

E.C.H.O. Care Limited

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## Inspection report

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Date of inspection visit:  
11 December 2018

Date of publication:  
19 February 2019

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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

E.C.H.O. Care Limited is a small domiciliary care agency located in Horsham. It provides personal care and support to adults with learning difficulties and complex behavioural needs primarily in a supported living or shared housing environment. The agency also provides a service to people in their homes within the Horsham and Crawley areas. At the time of our inspection the service was providing care and support to 23 people.

At our last inspection in April 2016 we rated the service Good. We found the evidence continued to support the 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.

At this inspection we found the service remained Good.

The service met all relevant fundamental standards.

The service had a positive culture that was person-centred, open and inclusive. There was a strong emphasis on putting people first. People had individual plans of care and risk assessments.

It is a requirement of the provider's registration that they have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 service had a registered manager in place. It was well led, and the registered manager was aware of their legal responsibilities.

Staff were enthusiastic and keen to talk about their role. Staff were proud of the service and their work. They felt supported within their roles and held the management team in high regard. Recruitment practices were robust, and staff received training appropriate to their role and the needs of the people living at the service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

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## 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 comprehensive inspection took place on 11 December 2018. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. As part of our inspection we also visited one of the supported living houses.

One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service.

We considered information which had been shared with us by the local authority and clinical commissioning group. The provider had completed a Provider Information Return (PIR). 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 took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During our inspection, we observed how people and staff interacted. We spoke with two people using the service. We also spoke with the nominated individual, the operations manager, the manager of one of the support living houses and two support workers.

We looked at care records for two people, medication administration records (MAR), several policies and procedures, four staff files for recruitment staff training, induction, supervision and appraisal, staff rotas, complaints records, accident and incident records, audits and minutes of meetings.

# Is the service safe?

## Our findings

People benefited from a safe service where staff understood their safeguarding responsibilities. The provider made sure staff understood their responsibilities in this area. Records showed that all staff had attended training in safeguarding adults at risk. Staff maintained the knowledge to identify safeguarding concerns. The provider continued to be clear about when to report concerns.

Positive risk taking continued to be promoted so that people could lead as full and as active a life as possible. Each person's care plan contained individual risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Where risks had been identified there was a plan of action to guide staff how to make the person safe and reduce the potential impact of harm. Risk assessments included risks associated with community access. Some people presented behaviours that could harm them or other people. Guidance was in place which detailed the most effective ways to support the person to minimise any occurrence and if the behaviour occurred, how staff should respond.

Records were maintained of accidents and incidents that took place at the service. Such events were audited by the management team. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

The provider continued to assess each person's needs in consultation with the local authority with respect to how many hours they required each week. Staffing levels were dictated by the needs of the people who used the service. Within the support living houses, people shared staff support and at other times they received one to one support to meet their assessed needs. This included aspects of personal care or support with activities and to go out.

The provider maintained an ongoing programme of staff recruitment and any shortfalls were usually covered by existing staff. There was an on-call system if staff required assistance outside of office hours.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk including, criminal records checks with the Disclosure and Barring Service.

People were protected because they were safely supported with taking their medicines. People told us, where they needed, staff appropriately supported them in taking their medicines. All of the staff we met with were fully aware of their responsibilities for safely supporting people with their medicines. All staff responsible for the administration of medicines training had received training in medicines handling which included observation of practice to ensure their competence.

Staff received suitable training about infection control, and records showed all staff had received this. Staff

understood the need to use personal protective equipment (PPE) such as aprons and gloves, where this was necessary. People were responsible for laundering their clothes, with the support and guidance of staff.

Staff understood the importance of food safety, including hygiene, when preparing and handling food. Records showed that relevant staff had completed food hygiene training.

## Is the service effective?

### Our findings

Staff were trained to make sure they had the skills to meet people's needs. On commencing work at the service new staff were supported to understand their role through a period of induction. This ensured that staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a frequent basis by one of the management team. The induction, which incorporated the Care Certificate Standards, consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

Following induction all staff entered onto an ongoing programme of training specific to their job role. Staff continued to receive regular training in topics including, the principles of person centred care, epilepsy, communication needs and managing behaviour that may challenge. The staff training records confirmed that the training remained up to date. Staff told us that, "The training is brilliant" and "The induction is thorough." People spoke positively about staff. They told us they were confident that staff knew them well and understood how to meet their needs. They told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

People were supported by staff who had regular supervisions (one to one meetings). All staff we spoke with told us they felt supported. They said there was opportunity to discuss any issues they may have. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

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 and found that the service worked within the principles of the MCA.

Staff received training in the MCA and remained clear on how it should be reflected in their day to day work. During our visit we saw people made their own decisions and staff respected their choices. Throughout our inspection we saw staff asking consent and permission from people before providing any assistance. One person told us, "I'm free to do as I like" and "I can go out when I please."

Care plans contained details of people's care needs, wishes and preferences. Each care plan was based on an assessment of people's needs. Care plans were kept under review and amended when people's needs changed. Staff demonstrated a good knowledge of people's needs. Staff told us that, "Everyone has a voice, care is person centred and individual." Staff also told us that, "People have individual tailored support plans that include their emotional well-being." People received effective care and support from staff who knew how they liked things done.

Staff were aware of people's individual preferences and patterns of eating and drinking. The staff we spoke with were able to give detailed information without referring to people's care plans.

Where staff had concerns about somebody's welfare the service maintained good links with professionals to ensure any changing needs were reassessed. People's health conditions continued to be managed and staff supported people to access healthcare services as required.

## Is the service caring?

### Our findings

Staff described how they maintained people's privacy and dignity by waiting to be invited in. Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Care planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example, respecting people's disability, gender, identity, race and religion. People were encouraged to make and maintain relationships that were important to them. One person told us, "We're all friends, I like it here. We all get on."

People continued to receive care and support from staff who knew them. Staff were skilled in talking to people and maintained a good rapport with people. The caring ethos of the staff in the service was evident. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Everyone we spoke with thought people were treated with respect and dignity. Care plans included detailed information about people's personal history, likes and dislikes and people who were important to them. Staff demonstrated they knew people well, were at ease with people and animated conversations took place, often punctuated with laughter. Staff encouraged people to talk about their strengths and achievements so that people felt truly valued.

Staff were motivated, care and support was compassionate and kind. Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were treated in a caring way.

## Is the service responsive?

### Our findings

Staff were able to talk about people's likes, dislikes and what was important to them without referring to the care plan documentation. Staff were observed being responsive to people's needs. People were seen being treated as individuals and received care relevant to their needs.

People said they were always busy doing things. Comments from people included, "I've been out shopping this morning" and, "My keyworker is great, we go on the bus or go out for coffee." Other activities that people spoke about included, bowling, cinema and going to shows at a local theatre.

People told us that staff were responsive to their needs. People received support that was person centred. People had their care and support needs assessed before they received care. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs.

Records were completed for people. These provided evidence that people were supported in line with their care plans. This helped ensure there was a consistent approach between different staff and that people's needs were met. The records we saw in one of the supported living houses were detailed, clear and very well organised.

The provider was following the Accessible Information Standard (AI). The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider was aware of their responsibilities under the AI standard. The management team understood the importance of making sure people had access to the information they needed in a way they could understand it. People's assessments included specific details of their communication needs. Conversation with staff demonstrated that they were aware of people's individual communication needs and our observations showed that these were put into practice.

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People told us they were happy with the service. The service had not received any complaints.

## Is the service well-led?

### Our findings

There was a management structure which continued to provide lines of responsibility and accountability. The management structure at Echo Care Limited consisted of the senior support manager, the registered manager, the operations manager and managers for the different parts of the service. Staff told us that there was, "Good communication between all levels of staff."

The service maintained a positive culture that was open and friendly. Staff were approachable and keen to talk about their work. People appeared at ease with staff. Staff were enthusiastic about the service and told us they enjoyed working there. Staff told us they, "Liked the registered manager" and that they thought the service was, "Well managed."

The provider understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They continued to be aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. Staff told us if they had concerns senior staff would listen and take suitable action.

People had opportunities to feedback their views about the service and quality of the care they received. This included surveys and a suggestion box. A staff member said that their, "Suggestions were listened to."

The management team met regularly with staff. Staff told us meetings were well attended and help them identify areas that were working well and any that needed improvement.

Quality assurance systems monitored the quality of service being delivered and the running of the service. A full audit was conducted which included peoples support plans and the environment. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.

The service worked in partnership with other agencies to improve outcomes for people. Senior staff told us that relationships with other agencies were positive. Where appropriate the management team ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.