

Easy Like Sunday Morning Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Easy Like Sunday Morning Limited is a domiciliary care agency providing personal care to people living in their own homes. The service provides support for older and younger people. At the time of the inspection there were 12 people using the service.

CQC only inspects where people receive the regulated activity of 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

Recruitment checks were carried out on potential new staff to the service, to help ensure they were safe to work with the people they supported. However, there were gaps in staff recruitment records and checks. Improvements were needed to ensure all staff had a full employment history documented so that gaps in employment could be explained. References from previous employers were not always robust to ensure authenticity and health declarations were not always recorded.

Quality audits and governance monitoring were carried out to review the quality of the service provided. Actions were in place to make the necessary improvements found. However, staff recruitment checks had not been monitored.

Staff had a good knowledge of the people they supported and had access to information in peoples' care plans and risk assessments. This information helped guide and inform staff on how to care and support people safely and effectively. Not everyone needed medicines administration support from staff. Where this support was required, staff were trained to administer people's prescribed medicines safely. Their competency to administer medicines in line with their training was checked by more senior staff.

People fed back that staff were kind and respectful towards them. People told us there were enough knowledgeable and trained staff to meet their care and support needs. Staff understood how to report concerns about allegations of poor care and harm. Staff confirmed that they would feel confident to whistle-blow any concerns they had to their registered manager or the external agencies such as the local authority, police and the CQC.

Staff were trained in infection prevention and control. They had plenty of personal protective equipment and were aware of good infection control practices to reduce the risk of cross contamination. Systems were in place to learn lessons when an incident, accident or near miss occurred or there was a risk of this.

People, and their relatives told us the different ways the registered manager requested feedback on the service provided. This included verbally during staff spot checks, care plan reviews and via a survey. Staff were encouraged to discuss and review their performance through spot checks, supervision, and team meetings.

Staff encouraged people, where this level of support was required, to drink and eat plenty. People told us they were encouraged by staff to make their own choices and these choices were respected. Where people wanted to discuss their end of life wishes this information would be recorded to guide staff.

Staff helped promote and maintain people's privacy and dignity. People gave examples of how staff did this. Staff also encouraged people to be as independent as possible. With the support from staff, people were able to remain in their own homes as was their wish. Staff also encouraged people and their relatives, where appropriate, to be involved in discussions around their support and care needs.

The registered manager worked with external health and social care professionals. This helped people receive joined up care and support. There was a process in place to investigate and resolve complaints where possible. Compliments about the service provided had been received. Actions were taken because of learning to try to reduce the risk of recurrence.

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.

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

Rating at last inspection

This service was registered with us on 14 October 2021, and this is the first inspection.

Why we inspected

This was the first inspection of this service since it registered with the CQC.

Enforcement

We have identified a breach in relation to staff recruitment checks.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Easy Like Sunday Morning 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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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.

Inspection activity started on 28 April 2023 and ended on 12 May 2023 when we visited the location's office.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 30 June 2022 to help plan the inspection and inform our judgements.

We reviewed information we had received about the service since they registered with the CQC. We sought feedback from the local authority. 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 used technology such as telephone calls to enable us to engage with people using the service, relatives of people and staff, and electronic file sharing to enable us to review some of the documentation requested. We also reviewed documents during our visit to the office.

We spoke with 2 people and 6 relatives of people who used the service about their experience of the care provided. We spoke with 7 members of staff including the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the managing director, the care coordinator and 4 care staff.

We reviewed a range of records using electronic file sharing and during our site visit. This included 3 people's care records and medication administration records. We looked at 3 staff files in relation to recruitment.

We also looked at staff training, spot checks and staff supervision. A variety of records relating to the management of the service were also reviewed. This included safeguarding, incident and accident records, complaints, quality assurance processes, business contingency plans and the recruitment policy.

The registered manager sent us examples of compliments received from an external source and a local authority service commissioner following our site visit.

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 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.

Staffing and recruitment

- Checks were undertaken on potential new staff to the service. However, there was a lack of recorded employment histories on record. This meant that gaps in staffs employment records, had not always been explored or documented.
- One member of staff had a reference that had no organisation name. None of the other references looked at had been verified to try to ensure authenticity.
- Health declarations were not always recorded for staff. This information is required to ensure there is no impact on staff and the people they supported.
- Copies of identification documents held, to help prove the staff member was who they said they were, were not verified by the person undertaking the copy to record those original documents had been seen.

Whilst there was no evidence of risk of harm to people, potential new staff recruitment checks needed to be more robust to help ensure safe staff recruitment. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had three company vehicles to use to help them travel to support people with their care call visits. People and their relatives told us that staff if running late informed them. A relative confirmed to us, "They are usually on time and will let us know if they are delayed."
- However, people and relatives had a mixed response to their care call visit times. A relative said, "The times are fine, and they are pretty much on time." However, a person told us, "[Staff] always have an excuse but they are never here at the same time. I like my breakfast at (named time). I have asked several times that they come earlier as sometimes it can be 10.30am and then they're coming again at 11.45am to give me my dinner." We raised this concern with the registered manager who said they would investigate this.

Systems and processes to safeguard people from the risk of abuse

- Not all staff were able to describe to us the different types of harm or abuse. We have made the registered manager aware of this. They told us they would include sessions around safeguarding and types of abuse in team meetings to embed staffs' knowledge.
- Staff told us they would safeguard people from poor care or harm, in line with their safeguarding training. Staff said they would whistle-blow if they had concerns. A staff member said, "I would report and whistle-blow and let [registered] manager know what is going on." Staff were aware they could also report concerns to the local authority, the CQC and the police.
- Staff supported people and this assistance enabled people to continue living as independently as possible in their own homes. People and their relatives told us this support helped them feel safe. A person said,

"Everything is fine, and they keep me safe. I have a (walking aid) I use for walking and if the carers are here, they walk at the side of me."

Assessing risk, safety monitoring and management

- Staff had information to follow in people's care plans and risk assessments on how to support people safely with their individualised risks.
- Monitoring charts that recorded people's food and drink intake had been put in place. However, there were not enough information on the amount of fluid a person should aim to drink to remain hydrated. Nor were there detailed amounts of food eaten recorded. The registered manager said they would make this improvement.
- Staff had access to the information recorded in people's care plans via computerised records and paper records. This information included any equipment the person used to move and reposition, and or walk safely.
- People and relatives in the main felt that staff supported them safely and effectively. A relative confirmed, "[Staff] have kept [named person] safe and supported their independence as much as possible. At one point we were all working together to get their mobility back, but they now need a hoist... One staff member is there to guide, and they talk to them all the time. They are very good at what they do."
- Staff had access to people's personal emergency evacuation plans. This information guided staff on what to do when present in the event of an emergency such as a fire.

Using medicines safely

- Trained staff used people's medicine administration records (MARs) to guide them to administer medicines safely for people who required this support.
- Staff supported people to remain as independent as possible with their medication. Where staff assistance was required, people and their relatives voiced no concerns about this support. A relative talked us through how they appreciated the additional support staff had given on occasion. They said, "When I have had trouble getting [relative's] medication they have chased all over with different pharmacies to see if they have it in. It's great as it means I can concentrate on [family member]."
- Staff were trained to administer people's prescribed medicines safely and had their competency to do so spot checked by a more senior staff member. A staff member audited people's MARs as part of the quality monitoring of the service provided. The registered manager told us this had identified that some staff were using a non-agreed key symbol to record medicine not given. They said they would add this key symbol to people's MAR charts.

Preventing and controlling infection

- Staff had training in infection control. They told us they had a good supply of personal protective equipment (PPE) to help keep themselves and the people they supported safe. Staff worked in line with current government guidance. A staff member told us, "(PPE) we've plenty of it. I have had online training... After personal care you discard (PPE) to ensure no cross contamination."
- Staff had assessed people for any increased risks to COVID-19. This information would guide staff on how to promote good infection control practices.

Learning lessons when things go wrong

- Staff were updated with actions to take to reduce the risk of recurrence when complaints were raised, and incidents or near misses had occurred. This included an update and staff supervision following learning after a missed care call visit.
- Staff talked us through examples of how information was shared with them, both as a group and individually. This information included any learning that took place.

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

- Staff carried out people's care and support in line with their agreed and individualised preferences and wishes. They encouraged people to undertake any care and support tasks they could do for themselves.
- Information for staff detailed how people wished to be addressed by staff and any religious or cultural wishes they might have. This included peoples wish to remain in their own home with support from staff. A relative told us that, "There is a very comprehensive care plan which [registered manager] updated not long since."
- The registered manager told us, and we saw that potential new people to the service had their care and support needs assessed and recorded. This was to make sure staff were appropriately skilled in line with current guidance and legislation.

Staff support: induction, training, skills and experience

- Staff completed an induction of shadow shifts and mandatory training when new to the service. Training included working through 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.
- People and relatives had no concerns about staff's skills and knowledge. A relative confirmed, "[Family member] has a complex condition which is getting worse. I think [staff] absolutely understand their condition and are supported to have extra training as their condition progresses. They know how to communicate with them and get the best from them despite their [health condition]."
- Staff told us they had supervision and competency spot checks to review and discuss their performance.

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

- Staff assisted people to eat and drink enough where this support was needed. A person said, "I get my meal ready to be microwaved and the carers do it for me then bring me my meal on a tray. They always make me a nice cuppa too."

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

- Staff respected people's independence to make their own health and social care appointments or to be supported by family or friends. Where staff assistance was required, they supported this. A relative said, "They are supporting me enormously like helping with stuff I didn't know I needed. They have been excellent at pointing to other agencies and helping me working through things."
- Staff worked to support people in line with external health professional guidance in line with people's wishes. A relative told us, "[Staff] really understand [family members] condition and over the time they have

been looking after [named person] they have made suggestions like contacting the [named health professional]. They have also worked with the physios to make sure they were keeping [family member] as mobile as possible. They have been really flexible".

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.

- Staff had a mixed understanding of their MCA training but understood the importance of promoting people's choice and gaining consent from people. Staff sought consent from people in a variety of ways, such as visual and verbal prompts.
- Staff promoted and maintained people's rights to make their own choices. This included what to eat, drink and what to wear.

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

- Staff respected people's individual preferences and protected characteristics. Peoples cultural or religious needs or wishes were documented in people's care records to guide staff.
- Feedback received about the service provided by staff was positive. A person told us, "They are all kind and caring." A relative said, "The quality of care is very good...They are careful to tie new staff in with experienced ones, I believe that helps with consistency of care."

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

- The registered manager encouraged people and their relatives to be involved in their or their family members care decisions and support.
- A relative confirmed, "The care has been very good and has changed over the last year quite dramatically, so the care plan has been reviewed several times. [Family members] mobility is very much reduced, and they are (cared for) mostly in bed now. We also have overnight care in place as I need to work. The service has been very flexible."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained and promoted people's privacy and dignity. A relative told us, "I don't see [staff] washing them as they make everything private, but I hear them chatting along about things like (named interest), [family member] likes that. They make sure [family member] does their teeth and everything and if I've not got them shaved, they will say 'let's do under that chin.'"
- Staff encouraged and promoted people's life skills where the person wished to remain independent. A relative said, "[Staff] will ask if [family member] wants them to brush their hair or does [family member] want to do it. I think they understand the problems [family member] has with their memory, and they are very patient and a caring company."

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

- The registered manager involved people and their relatives in discussions that agreed their care and support needs. A relative said, "[Registered manager] came to do the initial assessment and explained they don't do medical things like put on bandages, so I do all that sort of thing."
- Staff supported people with personalised care and support in line with people's wishes. A relative said, "To be honest it's like having a second family as they support me as well. Anything [staff] can do to help they will. Everything is done to make life easier for [family member] and they had made really helpful suggestions like easy to put on clothing, it's all about [family member]. I don't think there is anything they could do better."

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.

- The registered manager confirmed to us that no one currently using the service required information in a different language or format such as large print to aid their understanding. On request, they said, information could be made available in a different format.

Improving care quality in response to complaints or concerns

- Compliments and complaints had been received by the service. Complaints were taken seriously and investigated with actions taken because of learning to reduce the risk of recurrence. A relative confirmed, "If I had any complaints I would go straight to [registered manager]. Any little niggles I have had have always been sorted quickly. There has never been anything major as communication between us is so good."
- The majority of people and relatives told us they felt sure that concerns raised would be listened to. A person said, "I would talk to [registered manager] if I was worried about anything. There are 2 or 3 numbers for the office and sometimes they can be a while answering but they do sort out whatever it is I want or need."

End of life care and support

- One person using the service was on end of life care. A relative confirmed, "[Family member] has now an end of life plan which we have gone through. I am very content everything is covered."
- People's end of life wishes, for those people who wanted to discuss these, including a request to not be

resuscitated, were documented to guide staff.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were undertaken as part of the providers governance systems to monitor the quality of the service provided. Governance monitoring systems looked at people's care records and whether there were any missed staff signatures in people's medicines administration records.
- Actions were in place to make any necessary improvements found. However, these plans did not always record the staff member responsible for the implementation of the action or the deadline for completion. The registered manager told us they would make this improvement with immediate effect.
- Staff recruitment records had not been audited to identify areas of improvement in the recruitment process and to make sure robust records were held. The registered manager told us the improvement would be made.
- Staff understood their roles and responsibilities towards the people they supported. A staff member said, "Staff meetings are very helpful. Communication is all very good."

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 talked us through their understanding of the incidents, deaths, and safeguarding alerts they were required to legally inform the CQC of via a notification. Notifications had been made to the CQC.
- The registered manager had recommendations following investigation and actions plans in place for any learning from complaints, safeguarding, incidents, and any near misses. Recommendations and actions were to help reduce the risk of recurrence.
- As the service had not yet been rated, there was no current requirement for them to display any ratings.

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

- Staff support and care for people helped them to remain in their own homes, as was their wish. People and relatives gave us positive feedback about the registered manager and staff. Relatives said, "I would 100% recommend them. I am very happy with them and trust them to take care of [family member]. They always leave everything neat and tidy too which is such a help to me. I can't fault them at all, they are wonderful."
- Staff told us they felt supported by the registered manager and that communication was good.

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

- The registered manager encouraged people and their relatives to feedback on the service provided through various ways. This included verbal feedback during spot checks on staff, conversations held during care call visits, and a survey.
- A relative said, "I would certainly recommend them. I am extremely happy and know that [family member] is getting quality care from caring staff. They have made a very difficult and emotional time bearable. We have developed a very trusting and professional relationship and I couldn't do without them and their support."
- Staff told us they felt supported by the registered manager and were happy working at the service. A recent staff survey gave positive feedback. A staff member explained, "They are caring. Caring with staff as well as not just with clients. They will say be careful on the roads when travelling."

Working in partnership with others

- The registered manager and staff team when needed would work with external health and social care professionals, such as occupational therapists, and GPs. This helped people receive joined up care and support.
- We saw examples of positive feedback received by the service from social care professionals and member of parliament.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (1) (a) (b) (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Whilst there was no evidence of risk of harm to people, potential new staff recruitment checks needed to be more robust to help ensure safe staff recruitment.</p>