before they started work. These included employment references, proof of identification, right to work in the UK, and Disclosure and Barring Service (DBS) checks. A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.
- People received care and support from a consistent team that met people's needs. One relative said, "I have asked for 2 care workers to ensure consistency, and they have always stuck to this rule, even if someone is off they will let me know in advance and send the 2nd staff that knows my [relative]."
- Staff and a relative told us, there was enough staff to meet people's needs. One staff said, "The manager assesses how many staff the [person] will be to complete their care safely. Our manager will also step in to support if a staff was to be off work."
- The provider had a call monitoring system in place that monitored staff visits to ensure that they were delivering care to people on time. The registered manager told us, "I carry out weekly audits to ensure that [people] receive their care on time." Call monitoring records reviewed confirmed this.

### 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. This included safeguarding policies and procedures which provided staff with guidance on how to report abuse.
- A relative told us that they felt safe when care staff visited people. "Yes, very safe, if my [relative] wasn't [staff] would not be [working with my relative]."
- Staff had received training about safeguarding and understood the different types of abuse and signs to identify.
- Staff had a good understanding of safeguarding procedures and were confident on how to report safeguarding concerns. One staff said, "If a [person] was in immediate danger I would call the police. Also, I would report to my manager or the local authority."

### Assessing risk, safety monitoring and management

- Risks to people were managed safely in a person-centred way. People were involved in managing their risks with the support from staff and relatives.
- Care plans and risk assessments contained information for staff to follow on how to manage risks. For example, this covered, skin integrity, manual handling risks and risks of falls.
- The registered manager told us that before people began using the service, they carried out an initial care needs assessment, which meant that risks were identified. We reviewed the needs assessment during the inspection, in which all areas of people's support needs were assessed.

#### Using medicines safely

- Medicines were managed safely. The provider had systems in place to support the management of medicines. Staff who supported people with their medicines were trained and had their competency checked.
- People were involved and supported in the management of their medicines. The service carried out assessments that identified the level of support the person needed with their administration of medicines.
- Care plans detailed the support people needed from staff with their medicines.
- The registered manager completed regular monthly medicine audits. These were completed to ensure errors or concerns were identified and dealt with appropriately.
- We reviewed people's medicine administration records (MAR) and saw they had been correctly completed.

#### Preventing and controlling infection

- The provider ensured that staff had adequate stocks of personal protective equipment (PPE) available which included hand sanitiser, masks, gloves and aprons. One staff said, "I received training on how to manage and help prevent any outbreaks of infections. The training was very helpful."
- A relative told us that staff use PPE. "We have [PPE] at the house if [staff] need to use it."
- The provider's infection prevention and control policy was up to date, and staff confirmed that they read this.

#### Learning lessons when things go wrong

- The provider monitored and analysed accidents and incidents when staff completed them. The service identified lessons learned and took the necessary action to help prevent a recurrence from happening again. For example, we reviewed a recent safeguarding incident, which the registered manager had reviewed, and in doing so had updated a person's risk assessment. The registered manager held a meeting to update staff on these changes and the lessons learnt from the incident. Also, the relevant people and stakeholders were notified as required from the registered manager.
- Staff confirmed they received regular updates and meetings by the registered manager on any changes as part of lessons being learned.
- The provider had policies and procedures in place to guide staff on what actions are required when things go wrong.



# 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 our last inspection we rated this key question requires improvement . At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure staff were receiving appropriate supervision, appraisal and training support. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- The service provided staff with the appropriate training and support which helped them develop the skills needed for staff to carry out their job effectively.
- Staff told us the training they received was good and covered all key areas in health and social care. The training records we received confirmed this. New staff received a comprehensive induction and shadowed the registered manager or experienced staff before supporting people on their own. One staff told us, "We receive good training which helps us carry out our job, also we have refresher training which is also helpful as this gives me the latest updates of any changes for example to safeguarding.
- The registered manager ensured that staff received regular supervision and yearly appraisals were completed. Spot checks were carried out to make sure staff were delivering appropriate care to meet people's needs.
- Staff felt supported from the provider in their role. A staff member said, " Our manager is very supportive, she is always available to give advice if needed and will help carry out care if we were short of staff. I find very knowledgeable and approachable."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider had systems in place to ensure that the service could meet people's needs. Assessments were completed and outcomes for people were clearly identified.
- Relatives told us they were fully involved with people's assessments of needs. A relative said, "Yes I am involved with the assessment and my [relatives] care planning and reviews.
- Referrals were made to other services to make sure people received the right support. For example, the registered manager said, "We have completed a referral to the community district nurse service. Also, I am in the process of completing a referral to the occupational therapist team."

- The registered manager told us they work closely in partnership with other health care professionals when required and staff would contact the GP or any other relevant health professional if people's needs change.

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

- People were given a choice of foods they would like to eat this included people's preferences due to their culture, likes and dislikes, Staff told us they encouraged people to eat and drink and provided the support needed to ensure the food people ate was safe and nutritional.
- People were actively involved with planning and preparing meals. One relative said, "I prepare the meals for my [relative] and [staff] will then support with mealtimes, [staff] know how to support my [relative]. I have shown [staff] the correct [positioning] to make sure it is done slowly as there is a risk of choking, [staff] follow this every time."
- Staff received training to support people to avoid malnutrition and dehydration. One staff told use, "The training was very helpful as it gave me an understanding of the areas and risk to look out for."

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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider worked within the legal framework of the mental capacity assessment [MCA]. The registered manager and staff made sure people were involved in decisions about their care. One relative told us, "[Staff] always asks my [relative] for consent, they will talk to my [relative] and look for a response before care is given."
- Staff had a good understanding about the principles of the MCA and knew to involve others, including when to request input from other professionals, when needed. One staff told us, "Before I give care to [people] I always explain what support I'm going to give and ask if they are okay for me to help them with the task before carrying out the [person's] care."
- The provider had policies in place for staff to follow if it was identified that a person did not have the mental capacity to consent to their care. Staff received MCA training and records reviewed confirmed 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 inadequate. At this inspection the rating has changed 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

At our last comprehensive inspection, the provider had failed to have systems or processes to maintain accurate, complete and contemporaneous records for staff training, quality monitoring, and an up to date copy of people's support plans. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- Systems and processes for monitoring quality and safety were effective. The registered manager carried out a range of checks such as medication, IPC audits and call monitoring audits, which we reviewed at the time of the inspection.
- The registered manager visited people in their homes and observed the care being delivered to make sure staff had the right skills, knowledge and competency. One relative told us. "The [Manager] checks the staff, with surprise visits."
- The service respected people's equality characteristics, for example people were matched with staff that could speak the same language as the person.
- The provider communication was effective and ensured staff and people were kept up to date. Regular team meetings were held, and staff told us they were always informed when any changes were made. One staff told us, "the managers communication is good as they always keep us informed with any changers. We also have regular staff meetings and supervisions, were we can talk about any concern that we have, or improvement that we think may improve things for [people]."
- The provider had a governance system in place to help analyse any learning and to make any Improvements where identified. For an example, the registered manager, showed us the improvements they had put in place from a safeguarding concern that was raised.
- The provider had systems in place for supporting staff, this included inductions for new staff, regular supervision and appraisals were implemented to help support the delivery of safe and good quality care, which we reviewed at the time of the inspection.
- The provider had policies and procedures in place which reflected good practice guidance and legislation.

- The registered manager told us how she has improved since her last inspection. For an example the manager said, "I have trained and worked with a staff member that covers for me when I'm on leave. Also, we have also implemented a new call monitoring system to ensure staff on time for care visits."
- The service involved people in a meaningful way. People told us they were asked by the provider to give feedback about their experience. One relative told us, "[staff] do a good job, I would recommend them to other people. We are asked by the manager to give feedback on how they are doing."

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 had a clear understanding of their roles and responsibilities, for notifying CQC and the local authority of any serious incidents or concerns. The registered manager said, "It's important that we are open and honest people and stakeholders when things go wrong, and that reassurance is given that action have been put in place to help lower the risk of re-occurrence."
- Staff were clear of their responsibility in reporting incidents and concerns to the registered manager and to the local authority. One staff told us, "In meeting with our manager we discuss concerns and issues that we may have, also we are reminded of our responsibility for reporting any concerns to the relevant people such as safeguarding, police."

Continuous learning and improving care

- The provider had systems and processes for monitoring the quality of the service. These systems Included surveys that was sent to people and relatives that used the service, audits and checks to improve and help develop the running of the service.
- Management carried out weekly and monthly spot checks. These observed at how staff were performing and if tasks were being done, such as care plans and risk assessments reviews were taking place. And if people were being support with their health appointments.