Ethos Care Services Limited

Ethos Care

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

Ethos Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection there were 21 people receiving a service from the agency. At our last inspection we rated the service good. At this inspection 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 home had a registered manager. 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.

People continued to be supported by staff who had been trained to recognise and report any concerns of abuse or poor practice. People had their risks understood and staff knew the actions needed to minimise risks of avoidable harm whilst respecting people's freedoms and choices. Medicines had been administered safely by staff who were trained and had their competencies regularly checked. Infection control systems and practices were effective in reducing preventable infections.

Staff had been recruited safely including checks with the disclosure and barring service to ensure they were suitable to work with vulnerable adults. Staffing levels enabled a flexible approach to meeting people's care needs. Staff induction, on-going training and support enabled them to carry out their roles effectively.

Assessments had been completed initially which captured peoples care needs and choices and included any necessary equipment such as telephone alarm systems. This information had been used to create person centred care plans that were person centred and reflected people's individual life style choices and communication skills. People had their eating and drinking needs understood and when needed additional support had been requested of GP's and speech and language therapists.

The care team worked effectively with other professionals such as district nurses and occupational therapists enabling positive outcomes for people. When people had changes in their health they had been supported to access healthcare. People had opportunities to be involved in end of life planning and files contained information about people's decisions about resuscitation.

People are 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.

Care was provided in a kind and compassionate way which recognised and respected people's right to privacy, dignity and independence. People felt involved in decisions about their care and felt able to raise a concern knowing it would be listened to and actioned.

The management of the home promoted an open and transparent culture which encouraged and enabled people, their families and the staff team to be involved and engaged with service delivery and development. Staff understood their roles and responsibilities and spoke positively about the management of the service.

Quality assurance processes were effective in ensuring regulations were met and sustained. When areas were highlighted as requiring improvement actions had been taken appropriately and had improved outcomes for people.

Information sharing with other professionals and agencies enabled the service to keep up to date with best practice and new innovations.

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? The service has improved to good. People had their risks understood and actions in place minimised the risk of avoidable harm.	**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**

Ethos Care

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 checked 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 5, 6 and 7 November 2018 and was announced. The provider was given 48 hours' notice. This was so that we could be sure the registered manager was available when we visited and that consent could be sought from people to receive home visits from the inspector.

The inspection was carried out by one inspector on all days. Phone calls to people were completed by 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. They had experience in dementia care and care at home services. We visited the office location on the first and third day to see members of the office and management teams and to review care records and policies and procedures.

Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information at inspection.

We visited two people and discussed their experience of the service. We had telephone conversations with one person and four relatives.
We spoke with the director, registered manager and six care staff. We reviewed five people's care files, medicine records, three staff files, minutes of meetings, complaints and audits.

Good

Is the service safe?

Our findings

People and their families told us they felt safe. All staff had completed safeguarding training and understood their role in reporting any concerns including reporting poor practice. People were protected from discrimination as staff had completed training in equality and diversity and recognised and respected people's individuality.

Assessments had been completed that identified risks people experienced and staff understood actions needed to minimise avoidable harm. Risk assessments reflected people's levels of independence and respected their freedoms and choices. One person required assistance with changing position and had chosen not to be aided with specialist equipment which meant they received their care in bed. A care worker told us "Whenever we see any deterioration in a person's skin the district nurse is contacted immediately who assess and organise air mattresses and creams". Environmental risks had been assessed and reviewed including checking of smoke alarms.

Staff had been recruited safely including checks with the disclosure and barring service to ensure they were safe to work with vulnerable adults. Staffing levels were flexible and met people's care needs. The registered manager explained "If a carer has been held up for any reason (care-co-ordinators) can cover the calls". Processes were in place for the management of poor practice and we saw these had been used effectively.

People had their medicines administered and recorded safely by staff who had completed medicine administration training and had their competencies checked regularly. Some medicines had been prescribed for as and when required (PRN). These medicines had a protocol in place that described what the medicine had been prescribed for, how often it could be administered and minimum amount of time between doses. Staff could explain the actions they needed to take if a medicine error occurred.

People were protected from avoidable risks from infection as staff had completed infection control and food hygiene training. A care worker told us "I've always got PPE (personal protective equipment such as gloves and aprons) in the care. There's always some in the office and we're always encouraged to take another box".

Lessons had been learnt when things went wrong. Incidents, accidents and safeguarding's were seen as a way to improve practice and actions had been taken in a timely way when improvements had been identified. We read one example where a range of professionals had met with a person and their family to determine the safest care options and then helped them find more suitable accommodation.

Good

Is the service effective?

Our findings

Assessments had been completed with people, their families and where appropriate health and social care professionals. These assessments had been used to gather information about people's social care needs and choices. The information had been used to create care plans that clearly described how people's needs and choices needed to be met. Assessments and care plans were in line with current legislation and recognised people's diversity. Assessments had included consideration of any technology to support effective care such as a lifeline telephone with a pendant for people at risk of falls.

Staff had completed an induction, on-going training and had support that enabled them to carry out their roles effectively. A care worker told us as part of their induction they had completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. Opportunities for professional development included diplomas in health and social care.

People had their eating and drinking needs understood and met. Records included details of a person's likes and dislikes and any known allergies. Care staff explained how they had concerns about how much one person was eating and had introduced closer monitoring. "We prepare (name) food and we have to stay and see if it's eaten and then record it". The care co-ordinator told us that any swallowing concerns are referred to the person's GP for a referral to the speech and language team for a safe swallowing assessment.

Working relationships with other organisations supported effective care outcomes for people. Records showed us this had included district nurses and occupational therapists. People were supported with accessing both planned and emergency healthcare. One person told us "Last time I was really ill and (care worker) telephoned an ambulance and stayed with me until they came".

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

We found the service was working within the principles of the MCA. A care worker told us "If we have concerns about consent and a person's capacity we make a referral to their GP who would organise a mental capacity assessment". When people had been assessed as not having capacity, decisions had been made in the persons best interest and included families and health professionals. One example had been a decision to administer a person's medicines covertly. People's files contained their signed consent for photographs and the collection, use and disclosure of personal information. This demonstrated that people were having their rights upheld.

Good

Is the service caring?

Our findings

People and their families spoke positively about the care they received. A relative told us "They are carer's but they are friends as well. They are kind, they talk to (relative) and try and make them laugh". Another relative told us "The carers came along to the hospital out of their working hours to wish (relative) a happy birthday".

Care staff understood peoples likes and dislikes and when appropriate engaged with people's families to enable compassionate care. A care worker told us "Recently somebody wasn't able to get out any more and so I asked their family if I could pick them up some fish and chips once a week; they were really happy about that". Another care worker explained "We always like to go above and beyond especially if families are struggling". They went on to tell us about a person who had fallen and their family lived some distance and were concerned. "We made arrangements to take (name) to hospital for an x-ray".

People had their communication needs understood. We observed a care worker using appropriate non-verbal communication. They positioned themselves at eye level with the person and used hand gestures and facial expressions to demonstrate they were listening. Staff understood the importance of supporting people to wear hearing aids and appropriate eye wear to aid communication.

People were involved in decisions about their care and felt able to express their views. One person told us "I prefer a man (male carer) and have spoken to the office about it and they try to supply me with a man". People who needed an independent representative to speak on their behalf had access to an advocacy service.

People told us their dignity, privacy and independence was respected. We read a review which said 'Provided (care) with dignity, kindness and a cheerful smile'. A care worker told us "I explain its part of my job (personal care) and I will try and do it quickly but without rushing. I try and make jokes about me and then they are a little more comfortable and relaxed". A relative told us "The carers treat (relatives) home "respectfully" and always treat (relative) in a dignified way. They encourage (relative) to do what they can do as well".

A senior staff member explained how they monitored people were having their dignity respected. "Dignity is something we look at when carrying out spot checks. We ensure staff ask for consent, close curtains, follow their training. Dignity and respect are part of our quality assurance questions as well".

Good

Is the service responsive?

Our findings

People had care plans which reflected their personal care needs and choices and were reviewed at least monthly. Care staff could demonstrate a good knowledge of the actions needed to meet people's care needs and choices.

Care plans described people's communication needs and included how health conditions potentially impacted on communication. One read 'Communicates clearly but needs to be given time due to vascular dementia'. People were involved in care plan reviews. One person told us "(Senior staff) go through the paperwork (care plan) with me. Just to make sure it's how I want it". Reviews had been responsive to changes in people's care needs and staff told us they were kept up to date. A care worker said "We have an application in our phone which includes our schedule and peoples care details. If something changes the office put a note on our phones and often also a note in the person's house".

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were clearly assessed and detailed in their care plans. This captured the persons preferred methods of communication and how best to communicate with them.

Meeting people's care needs included sourcing and using specialist equipment and technology. This had included working with an occupational therapist to provide moving and assisting equipment. The registered manager explained "This involved asking an occupational therapist to come to the persons house and provide training to both care staff and (family member). It helped with the consistency when providing care and it in turn gave the person more confidence".

A complaints procedure was in place and people and their families were aware of it and felt able to use it if needed. The procedure included details of how to appeal against the outcome of a complaint and provided details of external organisations such as the local government and social care ombudsman. The complaints log included details that demonstrated the procedure was being followed. Where appropriate complaints had been shared with appropriate agencies such as safeguarding and CQC.

People had an opportunity to develop care and support plans detailing their end of life wishes which included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.

Good

Is the service well-led?

Our findings

People, their families and the staff team spoke positively about the management of Ethos Care describing it as friendly, flexible and approachable. One care worker told us "If I'm not happy about something I can go and talk with my manager; they are always ready to listen to you". Another said "The management are approachable", and another told us "They are really good and they are flexible; it makes a difference".

The management team were visible and promoted teamwork. The senior staff provided care regularly so they retained knowledge about the care and support people received.

Staff understood their roles and responsibilities and the scope of their decision making. They felt supported by senior staff including when they had queries out of normal office hours. The registered manager told us that staff roles and responsibilities were under review and were being linked to core skill competencies. The aim to further develop communication and accountability and provide clearer career progression within the staff team.

Staff told us they felt appreciated. A care worker told us "I had a little voucher to say thank you when I had done something extra to cover sickness. They (management) appreciate you have put yourself out".

The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with families and people.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Engagement with people, their families and staff was achieved through a range of methods including meetings and telephone and email correspondence. A care worker told us "We are kept up to date by regular staff meetings and our views are taken on board. If we have suggestions on improving something it's always looked into". One person had spoken with management about an issue and told us "I would say the service is well managed as they responded and made the changes".

Quality assurance processes had been effective in improving and sustaining regulatory standards and best practice. When areas were highlighted that required improvement actions were taken in a timely manner. A quality assurance survey completed by people and their families had highlighted improvements were required in communication and administration. The director told us "In response we decided to add an extra administrator role and it's giving us a more solid basis for the business as (administrator) has a wealth of IT and human resources experience". A computer database had been introduced that enabled people and their families to log in and access information at any time and provided two-way communication.

The staff team worked with other organisations and professionals to ensure people received good care.

These included 'Skills for Care', local authorities and CQC and attending social care conferences to keep up to date with best practice guidance. Information had been shared appropriately with other agencies such as the safeguarding teams and social care commissioners.