

Pro Solutions Ltd

ECC Care

Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

ECC Care is a domiciliary care service providing personal care and support to people in their own homes. The service was registered with the Care Quality Commission on 8 July 2016.

The inspection was completed on 3, 5 and 6 July 2017 and was announced. At the time of the inspection there were 13 people receiving support from the service.

The service did not have a registered manager in post. The previous registered manager had cancelled their registration on 5 June 2017. At the time of our inspection a member of staff employed by the provider had submitted an application to the Care Quality Commission to be formally registered. 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.

Risks associated with people's individual health conditions were not always appropriately assessed. Effective guidance was not always in place for staff to follow to enable them to support people safely. Improvements were required to ensure recruitment procedures were robust prior to staff starting work at the service to check they were suitable to work with vulnerable people. The management of medicines was not always safe, no medication audits had been completed by the provider and staff competencies to administer medication had not been undertaken.

The provider lacked insight of their responsibilities and of the principles of the Mental Capacity Act 2005 (MCA). Where required, mental capacity assessments relating to people's ability to consent to their care and support had not been completed. Furthermore, staff had not completed MCA training. This meant there was a risk that the care and support provided to people using the service was not being provided in a way that protected their rights.

Improvements were required to demonstrate that staff had completed a comprehensive induction when they started work at the service. Not all staff had received appropriate training to meet the individual needs of people using the service. The provider had not undertaken spot checks to check staff competencies to deliver safe and effective care.

Improvements were required to ensure effective and robust quality assurance processes were in place to drive improvements and ensure safe, effective and high quality care was being provided by staff who were adequately trained to do so.

People using the service felt safe with the staff who provided their care and support. There were safeguarding and whistle blowing policies in place to ensure people were protected from harm and abuse. Staff were aware of their responsibilities to keep people safe and to protect them from harm and abuse and

how to appropriately report any concerns.

People and their relatives were positive about the service. They told us the service was reliable and that they received a good standard of care from a consistent staff team who were caring and kind and who treated them with dignity and respect. Staff knew the people they cared for well. Where required, people's nutritional needs were met and they were supported to access health care services.

There was a complaints system in place and people told us that they were confident that any concerns would be listened to and acted upon.

Staff felt valued and enjoyed working for the service and shared the provider's philosophy to providing a high quality service to people.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

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.

People were placed at risk because risk assessments did not always contain information on people's specific health conditions. There was also insufficient guidance for staff to follow to mitigate risks associated to people's health conditions.

Improvements were required to ensure the safe management and administration of medicines to ensure people received their medicines safely and as prescribed.

People felt safe using the service.

There were procedures in place to protect people from the risk of abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The provider lacked an understanding of the requirements in relation to the Mental Capacity Act 2005 (MCA).

Improvements were required to demonstrate staff had completed an induction to the service, met the induction standards and were competent to undertake their role.

People's nutritional needs were met. Where required people were supported to access healthcare professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff demonstrated a good knowledge and understanding of the people they cared for and supported. People and their relatives told us staff were caring and kind.

People told us that they were treated with respect and dignity.

People were encouraged and supported where appropriate to

Good ●

maintain their independence.

Is the service responsive?

The service was not always responsive.

Improvements were required to ensure care plans contained up to date information which reflected people's current care and support needs.

People, where appropriate, were involved in their care planning and their preferences were respected.

People were able to express their views about how the service was delivered to them.

There were systems in place for concerns and complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Improvements were required to ensure robust quality assurance systems were in place to ensure compliance with regulatory requirements.

Staff felt valued and supported.

There was an open and transparent culture at the service. The provider was committed to providing a good quality service and demonstrated willingness to make improvements.

Requires Improvement ●

ECC 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 3 and 5 July 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. People using the service and/or their relatives and staff were contacted by telephone on 6 July 2017. The inspection was undertaken by one inspector.

We reviewed the information we held about the service including statutory notifications. A statutory notification is information about important events which the registered provider is required to send us by law. We also reviewed the 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 spoke with two people who used the service, two relatives, four members of staff, the nominated individual and the registered provider.

We reviewed five people's care records and looked at staffing records for ten members of staff including recruitment and training. We also looked at the service's arrangements for the management of medicines, complaints and quality monitoring and audit information.

Is the service safe?

Our findings

We found improvements were required to ensure thorough and robust recruitment procedures were in place before staff commenced work at the service. Recruitment records showed that three out of 10 members of care staff contained no evidence to demonstrate written references had been obtained from their previous employer. We also found that six members of staff had commenced work at the service prior to a Disclosure and Barring Service (DBS) check being obtained. Furthermore no risk assessments had been completed in the absence of DBS checks such as working alongside another member of staff. The provider had not investigated, or risk assessed, any recorded convictions on staff's DBS certificates. However despite our findings, records showed that the provider had been more vigilant in its recruitment of recently appointed staff. And all current staff did hold a DBS check.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe when receiving care and support from staff however we saw that care plans did not always contain sufficient information about risks or potential risks associated with the delivery of people's care and support needs. For example in one person's care plan we saw they had a catheter in place. There was no information with regards to associated risks such as catheter blockage, pain and discomfort to the person. We also found some care plans lacked sufficient information on the management of people's pressure area care and moving and handling, such as the use of hoists and slide sheets. Whilst we found there was no impact to suggest that people's needs were not being met, the above risks had not been identified by the provider. This meant that people were at potential risk of receiving care and support that was unsafe and did not meet their needs. We discussed this with the provider who told us they would immediately undertake a review of people's care plans to ensure all risks/potential risks were clearly documented and actions put in place to minimise these.

Although one person told us, "They do all the meds for me. Some of my medicines are time specific and I always get them on time and they record it on the sheet." the management of medicines was not always as robust as it should be. Staff training records showed that one member of staff had not completed medication training and their file did not contain any evidence of medication training from their former employment. Records also showed that another member of staff had received training from their previous employment in 2013 and this had not been updated. The provider had not undertaken any checks of staff's competencies in the safe management and administration of medicines.

We saw that where Medical Administration Records (MARs) had been handwritten there was no information to show who had completed the MAR. There was also no second signatory to confirm the MAR had been completed accurately. We found gaps in one person's MAR and were informed by staff that the folder would often 'be hidden' by family members. When we cross referenced the MAR with the person's daily notes we saw that, with the exception of some entries, staff had recorded the person had received support with their medication.

We discussed our concerns with the provider and signposted them to the National Institute for Health and Care Excellence (NICE) guidelines for domiciliary care services which were published in March 2017. They assured us that they would take immediate steps to ensure the service had effective and safe systems in place for the safe management of medicines. They also assured us they would arrange for medication training for all staff.

People told us that they did not feel rushed by staff and all their care and support needs were always met. One person told us, "At the beginning I felt rushed but that's not the case now, they're on the ball now and everything is done to my satisfaction." Staff we spoke with also told us they did not feel rushed and felt staffing levels were sufficient. However, when we looked at people's commissioned packages we saw that staff did not always stay for the allocated time. For example for one person who had been allocated a one hour morning visit, the daily records showed that on the 1 June 2017 staff had provided care and support for 30 mins, on the 2 June 32 minutes, on the 3 June no entry had been recorded when staff finished the call visit, on 4 June, 20 minutes and on the 5 June, 38 minutes. We discussed our findings with the nominated individual who advised the service was in the process of implementing an electronic system which would record arrival and departure times as well as alerting the service of any missed calls.

People told us they felt staffing levels were sufficient and they received care and support from a consistent team of staff. One person said, "I have had no missed calls, sometimes I've had a few late calls but I don't have an issue with that and they have to deal with traffic." A relative told us, "Sometimes [staff] are a little early or late but if they are going to be exceptionally late they always call and let me know." We asked the provider how they monitored late and missed calls. They informed us that there had been no missed calls and had always ensured people using the service were informed if staff were running late. They went on to say, and records confirmed, that they responded to people's queries in a timely way if they contacted the office to enquire what time staff would be arriving. The provider did not formally audit late and missed calls but told us they would, going forward, be monitoring this area of the service on a monthly basis.

The service had safeguarding and whistle blowing policies in place. Although staff we spoke with were able to demonstrate an understanding of how to recognise signs of abuse and how to report any concerns, training records showed that three members of staff had not completed safeguarding training. Following our inspection the provider told us that they would be arranging for all staff to receive safeguarding training.

There were systems in place for monitoring incidents and accident. Staff were also provided with an employee safety handbook when they commenced work at the service and guidance on what actions to take in the event of an emergency.

Is the service effective?

Our findings

The provider told us that new staff received an induction when they started work at the service which included shadowing more experienced staff and being provided with an employee handbook. However, there were no records to demonstrate what staff's induction had consisted of or that staff had satisfactorily completed their induction. Notwithstanding this, staff told us that they felt their induction was good. One member of staff said, "I had to do shadow shifts for about a week which enabled me to get to know the clients. It was really helpful and I am sure if I needed any longer [induction period] they would have given it." Following our inspection the provider informed us that they would be implementing a more robust induction programme which would evidence all areas of staffs' induction including probationary meetings with staff.

Staff were required to complete the provider's mandatory training however training records showed that not all staff had completed this training. Whilst staff were required to complete on-line moving and handling training, they had not received practical training. This therefore placed people at potential risk of injury. We discussed this with the provider who acknowledged the absence of practical moving and handling training presented a potential risk to people and informed us they would source appropriate training. When speaking with staff they were confident about how to support people safely despite the lack of practical training.

Staff told us they felt valued and supported by management and could approach them at any time for support and advice. However we found that there was limited information contained in staff records to demonstrate that they had received regular structured supervision and observations of their practice to ensure they were appropriately trained to meet people's individual needs. We discussed this with the provider who advised they would be looking to introduce regular supervisions now that the staff team was growing. They also said that they would be reviewing their training courses, and the regularity of training, to ensure staff were competent and skilled to fulfil their role. With the lack of observations of staff's practice and assessment by the provider of how effective training had been or how staff were implementing their learning we could not be assured that staff had all the skills required to deliver safe and effective care at all times.

Following our inspection the provider sent us an action plan detailing how they would be making improvements to staff training and supervision.

The above examples demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

The provider was unclear about the principles of the MCA. We found that some people using the service may lack the capacity to make decisions in relation to their care and no MCA assessments had been completed by the service. Staff had not received MCA training and this did not form part of the provider's mandatory training. However staff we spoke with were able to demonstrate an understanding of the basic principles of the MCA and what this meant for people using the service. One member of staff told us, "[The MCA] is about people's ability to make choices and respecting people's choices. I always give people choices but sometimes we have to make decisions in their best interests and involve their families." We recommended to the provider to look at the Mental Capacity Act 2005 Code of Practice.

This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where required people were supported with their meals and drinks. One person told us, "I am fairly independent but they will always help me if I need help with anything."

People were generally supported to access health care professionals by their families. Staff told us if they were concerned about a person's health and wellbeing they would report their concerns to management and, if appropriate, with families.

Is the service caring?

Our findings

People using the service, and their relatives, spoke positively about the care and support they received. One person told us, "They are so kind, I see [name of staff member] most of the time. [Name] is lovely no faults at all." Another person said, "The staff are polite and very caring and do a marvellous job."

People told us that they received care and support from a consistent team of staff. It was clear people really valued this. One person told us, "I see the same carers all the time and have built up a good rapport and relationship, that's good." A relative said, "They try and put in a consistent team of carers which builds up a really good relationship." This meant people received consistent care and support from staff who understood their needs and knew them well.

The provider told us they regularly checked with people that they were happy with the staff supporting them; this was confirmed by people and relatives we spoke with. A relative told us, "The dealings I have with [staff] is second to none we always have a laugh and a joke. You get close to them they are like an extension to the family." All the people we spoke with told us that staff always checked to see whether there was anything else they needed help with before leaving their home.

People told us that staff always treated them with dignity and respect. We saw from a survey completed in June 2017 that people using the service were asked whether they felt staff treated them with respect. We saw that 67% of respondents rated this area 'very good' and 33% as 'good.' During our inspection one person told us, "If anything needs to be done they do it. "They really appreciate how I like things to be done and respect my wishes."

One relative told us how the service was flexible allowing them to attend to other matters, they said, "They are really good when I need a 'sitting service' to look after [name of person]. We didn't get this with previous agencies and it helps me no end. They are lovely and so kind."

People were encouraged and supported, where appropriate, to maintain their independence. Staff described to us how they supported people to maintain their independence. One person told us, "I don't like being reliant on others. I try and do what I can for myself; they help me to do this. I'm happy I can stay in my home and keep my independence."

The service's Statement of Purpose which was provided to people using the service contained information on local advocacy services. An advocate is someone who represents and acts as a voice for a person, while supporting them to make informed decisions.

We saw compliments with regards to the care and support received from staff. One read, "The carers that came and tended to my [family member] were beautiful, kind hearted caring souls who made my [family member's] last days at their home a happy loving experience. I am forever grateful to them for bringing love and happiness at such a dark time."

Is the service responsive?

Our findings

During our inspection we were unable to view any pre-service assessments undertaken by the provider. Pre-assessments are important to ensure the service can assure itself that it can meet people's individual care and support needs prior to them using the service. The provider informed us that pre assessments had been completed but was unable to locate the documentation.

Care plans contained an 'About Me' section which contained information such as people who are or were important to people using the service, their cultural and spiritual needs and things that were important to them such as interests and hobbies. However we found some care plans had not always documented the needs of the people using the service clearly. This included important information from referral agencies commissioning people's care packages which had not been transferred into people's care plans. For example one person's records contained information regarding their epilepsy but this had not been transferred across and a suitable care plan created to ensure clear support of their needs.

Also, some care plans for people living with dementia had not detailed the type of dementia and the level of support people needed from staff. One person's care plan had stated they 'can be forgetful' but there was no further information explaining how this impacted on the care they needed from staff. Some people's care needs had been briefly documented such as in relation to their catheter care as highlighted in the Safe section of this report. One member of staff told us that they felt more detailed information in people's care plans would be helpful in enabling them to carry out their role more effectively and to help new staff.

Although we found no negative impact on people using the service the lack of detail regarding people's health conditions and associated care and support needs presented potential risks for them and staff. We discussed our concerns with the provider who told us they would address this immediately.

People using the service and their relatives were complimentary about the service they received. They told us the care and support they received was person centred. One relative told us that the flexibility of the service was pivotal to not only their family member's well-being but for them as their sole carer. The service demonstrated it was responsive to people's changing needs. We saw feedback from a relative which said, '[Name of person] had to be transferred from their bedroom to the downstairs room. The two carers were excellent and made that significant change so much easier than it might have been.'

There were systems in place for dealing with complaints. Guidance on how to make a complaint was given to people when they first started using the service. No formal complaints had been received by the service. A relative told us, "Since we changed to ECC Care we have had no complaints."

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post; however an application for a new registered person was in progress with the Commission.

The service's quality assurance processes required improvement. Although some were in the process of being developed they had not yet been fully embedded to allow for robust quality monitoring of the service. For example no audits had been undertaken of people's MARs, care plans, staff training and call visits. And, although management had visited people to check they were happy with the service, no spot checks had been undertaken to observe staff practice, attitude and behaviour. The provider told us that they had recently recruited an administrative assistant who would be supporting the development and implementation of robust quality assurance procedures and with the day to day management of the service.

It was clear that the absence of robust quality monitoring meant the provider had failed to recognise non-compliance with our regulatory requirements sooner or any potential risk of harm to people using the service.

People and their relatives told us they felt the service was well led. Comments included, "Oh yes I've passed on their details to others, I would hate to lose this company." And, "The head people know what they are doing, they have improved since they first started, they are on the ball."

Staff shared the provider's vision and values to provide high quality care for older people living in their own homes. One member of staff told us, "I want to make people feel comfortable, safe and happy living in their own homes. I do all I can to help them so they don't have to go into a care home." Staff told us that team morale was good and that they worked effectively together as a team. One member of staff told us, "The team is starting to grow and I think we are going to be a very good team as we all work well together."

Staff told us they felt well supported and valued and were positive about management. We noted two staff meetings had been held since the service had been registered. The provider told us that they communicated with staff on a daily basis and informed us that, as the service grows, systems would be put in place to ensure regular staff meetings and supervisions were held. Records showed that a staff survey had been conducted in December 2016 and the provider advised us that another survey would be undertaken shortly.

The provider visited people in their own homes and used questionnaires to gain feedback on the service. We reviewed the responses received from the provider's first annual survey which was undertaken in June 2017. We noted feedback from one relative stated, 'We have all been pleasantly surprised by the high quality of service and staff, and it is much appreciated.' At the time of our inspection the provider had not had an opportunity to carry out an analysis of the survey responses, however we noted all of the responses had been very positive about the service provided. People and their relatives told us they felt confident that they could openly discuss concerns with management and staff if they needed to and felt they would be listened to.

Information relating to people's care was held in folders in their homes; staff updated these during each visit. They were then removed and stored in a locked filing cabinet at the provider's office to ensure people's private information was kept secure.

The provider told us they kept themselves up to date with best practice and with any changes in legislation by accessing the CQC website. They were also in the process of joining a local providers' forum.

Throughout our inspection the provider was open and responsive and acknowledged the improvements which needed to be undertaken to ensure people's health and safety needs were met. Immediately following our inspection the provider submitted an action plan to us detailing how they would be ensuring the issues identified at our inspection would be improved.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>11(1) Care and treatment of service users must only be provided with the consent of the relevant person.</p> <p>11(3) If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>19(1) Persons employed for the purposes of carrying on a regulated activity must -</p> <p>(a) be of good character.</p> <p>19(2) Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in paragraph 19(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>18(2) Persons employed by the service provider in the provision of a regulated activity must -</p> <p>18(2)(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>

