

E2E Homecare Ltd

E2E Homecare

Inspection report

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14 December 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

E2E Homecare supports people to live in their own homes. The service provides personal care and support to children, younger adults and people of an older age, who may be living with a physical disability, sensory impairment, or mental health needs. At the time of the inspection the service was providing personal care to 19 people.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Staffing levels and deployment were not always effectively managed. People told us they did not receive care from a consistent staff team, they had experienced missed calls and on occasions the calls were not at their scheduled times.

We were not assured staff had received all the appropriate training and supervisions to support people safely. We received mixed feedback from people and their relatives about the training of care staff.

The provider's medicines management systems were not always effective.

Systems were not in place to effectively monitor and develop standards at the service.

The provider's electronic care plans did not always provide concise guidance for staff about how to deliver people's care and support requirements.

Staff were recruited safely. Staff files contained appropriate immigration, sponsorship, and pre-employment checks; however, some records were incomplete.

People and their relatives told us some staff did not always listen to them, talk to them appropriately and in a way they could understand. As a result, this sometimes impacted on the quality of the care received.

People were not always happy with the support they received from staff at mealtimes.

The provider's electronic care plans did not always provide concise guidance for staff about how to deliver people's care and support requirements.

Some people and their relatives were happy with the care and support they received from the care staff. One person told us, "The majority of the carers I have are very kind and supportive." A relative told us, "The carers who come to assist (Name) have been brilliant, we could not ask for better."

Policies and systems were in place to help ensure people were protected from the risk of abuse. Most of the people we spoke with during the inspection told us they felt safe in the presence of staff.

Support was personalised and based on people's assessed needs and preferences. 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.

Risks to people's health, safety and well-being were identified and managed. The provider had effective infection prevention and control systems in place.

The provider had systems for recording accidents and incidents, complaints and safeguarding concerns.

People and relatives were involved in making decisions about their care. People's end of life decisions were respected.

People and relatives were aware of the provider's complaints procedure and felt confident to raise concerns. Feedback was regularly sought from people and their relatives and valued. People and relatives felt the registered manager was approachable.

Most staff told us they were happy working at the service. They felt supported through their training, observations and supervision.

Staff worked with external professionals to ensure people received the support they wanted and needed.

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 12 January 2023, and this is the first rated inspection.

Why we inspected

This was a planned inspection to rate the service and was prompted by a review of the information we held.

Enforcement and Recommendations

We have identified breaches in relation to staffing and good governance.

We have made a recommendation about communication.

Please see the action we have told the provider to take at the end of this report.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

E2E Homecare

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

The inspection was carried out by 2 inspectors and 1 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

The service is a domiciliary care service. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced giving 24 hours notice so a representative of the provider would be available.

Inspection activity started on 31 October 2023 and ended on 14 December 2023. We contacted people and relatives on 6 November 2023. We visited the service on 8 November 2023.

What we did before inspection

We reviewed information we held about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England. 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 of this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 5 relatives about their experience of the care provided. We spoke with the registered manager, deputy manager, a care-coordinator and the administrator. We received written responses to questionnaires we sent from 7 staff members.

We reviewed a range of records including 6 people's care and medicines records. We looked at recruitment records for 6 members of staff. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

We used technology such as video/telephone calls and emails to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation sent to us by the provider.

Following the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed all evidence sent to us electronically by the provider.

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 for 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

- Staffing levels and deployment were not always effectively managed.
- People told us they did not receive care from a consistent staff team. One person told us, "I never know who is coming." Another person said, "I have just one regular, but on their day off I never know who is coming." A relative told us, "(Name) has different ones (staff), they never seem to stick to the same ones."
- Some people told us they had experienced missed calls and on occasions the calls were not at their scheduled times. One person told us, "A morning call, due at 8am, was provided at almost 10am, with no explanation as to why or an apology for being late." Another person said, "They never arrive at the same times each day." One relative told us, "(Name) has said the carers are late sometimes but apologise when they arrive. No one rings (Name) to let them know."
- Some people told us they were informed if staff were going to be late. One person told us, "My evening call can be 30 minutes late, but I always get a call to let me know." A relative said, "They (staff) are on time mostly. If they are going to be over 15 minutes late the office rings to let us know."
- The provider's business contingency arrangements for care calls were not always effective, and we could not be assured people would continue to receive safe and effective care in emergency situations.

The provider failed to maintain sufficient numbers of suitably qualified, competent, skilled, and experienced staff to make sure that they can meet people's care and treatment needs. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. Staff files contained appropriate immigration, sponsorship and pre-employment checks; however, some records were incomplete. For example, we found unsigned health screening questionnaires and contracts of employment. Areas where we found issues did not form part of the provider's governance process.

The provider failed to maintain accurate, and complete records. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider understood the sponsorship scheme requirements and the need for Disclosure and Barring Service (DBS) and a range of other checks. The DBS provide information including details about convictions and cautions held on the Police National Computer. This helps providers make safer recruitment decisions.

Using medicines safely

- The provider failed to maintain complete records for the administration of people's medicines. The

application of topical medicines and transdermal patches were not routinely recorded on Topical Medicines Application Records (TMARS) and body maps, despite being referenced in the provider's Medication Policy. The registered manager told us, "We do not routinely implement body maps." One relative told us, "The carer did not know how or where to apply the creams."

- The registered manager did not routinely complete medicine audits and therefore failed to identify the issues we found.

The provider failed to maintain accurate, and complete records. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines management systems were in place. People's medicine support needs were documented in their care plan.
- Medicines were administered by trained staff. One member of staff told us, "Managing medicines for someone can be a challenge, particularly if they are taking several different types."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed, monitored, and managed most risks to people's personal safety and wellbeing.
- Care plans contained basic risk assessments about people's individual care, support, and environmental needs.
- Staff had completed training in basic first aid, moving and handling, basic life support and health and safety.
- The provider had systems for recording accidents and incidents and safeguarding concerns.
- Lessons learned were shared with staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place. Concerns were reported and actioned.
- People were protected from the risk of abuse and most told us they felt safe with staff. One person told us, "I do feel safe now although I have had issues with carers." A relative said, "I feel (Name) is safe as they would tell me if there were any problems."
- Staff received safeguarding training and told us they felt confident to report concerns.

Preventing and controlling infection

- People told us staff wore personal protective equipment and followed good infection control practices to reduce the risk of infection. One relative told us, "The carers all wash their hands on arrival. They wear gloves, aprons, and masks, and leave our home clean and tidy."

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had access to training. However, we received mixed feedback from people and their relatives about the training of care staff. One person told us, "They need a lot more training in how to care." Another person said, "My 2 regular carers appear to be trained well enough to meet my needs." Another person told us, "I have to tell new staff what to do and how to do it." One relative said, "They (Staff) most certainly didn't know what to do yesterday when (Name) had a choking fit, I had to tell them what to do."
- Staff completed mandatory training relevant to their roles. However, we were not assured they had received appropriate training in, for example, risk assessments, Mental Capacity Act 2005 and Control of Substances Hazardous to Health (COSHH). Staff also lacked specialist training related to people's specific conditions, such as peg feeding, oral health and stoma care. One professional told us, "Staff are not always competent to provide the care and support required by people."
- Staff supervisions were not routinely planned. Whilst some staff told us they received regular supervisions, the provider's systems did not contain the information to assure us staff received ongoing or periodic supervision to make sure they remained competent in their role. The registered manager told us, "As for the staff supervision matrix, unfortunately our system cannot generate that one." A staff member told us, "There is no two-way communication between the registered manager and staff."

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate staff had received appropriate training and supervision to support people safely. This placed people at risk of harm. This is a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Newly recruited staff completed an induction using the Care Certificate framework before starting work. 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. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager carried out checks of staff performance in people's homes.

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

- People were not always supported with their nutritional needs. Some people had experienced difficulties with staff preparing their meals. One person told us, "They (staff) didn't know what Rice Krispies were or how to fry an egg." Another person described how a member of staff had timed a boiled egg on their smartphone and on opening, found it raw." People raised these concerns with the registered manager and the issues

were resolved.

- Staff described how they supported people at mealtimes in accordance with their plan of care. One staff member told us, "We try to make sure the person we care for eats and drinks well." Another staff member said, "I support people with meal planning and cooking. I also make use of the care plan on how the person's meals should be prepared."
- Care plans contained information for staff to follow on people's dietary, support needs and preferences. Staff had completed training in Basic Food Safety Awareness and Fluids and Nutrition.

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.

- People's care plans identified if they had capacity to make decisions about their care and detailed how best to support them with their choices.
- Staff told us they sought consent from people prior to providing care and support. However, from the providers systems, we could not be assured staff had received appropriate training in the Mental Capacity Act 2005.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out prior to people receiving care to ensure the appropriate level of support could be provided.
- Senior staff visited people in their homes and conducted the assessment, speaking with the person and their relatives. Information gathered was used to create people's care and support plans.

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

- Staff worked in partnership with other professionals to ensure people received timely care and support such as, GPs and District Nurses. One professional told us, "I have found E2E Homecare very helpful. One person has planned treatment and (registered manager) has gone above and beyond to try and accommodate their visits around these appointments."
- People had confidence staff would support them to access healthcare services when needed. One person told us, "They (staff) have called the Paramedics on two occasions when I had fallen and they were present."

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were not always able to communicate effectively with people.
- The majority of people had experienced difficulties communicating with staff. One person told us, "English is not their first language, and they don't understand everything I say." Another person said, "It is hard to chat to the carers as their English is not good." One relative told us, "(Name) doesn't always understand what the carers are saying."
- Some staff were not always proficient in the person's language, which sometimes led to confusion and staff not able to fully understand a person's care and support needs. For example, one person told us, "The carers can't pronounce the names of my tablets, so they identify them by colour." We raised this with the registered manager who was not unduly concerned.

We recommend the provider consults with service users and their relatives to resolve this communication issue.

- Some people and their relatives were complimentary about the care and support provided.
- Staff were passionate about ensuring people received good care and understood the importance of treating people as individuals. Staff had completed training in person centred care and equality and diversity. One staff member told us, "We use the person-centred approach in providing care."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always respected. We received mixed feedback from people, their relatives, and professionals about how staff respected people's right to privacy and dignity. One person told us, "They protect my privacy and dignity when providing my personal care." Another person said, "They (staff) are always polite, respectful and say good morning as soon as they arrive." One relative told us, "Last week a neighbour told me, (Name) had an incontinence accident and the carer started to vomit when going to clean it up and the neighbour had to help clean (Name)." One professional said, "Staff do not always treat people with respect and dignity."
- Staff promoted people's independence, without compromising safety. One person told us, "They (staff) encourage me to do as much as I can for myself." Another person said, "They (staff) do encourage and support me to be independent."

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

- People were involved in making decisions about their care. One member of staff told us, "We focus on the

value of every individual including respecting their views, choices and decisions."

- Care plans were created in partnership with people and their relatives. These outlined people's regular routines and how they preferred to be supported. Copies of care plans were kept in people's homes and staff had access to these electronically.

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Most care plans were person-centred and regularly reviewed. They contained information about people's daily routines, care preferences and support needs. However, not all care plans provided concise guidance for staff about how to deliver people's care and support requirements. For example, in relation to accessing people's property and, the use of equipment and monitoring tools.
- Some people's daily notes contained unexplained gaps. One professional said, "Some people and relatives told them staff do not always complete the care and support required by their care plan."

We found no evidence that people had been harmed. However, the provider failed to maintain accurate, and complete records. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships, and to follow their own interests and social activities, including watching television, using technology, reading books, and going in the garden.
- Staff supported people with companionship, where needed.

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.

- People's communication needs were assessed and regularly reviewed.
- The provider ensured people had information accessible to them in different formats, when needed.

Improving care quality in response to complaints or concerns

- Procedures were in place to investigate and respond to complaints. However, we found these were not always recorded. The provider's quality monitoring systems had failed to identify the issues we found.

The provider failed to maintain accurate, and complete records. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives felt confident to raise concerns.

End of life care and support

- People's end of life decisions were respected.
- Care plans contained details of people's end of life considerations and religious beliefs.
- Staff had received training in end of life care.

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

- The registered manager and staff lacked a clear understanding about their roles and did not always have an effective oversight of the service. Senior staff lacked knowledge about the provider's systems and couldn't provide us with consistent information about the service.
- Information provided as part of the inspection was not always accurate, complete, or readily available. The registered manager told us, "The system we use is very complex and we are also still learning how to effectively use it every day." One member of staff told us, "Management do not give consistent and clear messages."
- The provider's quality monitoring systems were not always effective. Regular audits were not conducted to improve service delivery. Areas where we found issues did not form part of the provider's governance process.

The provider failed to ensure there were effective governance and quality assurance measures in place. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider positively encouraged feedback from people and their relatives about the service. However, these arrangements did not extend to staff and stakeholders. One member of staff told us, "We have a staff meeting every Friday, but it is one way, you can't contribute." One professional said, "The registered manager does not ask what I think of the service or acts on what I say."
- The registered manager held regular informative staff meetings. However, records did not always show the staff in attendance and reflect there was any open discussion.

The provider failed to maintain accurate, and complete records, and to seek the views of a wide range of stakeholders, about their experience of, and the quality of care and treatment delivered, by the service. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most staff told us they were happy working at the service, some said they felt valued and supported, whilst others did not. Most staff felt they could raise concerns with the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility under the duty of candour. Statutory notifications had been submitted to the CQC in line with requirements.

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

- Staff supported people to achieve good outcomes and maintain their well-being. One professional told us, "The carers have clearly taken time to get to know (Name) and they are happy with their care."
- Most people and their relatives described the registered manager as 'flexible' and 'approachable'.

Working in partnership with others

- We received mixed feedback from professionals about working in partnership with the service. One professional told us, "The care service co-operates with other services and shares relevant information when needed." Another professional said, "The provider seems to request a lot of care increases that are not evidenced as required and their communication is poor, for example, they do not contact us when a person is admitted to hospital."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to maintain accurate, and complete records.</p> <p>The provider failed to ensure there were effective governance and quality assurance measures in place.</p> <p>The provider failed to seek the views of a wide range of stakeholders, including, staff, visiting professionals and commissioners, about their experience of, and the quality of care and treatment delivered, by the service.</p> <p>17 (2) (a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to maintain sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs.</p> <p>Systems were not robust enough to demonstrate staff had received appropriate training to support people safely.</p> <p>18 (1) (2) (a)</p>