

Equality Homecare Services Limited

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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

This was an announced inspection carried out on 28 and 30 September 2016. At our last inspection on 27 January 2014, we found each of the regulations we looked at were met.

Equality Homecare Services are a domiciliary care agency, which provides personal care to people living in their own home. The agency provides care and support mainly, but not exclusively, to people in the Stockport area of Manchester. The agency's office is situated in South Manchester.

There was 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 staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes.

The care plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information. The staff we spoke with told us they used the care plans as working documents and they provided sufficient information to enable them to carry out their role effectively and in people's best interest.

We found the administration of medicines was safe. Daily notes showed people were receiving their medicines and people were satisfied they received appropriate assistance from staff with their medicines, we found no gaps in the recording on Medication Administration Records (MARs) and audits on MARs returned to the service were carried out.

People received calls/visits at expected times and when this was not possible they were kept informed of any delays by staff. People were supported by regular staff members who were familiar with them and their needs. Positive feedback was given from people and relatives regarding the staff who provided their care and support. Staff knew how to protect people's privacy and dignity and people confirmed this happened.

Where meals were provided the staff always asked people about their individual preferences and choices. Staff were able to recognise and report when people's healthcare needs changed. When this happened, referrals were made to healthcare services to ensure people received the necessary assistance.

Staff were able to confidently describe how they would identify a person was being harmed and felt confident the management team would take appropriate action. They told us they were aware of the registered provider's whistleblowing policy.

Recruitment processes were effective which meant people were protected from individuals identified as not

suitable to working with vulnerable adults. Risks to people had been identified, assessed and reviewed.

Staff received effective support through supervision sessions, annual appraisal and ongoing training. Staff meetings were held and staff confirmed they were able to express their views at these meetings.

The registered manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff showed a good knowledge of the people they supported and their capacity to make decisions.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision. Audit results were analysed for themes and trends.

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 was safe

Staff had a good understanding of safeguarding and how to appropriately report abuse.

The agency had recruitment procedures in place which were robust.

People told us they were happy with the service. They felt safe and well supported by staff.

Is the service effective?

Good ●

The service was effective.

People who used the service and their family members were involved in making their decisions in relation to the Mental Capacity Act (2005).

Healthcare and support needs were assessed and met by regular contact with health professionals.

Staff told us they received good training and support which helped them carry out their role properly.

Is the service caring?

Good ●

The service was caring.

Care was provided by staff who knew the people they were supporting and was delivered in a kind, friendly and respectful manner.

Staff were able to demonstrate the different ways in which they helped to protect people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care and support was

planned and delivered in line with their individual care needs.

Staff were knowledgeable about people's needs, their interest and preferences which enabled them to provide a personalised service. People confirmed they were given choices by staff.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well-led.

Staff spoke positively about the registered manager and told us they were well supported.

There were quality management systems in place which helped to ensure continuous improvement of the service.

Satisfaction surveys and spot checks made to people's homes helped to ensure the service was well-led.

Equality Homecare Services Limited

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.

Our inspection took place on 28 and 30 September 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in the office.

The inspection team consisted of two adult social inspectors. At the time of our inspection there were 31 people using the service who received personal care. During the inspection we looked at records relating to the running of the service and provision of care. We looked in detail at five people's care plans and records relating to their medicines. We also spoke with the registered manager and the provider. The second day we spoke on the telephone with four members of staff, eight people who used the service and two people's relatives.

Before the inspection we reviewed the information we held about the service including previous inspection reports and notifications sent to the CQC by and about the service. In addition we contacted Healthwatch and local authorities who commission services from the provider to ask whether they had any feedback to share with us. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before an inspection we sometimes ask 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. At this inspection we did not ask the provider to complete this.

Is the service safe?

Our findings

All the people we spoke with told us they felt confident the staff employed by the agency were suitable to work in the caring profession and had no concerns about their safety. One person said, "We have the same carer every visit so we have got to know them very well. I could not ask for a better service." Another person said, "A first class service provided by staff who really care about people."

People and relatives told us staff were usually on time for their calls/visits and if there were delays these were communicated to them in advance. We asked one person if staff arrived on time and they told us, "Nine times out of ten." One relative told us, "They do keep us informed." However, one person expressed that when regular staff were unavailable, their replacements were not as punctual. People and relatives told us they had not experienced any missed calls/visits. Staff told us communication from the office was usually good when changes were made to their rotas.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern.

In addition, the registered manager told us they operated an open door policy. People who used the service, their relatives and staff were aware that they could contact them at any time if they had any concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority and the Care Quality Commission (CQC) if they had any concerns. They told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing they would be taken seriously.

The registered manager told us that staffing levels were determined by the number of people who used the service and their specific needs. They said staffing levels would be adjusted according to the care needs of people who used the service.

Comments from people who used the service about whether the service employed enough staff were positive. One person said, "Yes, I think there are enough staff. When staff are on holiday other staff cover." Another said, "If people are off sick or can't make it, I have known the manager turn up and work. It's a small service." Staff told us they never felt rushed and always had sufficient time to meet people's individual needs. One staff member told us, "I support the same person; I know them very well and have plenty of time to carry out my duties and ensure they are comfortable before I leave."

We looked at the recruitment records of five members of staff. We saw these included application forms, records of interviews and background checks including two references and clearance from the Disclosure and Barring Service (DBS). The DBS is an organisation which holds information about people who may be barred from working with vulnerable people. Checks made with DBS help employers make safer recruitment decisions.

The provider had policies and procedures relating to the safe administration of medicines in people's own homes which gave guidance to staff on their roles and responsibilities. We looked at the systems in place for managing medicines and found there were appropriate arrangements in place to assist people to take their medicines safely. We saw staff were trained in medication administration and this was a mandatory training course. Records showed staff competency was checked regularly to ensure practice remained safe.

Records showed the needs of people who used the service were assessed regarding the support they needed with medication. This information was then transferred into a care plan to give staff the guidance they required. We looked at medication records for five people who used the service. We saw that each care file had a full list of all current prescribed medications including administration times and dosage. This included clear guidance on the use of 'as and when required' (PRN) medication. Medication administration records (MARs) were completed correctly.

The registered manager told us that MARs were returned to the office each month and checked for accuracy and completeness. We saw these were signed by the registered manager to show this had been done. Staff told us they were encouraged to report any concerns regarding medication.

Risk assessments were in place and the staff we spoke with were aware of their roles and responsibilities in keeping people safe when they were providing care and support. Risk assessments covered such areas as mobility, medication, infection control and the environment.

The staff we spoke with told us if they noticed any areas of risk they took immediate action to minimise the risk and informed the registered manager who arranged for a risk assessment to be carried out and the care plan updated.

Staff told us they felt confident to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed.

Is the service effective?

Our findings

Staff told us they received a good induction which had prepared them well for their role. Staff told us they had 'shadowed' experienced staff as part of their induction training.

All of the people we spoke with told us they thought the care staff were knowledgeable and competent to carry out the tasks that they, or their family members, needed. One relative said, "I think the carers do a very good job. They are efficient and caring at the same time." A person who used the service said, "My carer does everything I need doing and more if needed."

Staff told us they received the training they needed to meet people's needs and fulfil the job role. The training matrix showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date. One staff member said, "We get to know what training is available and given time to attend."

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings and appraisals.

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.

Staff told us they received training in the MCA, and we saw evidence this was the case. The registered manager and staff we spoke with told us people were assumed to have capacity to make decisions unless they were told otherwise. We saw evidence of consent to care forms which were appropriately completed in people's care plans.

The registered manager confirmed if people were unable to consent to care and support their preferences were discussed with everyone involved in their care and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's best interest.

We asked the staff what they did to make sure people were in agreement with any care and support they provided on a day to day basis. They told us they always talked and reassured people while they assisted them and never insisted they accepted assistance against their wishes. People who used the service and relatives we spoke with confirmed this. One person said, "They always tell me what they are doing before they start doing anything." Another said, "Yes they ask me and check its ok before they start."

We saw evidence in people's care plans they were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their care plans to help staff be

aware of people's healthcare needs. The registered manager confirmed if staff noted a change in people's needs or were concerned about someone's health they would refer them to other healthcare professionals as appropriate.

We found that an assessment of people's nutritional needs and food preferences had been completed as part of their initial needs assessment. The relatives of people who used the service told us that where meals were provided the staff always asked people about their individual preferences and choices. They checked people had enough to eat and drink before leaving.

Is the service caring?

Our findings

The people we spoke with told us staff were very caring and always provided care and support in line with their care plan. They told us that the staff were professional and had a flexible approach to providing care and support. One person said, "Having the same carer is excellent and I'm very pleased with the care and support I receive." Another person said, "I have no concerns at all about the care I receive."

People and their relatives told us they had been involved in developing the care plans and agreeing the level of support they required. One person told us "I have been involved in all aspects of [name of person's] care and am kept well informed of any changes in their health or general well-being." The staff we spoke with told us they helped people who used the service to remain as independent as possible and to remain in control of their daily lives.

The care plans we looked at showed they had been developed in close consultation with people who used the service and/or their relatives. This helped to ensure their individual needs were met. The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They told us they always provided care and support in line with the agreed care plan. They spoke warmly about the people they supported and said they always treated them with respect.

We found staff at all levels were knowledgeable about people who used the service, their individual characteristics and specific support needs. Comments we received included; "All the staff know me and are very good and look after me." "The carers are very attentive and look after me well," "I like her very much [staff member] she is very kind, makes sure I'm well dressed and eat well." All staff spoke about people with fondness and respect.

People told us they were supported at a pace which they wanted to receive their care and support. One person said, "I never get rushed." A relative we spoke with told us, "If they do anything it's at [name of person's] pace."

Staff respected people's privacy and dignity. People told us staff were thoughtful and sensitive when supporting them with personal care. One person said, "They always knock on the door before they come in my room." Care records we looked at showed people's independence had been considered as part of the care planning process. Staff spoke of how they encouraged people to do what they could for themselves to maintain their independence and dignity. One staff member said, "I treat them how I'd like to be treated."

We saw evidence of compliments received by the provider, one of which stated, 'Special thanks for all your support; I will always be grateful for your help and support.'

The agency had a policy on maintaining confidentiality which confirmed the sharing of information would be restricted to staff employed by Equality Healthcare and other relevant professional agencies if required. The relatives we spoke with told us they were confident staff maintained confidentiality and never discussed

people's personal information inappropriately.

Is the service responsive?

Our findings

People and relatives we spoke with told us they were provided with sufficient information about the agency and the range of services they offered during the initial assessment visit. One person said, "We were visited by [name of person] before the service started and everything was explained to us and we were happy with the way the meeting was conducted."

The registered manager told us when a person was initially referred they were always visited by them before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had. The registered manager confirmed that they would not take on a care package unless they were absolutely certain they could meet the person's needs.

People and their relatives told us the assessment process was thorough and the registered manager had listened to them regarding how they wanted their care and support to be delivered. They told us they were encouraged to ask questions during the initial assessment visit.

People told us they were involved in planning their care and support and were pleased with the standard of care they received. One relative said, "I was involved in planning [name of person] care and when the care plan was completed we went through it with [name of person] to make sure it was what we agreed." This demonstrated to us that the service was providing care and supported in line with people's needs and preferences.

We looked at five care plans and found they were person centred and provided staff with the information they required to make sure people received appropriate care and support. We were told a copy of the support plan was kept both in the home of the person who used the service and the agency's main office. This was confirmed by the people, relatives and staff we spoke with.

The staff we spoke with told us they used the care plans as working documents and had sufficient time to read them during their visit. They also told us they completed and read the daily reports at each visit and if they had any issues or concerns, these were reported to the registered manager. One staff member said, "The care plans are always kept up to date, are easy to follow and give you lots of valuable information about people's needs and preferences." Another staff member said, "The care plans are straight forward and easy to understand." We saw care plans were reviewed regularly to make sure they met people's changing needs.

Staff felt any issues were responded to quickly by the registered manager and they were always on call outside of normal office hours to provide support in case of any unforeseeable events or emergencies. The people and relatives we spoke with confirmed staff always read the care documentation when they visited and completed the daily report sheets.

The provider had a complaints procedure in place. The registered manager told us no complaints had been

received. However, they confirmed if a complaint was received it would be acknowledged and responded to within set timescales and a thorough investigation would always be carried out. The registered manager told us they had a proactive approach to managing complaints and they were always available to talk to people and deal with any concerns as soon as they arose.

All but one person told us staff were punctual, always carried out their duties in line with their agreed support plan and had never let them down. One person said, "I would recommend them to anyone looking for caring and reliable staff. I have no complaints about the service and standard of care provided." Another person said "There is nothing to complain about everything is going on very nicely." Relatives also told us they had a telephone number for the agency which they could use both during and out of normal office hours if they required assistance or needed to cancel or rearrange a visit.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed. We saw that the registered manager had excellent knowledge of all people who used the service and was able to detail their specific needs and preferences. They also knew all key family members of people who used the service.

The people we spoke with told us the service was well run. One relative said, "It works for us, I think it's well managed." All of the people we spoke with knew who the registered manager was and most people had spoken with them at some point. People told us the registered manager was approachable and tried to resolve issues for them.

People told us they would recommend the service to others. Their comments included: "I couldn't wish for a better service", "It's a very good service", "We're all happy" and "This is the best care service I've ever had."

Staff spoke highly of the registered manager and spoke of how much they enjoyed their job. One staff member said, "I love my job and working for this agency, they are good to the people and good to the staff."

We saw staff meetings were held to ensure staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care people received. Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members.

We saw there was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision. We saw the registered manager audited people's care plans and risk assessments, daily reports were completed by staff and the accident and incident log were updated on a regular basis so that action could be taken quickly to address any areas of concern. We saw the registered manager also audited the staff files and checked the staff training records routinely to make sure they provided accurate and up to date information.

The registered manager told us they carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. We saw records of this in staff files looked at. This meant the registered manager was able to recognise positive practice and take appropriate action where improvements were necessary.

People and relatives we spoke with told us they were kept fully informed of any events that might impact on service delivery. They also told us they were asked to complete questionnaires about the quality of the service provided. We saw evidence of the annual satisfaction survey which had been carried out in 2016. We saw 18 people responded to the survey which were mostly positive and found any concerns raised were responded to appropriately. Suggestions for improvement to the service by one person was 'continuity of

staff'. The registered manager told this is no longer the case and people have the same staff unless they are on holiday or off sick.

The staff we spoke with told us there were clear lines of communication and accountability within the agency and they were supported through a planned programme of supervision and training.