

East Of England Homecare C.I.C

East of England Homecare CIC

Inspection report

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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

East of England Homecare CIC is a domiciliary care agency. It provides personal care to people living in their own home. It provides a service to adults. At the time of this unannounced inspection of 01 October 2018 there were approximately 50 people who used the service. The agency currently cover Ipswich, Claydon, Bramford and Kesgrave.

At our last inspection on 6 December 2016, we rated the service overall good. The key questions safe effective, caring, responsive and well-led were all rated good.

At this inspection 01 October 2018, we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to provide people with a safe service. Care workers understood their roles and responsibilities in keeping people safe. Risks to people continued to be managed well, including people managing their daily lives and retaining their independence. The service learned from incidents to improve the service. Care workers had been recruited safely and there were enough care staff to cover people's planned visits. Where people required assistance to take their medicines there were arrangements in place to provide this support safely. Systems were in place to reduce the risks of cross infection.

The service continued to provide people with an effective service. Care workers were well trained and supported to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where required, people were supported with their dietary needs. People were supported to maintain good health and access healthcare services where needed. The service worked with other organisations to provide a consistent service to people and enable them to remain in their own home.

The service continued to provide people with a caring service. Care workers had developed good relationships with people. People consistently told us that care workers were kind and helpful. Care workers consistently protected people's privacy and dignity and promoted their independence.

The service continued to provide people with a responsive service. People received care that was assessed, planned and delivered to meet their individual needs. People's care records were accurate and reflected the care and support provided. Where required there were systems in place to care for people at the end of their lives. The service listened to people's experiences, concerns and complaints and acted where needed.

The service continued to provide a well-led service. A system of audits ensured the provider had oversight of the quality and safety of the service and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result,

the quality of the service continued to develop.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well- led.	Good ●

East of England Homecare

CIC

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 01 October 2018. It was an unannounced inspection carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

As part of this inspection we reviewed the 10 responses from 26 questionnaires sent out by CQC to people who used the service.

The inspector visited the office location on 01 October 2018. We spoke with the provider who is also the registered manager and two care workers. We reviewed the care records of four people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

On 03 October 2018 with their permission, we telephoned three people and one relative in their homes and

spoke with them about their experience and support received. We also spoke with three more care workers about their experience of working for this agency.

Is the service safe?

Our findings

At our last inspection of 06 December 2016, the key question safe was rated as good. At this inspection the rating for safe continued to be good.

People told us that they felt safe and at ease with their care workers. One person said, "I have no concerns what so ever, I am more than satisfied with them all. They are all really good and kind to me."

The service continued to have systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Safeguarding issues had been used to improve the service, for example, additional training/support to care workers when learning needs had been identified or revising the policy and procedures to ensure such events were not repeated.

Risks to people's safety continued to be well managed. Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling and risks that may arise in the environment of people's homes. Care workers told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of care workers to meet the needs of people. The registered manager explained how they did not take on care packages unless they were assured they had the sufficient number of care workers to provide the care required. They told us that the senior management also delivered care to people which helped them to maintain relationships with people and to check care workers were competent. The service continued to maintain robust recruitment procedures to check prospective care workers were suitable to work in the service and of good character.

People told us that the care workers visited within the timescales agreed at the start of the care provision and at ongoing reviews. Conversations with people, relatives and records seen showed that visits were not missed and wherever possible they were provided with regular care workers to support continuity of care. One person said, "They have never missed a call." Another person said, "I have the same small group of carers."

There were suitable arrangements for the management of medicines. Most people administered their own medicines and there were processes in place to check that this was done safely and to monitor if their needs had changed or if they needed further support. A member of staff told us that medicines were all clearly documented and they knew which were to be prompted and those that they administered for people. One person said, "I do not have many medicines, but it is all alright if that is what you are asking."

Medicines administration records (MAR) were appropriately completed which identified that people were

supported with their medicines as prescribed, where support was required. People were provided with their medicines in a timely manner.

Care workers were provided with medicines training and had their competency checked regularly by the management team. MAR records were audited to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and further support for care workers where required.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment, such as disposable gloves and aprons. Care workers confirmed that these were readily available to them in the office and they could collect them when needed.

The management team had made changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to care workers where errors had occurred. In addition, we were aware that policy and procedures were reviewed and revised with staff practice altered. Where lessons could be learnt these were discussed in supervisions and in staff meetings.

Is the service effective?

Our findings

At our last inspection of 06 December 2016, the key question effective was rated as good. At this inspection the rating for effective continued to be good.

People's care needs continued to be assessed holistically, in line with best practice and current legislation. This included their physical, mental and social needs and records seen were regularly reviewed and updated. The management team and care workers worked with other professionals, such as health and social care professionals involved in people's care arrangements to ensure their needs were met in a consistent and effective way.

Care workers told us they felt supported and were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. This was updated where required. One care worker said, "The training I received was very professional and prepared me for the job I do."

Records and discussions with care workers showed that they were encouraged to achieve qualifications in care, received supervision, competency observations and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

The service continued to support people to maintain a healthy diet. Where care workers identified concerns, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, they contacted relevant health professionals for treatment and guidance. One person told us, "They do all that is needed. They heat up my meals and always make a nice cup of tea." Care records were clear of individual preferences, for example one person had recorded, 'I love burnt toast in a morning.'

People continued to be supported to maintain good health. Conversations with care workers and records seen demonstrated that the care workers or office staff sought advice or support from health professionals when they had concerns about a person's wellbeing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked if the service was working within the MCA principles.

Care workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that care workers had received training in the MCA. Guidance on best interest decisions in line with the MCA was available in the office.

People told us they were asked for their consent before care workers delivered care to them, for example, with personal care or assisting them with their medicines. One person said, "They always ask if I want a bath and help me in and out. They know what they are doing. I'm supported to keep my independence." Another person said that they were always asked what they would like to eat and given a choice before staff prepared meals and drinks.

Is the service caring?

Our findings

At our last inspection of 06 December 2016, the key question caring was rated as good. At this inspection we found the rating for caring continued to be good.

People had developed positive and caring relationships with the care workers who supported them. This was reflected in the complimentary feedback we received. People told us that their care workers treated them with respect and kindness. One person said, "They are so kind and caring. I feel I can tell them anything." Relatives fed back positively about the approach of the care workers. A relative told us, "They give my relative a cuddle and say lovely things like they want to take [them] home. I know [relative] is looked after well."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. Everyone who worked in the service spoke about people with consideration. They understood why it was important to respect people's dignity, privacy and choices. We heard this when office staff spoke about people on the day of our inspection and people gave us examples of care workers being respectful. One person said, "I have a little snoop through my written notes sometimes. They are written respectful. Real professional like. They care about their work and me."

People's care records identified their specific needs and how they were met. The records also provided guidance to care workers on people's choices regarding how their care was delivered. People and relatives shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records.

People and relatives told us that the support provided by the care workers helped people to be as independent as possible. One person described how they were encouraged to be mobile and felt reassured by the presence of the care workers. They said, "My goal is to become independent and get back on my feet after my op. They are really helping with that." People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

People's right to privacy and dignity was respected and promoted. People and relatives shared with us how the care workers closed curtains and doors and used towels to cover people's modesty when supporting them with personal care.

Is the service responsive?

Our findings

At our last inspection of 06 December 2016, the key question responsive was rated as good. At this inspection we found the rating for responsive continued to be good.

People and their relatives said they were happy with the care and support provided. One person said, "I feel very fortunate. They all seem to know what to do." Another person said, "They know what they are doing. Nothing too much trouble." A different person said, "I'm looked after well. I like them and they treat me right. I'd recommend them."

The service continued to ensure that people's care records identified how the service assessed, planned and delivered person centred care. People had an up to date version of their care plan. The content focused on enabling people and set outcomes for people. People's care records were detailed, kept under regular review and a version held securely in the office. People's care records covered all aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were clear instructions for care workers for when a person needed assistance and when to encourage their independence. There were also prompts throughout for the care workers to promote and respect people's dignity.

All aspects of people's lives were planned for. This included the end of people's lives. No one at the time of our visit was receiving palliative care. However, care records showed that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Care workers were able to tell us how they would ensure that a person had a comfortable and pain free death. There was an end of life policy and procedure in place that takes account of people's wishes and preferences, and choices being made.

There had been three compliments received about the service within the last 12 months. Themes included the responsiveness and caring staff approach.

People and relatives told us that they knew how to make a complaint and that details about how they could raise complaints had been provided. One person said, "I have no need to complain, but I would call the manager as she is approachable and would sort it out." We saw records of complaints received and resolved to people's satisfaction. Complaints were seen as a way of developing the service for the benefits of people and staff.

Is the service well-led?

Our findings

At our last inspection of 06 December 2016, the key question well-led was rated as good. At this inspection we found the rating for well-led continued to be good.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team were proactive and acted when errors or improvements were identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved.

People were positive about the service provided and the management team. One person said, "I know the manager, she has been to visit me and I trust her." Relatives in the main were positive about the service provided and people said they would recommend the service to others. People and care workers were regularly consulted and involved with the running of the service.

Care workers were positive about the culture of the service and told us that they felt they could approach the management team if they had any problems and that their concerns would be listened to. Morale in the workplace was good. Care workers told us they felt supported and had one to one supervision meetings and there were regular staff meetings. This enabled them to exchange ideas and be offered direction by the management team. Feedback from a care worker was that managers and advice was available to them, even out of office hours. "Management are supportive of me. The on call are very supportive. I can call any time and ask for help. It is a good agency to work for."

The service continued to carry out a programme of audits to assess the quality of the service and identify issues. This information provided oversight of what was happening in the service and contributed towards plans for the continual improvement of the service. This included audits on medicines management and the care provided to people. Care workers had their competency regularly checked through observations to ensure they were working to the required standard. Where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, re writing care plans to make them more person centred or where required providing care workers with additional training and support.

The service continued to work with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care.