

Essential Care Group Limited

Essential Care Group

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

The inspection took place on 21 January 2016 and was announced a day prior to the inspection. This was to ensure there would be someone in the office on the day of the inspection. The service had previously been inspected in February 2014 and was found to be compliant with the Health and Social Care Act 2008 Regulations at that time.

The service provides domiciliary care services to people in their own homes. The people who receive these services have a wide range of needs, some of which are complex. The service provides minimum call times of one hour. At the time of the inspection there were 25 people receiving support from the service.

The service had a registered manager in post at the time of our inspection. 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.

We found people received good quality support. There were enough staff to meet people's needs and there were robust recruitment practices in place, which meant staff had been recruited safely. People felt safe and staff had a good understanding of how to safeguard people. Risks to people and staff had been assessed and were minimised where possible.

Staff told us they felt supported and we saw staff had received induction and training. The registered manager was familiar with best practice guidance and this helped people to receive support that was effective.

People and their relatives we spoke with told us staff were caring. The staff we spoke with were enthusiastic and were driven to provide good quality care. Staff told us how they respected people's privacy and dignity and the people we spoke with confirmed this.

Care support plans were detailed and personalised, taking into account people's choices and preferences. We found that, although the registered manager and staff made regular contact with people and their families, and feedback was sought and acted upon, formal reviews of people's individual care were not regularly recorded.

All of the people, relatives and staff we asked told us they felt the service was well led. There was a culture of openness and transparency and the registered manager engaged well with people who used the service. Regular quality assurance checks and audits took place. The registered manager built relationships with other local businesses to try and improve services provided to people.

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.

People told us they felt safe and staff understood signs of potential abuse and could explain what action they would take if they had any concerns.

Risk assessments had been completed and measures were in place to reduce risks to people and staff.

Staff had been recruited safely and staffing was appropriate to meet the needs of the people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff received an induction and people told us they felt staff were skilled and well-trained.

Staff received specialist training where this was appropriate to meet people's needs.

Although staff had knowledge of the Mental Capacity Act (2005), some staff had not received specific training in relation to this.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were caring and they treated people with dignity and respect.

Confidentiality was respected.

People received support which enabled them to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were very detailed and personalised, enabling people to receive support that was appropriate for their individual needs and preferences.

Complaints were well managed and responded to in line with policy, resulting in a satisfactory outcome.

Is the service well-led?

Good ●

The service was well led.

Staff and people told us they felt the service was well led and the registered manager was approachable and supportive.

Regular quality assurance checks were in place in order to continually improve the service.

There was an open and transparent culture and the registered manager was receptive to feedback.

Essential Care Group

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 January 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by an adult social care inspector. Prior to our inspection, we looked at the information we held about the service and considered any information we had received from third parties or other agencies. We had received some information of concern prior to our inspection, which indicated the service may not be training staff appropriately in relation to specific care needs. We checked and found no evidence to support this allegation.

As part of our inspection we visited the registered office and looked at four care plans and associated records such as daily notes and medication administration records, three staff recruitment files, records relating to quality assurance and audits, policies and procedures and records of accidents and incidents. We were shown five staff records on an electronic database and we looked at the training matrix. We spoke with four people who used the service or their relatives, three care staff, the care and compliance officer, who was being trained to undertake manager duties and the registered manager.

Is the service safe?

Our findings

The people we spoke with told us they felt safe. One person told us, "I feel safe. We all need to feel safe." The relative of a person who received support from the service said to us, "Safe? Yes. The carers in place are absolutely brilliant." This person told us, "They [staff] don't take risks."

Staff had been trained and understood appropriate policies and procedures in relation to safeguarding people. All of the staff we asked told us they had received safeguarding training and they were able to demonstrate a good understanding of different types of abuse. Staff were aware of signs that may indicate someone living in their own home, or in the community, may be at risk. The registered manager had also received safeguarding training. Staff and the registered manager were able to explain what they would do if they had any concerns that people were at risk of abuse.

We found risks had been considered and risk assessments had been completed, for example in relation to the environment and to the care people received. Risk assessments were detailed and showed what measures had been taken to reduce risks where possible. The assessments provided staff with a clear indication of how to ensure risks to people were minimised. Additionally, we saw the registered manager had sought advice and assistance from the local fire service to ensure that fire risks were minimised. Having risk assessments in place helped to ensure that people could be encouraged to be as independent as possible whilst any associated risks were minimised.

A record was kept of any accidents and incidents. Information such as the date, time and location, type of accident or incident, whether there was a 'near miss,' and actions taken were recorded. We could see that actions had been completed where this was necessary. This meant that the information could be analysed in order to identify any trends and prevent further incidents from occurring.

We found safe recruitment practices had been followed. The registered manager ensured reference checks had been completed from two referees. Furthermore, where this did not cover the previous five year period, the registered manager sought further clarification to ensure suitability. Disclosure and Barring Service (DBS) checks had been carried out. We saw evidence of this in the three staff files we sampled. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

The registered manager told us that agency staff were never used and that staff were recruited according to the individual needs of people who used the service. There was an out-of-hours system which operated 24 hours a day which meant staff could request assistance if required. A member of staff we spoke with told us they, "Always get a response," from the out-of-hours service. This meant that staff felt supported and were able to obtain advice and assistance in the event of any emergencies.

There was a clear disciplinary policy and the registered manager was able to show us they had followed this policy when necessary. Additionally, the registered provider subscribed to an external human resources advisory service. This meant that clear processes were in place in order for action to be taken if staff

performance or conduct fell below that which was expected.

Staff prompted and administered medicines to some people. We saw staff had received appropriate training in order to do this in a safe way and the service had an up-to-date medication policy which had been overseen by a nurse consultant. Staff training was regularly refreshed and we saw evidence of regular quality assurance checks. The staff we spoke with were clear about their role and the processes in relation to administering medicines. We looked at a sample of medication administration records (MARs) and saw these were fully completed and signed. This demonstrated that people were assisted safely and appropriately to manage their medicines.

Staff had access to personal protective equipment (PPE) such as gloves and aprons. Additionally, staff were provided with anti-bacterial hand gels. We asked a member of staff about their understanding of how to prevent and control the spread of infection. They were clear about the PPE equipment they should be using and when. This helped to prevent and control the spread of infection.

Is the service effective?

Our findings

A person who received support from the service told us, "They do everything and they do it all good. I know who's coming through the door and when. They're always on time." A relative we spoke with also told us, "We know who's coming and when. They are always on time."

Another relative told us they felt staff were well trained and had the necessary skills and experience to provide the care and support they were providing. One person told us, "You need the right tools for the right job – from the carers to the equipment. And they've got it." Another said, "Staff are very competent and confident. I feel they've had all the training. I'm really impressed with their care."

New staff completed an induction which included shadowing more experienced members of staff. We saw that an induction checklist was completed, which helped to ensure that new staff were appropriately trained prior to commencing their caring duties. The staff we spoke with confirmed they felt they had received an appropriate induction to prepare them for their role. Additionally, if staff were required to provide support to a new person, they were first introduced prior to providing care and support, to ensure they were compatible.

We looked at staff training records and the training matrix. We saw that staff had received training in areas such as safeguarding, health and safety, first aid, equality and diversity and safe administration of medication. Some people who used the service had complex needs, such as care of tracheostomy for example. Staff received specific training relevant to the people they supported. We saw staff had received tracheostomy care training when they began supporting a person who required support in this area. Furthermore, a relative of the person being supported told us they also attended the training. This demonstrated that staff had received training to enable them to provide appropriate support and help keep people safe.

The registered manager and deputy manager told us that staff received regular supervision every three months, as well as annual appraisals. Items for discussion included work patterns, policies, training and support. We looked at records held on the electronic system used for recording and planning supervisions and appraisals and saw that staff received annual appraisals. However, we found that, of the five records we viewed, three staff had their next supervision planned to take place six months after their previous supervision. We highlighted this to the care and compliance officer. We were advised that staff received informal supervision as well as formal supervision and this may not be recorded. We saw staff competence was regularly monitored through quality assurance processes and the staff we spoke with told us they felt supported. However, lack of consistent supervisions could result in staff not receiving the support they required.

There were support mechanisms in place for staff. The registered provider subscribed to an 'Employee Assistance Programme,' which meant that staff had free access to a counselling or support service. This helped to provide staff with additional support, should this be required.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager told us that everyone who used the service had capacity to make their own decisions, with the exception of a person whose parent had legal authority to make decisions on the person's behalf. We looked at the training data provided in the training matrix and this showed staff had not received specific training in relation to the Mental Capacity Act (2005). The staff we spoke with understood the principles of the Mental Capacity Act (2005). However, of the three care staff we spoke with, two said they had received training in relation to mental capacity and one had not. We raised this with the registered manager who agreed this would be addressed.

Care staff completed daily logs of the care and support they provided, for both day-time and night-time care provided. This meant that information could be shared whenever staff changed and this helped to ensure staff were able to exchange important information safely and people received consistent care.

Is the service caring?

Our findings

We asked people and their relatives whether the service was caring. A person who received support from the service told us, "They [staff] make me feel comfortable in every way. They've been amazing. They're everything I want in a carer." We were told by a relative that staff seemed genuinely interested in the person they were supporting.

Staff had told us they tried to encourage people to be as independent as possible, whilst providing care and support where necessary. A person we spoke with confirmed this and said, "I do as much as I can do on my own and then the carers help me." This demonstrated that staff empowered and enabled people to be as independent as possible.

A relative told us staff did not only respect the privacy and dignity of the person they were supporting but that staff extended this quality to the wider family too. We were told, "Staff are very polite and accommodating. Their standard of care is very high. They listen."

The staff we spoke with showed they understood and respected people's privacy and dignity. For example, a member of staff told us, "I always close curtains and make sure doors are closed if I'm helping someone with personal care." Another staff member said, "I ask if [name of person] would like me to be there or to leave the room and I respect their wish." A member of staff also told us they respected people's privacy by leaving the room if the person they were supporting was taking a phone call.

The registered manager told us people's privacy, in terms of confidential information, was respected. Records were securely stored and the registered manager was clear about the policy and guidelines for discussing private or personal issues. The registered manager told us they ensured that any conversations in relation to personal or private information would be discussed in a private, professional way.

People we spoke with confirmed they felt their confidentiality was respected. A relative told us, "They're very professional. They would never discuss other packages of care or clients or staff in front of us."

A relative we spoke with confirmed they had requested to speak with the registered manager recently, regarding finances, and the relative felt their query had been handled in a professional manner. The relative said, "They respect me and I respect them."

The registered manager told us that end of life wishes were discussed with people and this was documented and recorded in care plans. Where a person did not want to discuss this issue, this was also recorded. This helped to ensure that people's end of life wishes could be met in a way they chose.

Is the service responsive?

Our findings

A relative told us, "It's the first time I've ever come across a company that has listened and taken on board what we want. I'm very impressed, and I don't give praise lightly."

We looked at four people's care plans and found they contained detailed information pertaining to the person and the support that the individual required. For example, one care plan stated, '[name] likes to use a flannel to hold the bar of soap to stop it slipping out of their hands.' Care plans included personal choices and detailed how staff could enable people to make their own choices. They also included information relating to what the individual liked or disliked. The staff we spoke with told us they were given the opportunity to read people's care plans. A staff member told us, "The service user plans give us a step by step guide. They're very detailed." This helped to ensure staff were given the information they required in order to provide care in accordance with people's preferences.

The last recorded review date in one of the care plans we sampled was June 2013 and we could not find evidence to show regular reviews had taken place since this date. Another plan had no evidence of regular reviews since February 2012. We shared this concern with the registered manager, who showed us that the care plans were dated June 2015, which indicated they had been updated then. However, we were unable to determine the frequency of reviews. Reviews are an important way of evaluating people's care and monitoring any changing needs. We shared this with the registered manager who advised that care support plans were regularly reviewed with people but agreed that further consideration needed to be given as to how this was recorded and shared with people.

Staff had introduced some people to specific community groups, for example support groups, depending on the individual needs of the person. Other people were supported to work in the local community or to attend the local gym. The registered manager and staff had undertaken research in order to share and explore options with people. This meant that people were supported to be involved in activities or groups that were important to them. This is an important component of providing person centred care. Some other people had been assisted in terms of their housing needs and referrals had been made to other agencies when necessary. This showed the service provision was flexible to the needs of people and the registered manager had been proactive in seeking to provide appropriate support.

Coffee mornings were held at the offices of the service and people who used the service were invited to attend. Some were supported to attend by staff. This gave people the opportunity to meet others and to discuss the service.

There was a clear complaints procedure and we found that, although only one complaint had been received, this had been logged and actioned appropriately and the complainant had been kept fully informed throughout. We spoke with the complainant who confirmed they were very satisfied with the outcome. The registered manager told us that people were encouraged to keep in contact with the service to share any complaints or compliments. This was done through regular newsletters, questionnaires and coffee mornings.

Is the service well-led?

Our findings

The service had a registered manager in post, who was registered with the Care Quality Commission. The care and compliance officer was being trained by the registered manager to understand the roles and responsibilities of a registered manager. Whilst there was no set timescale, this was with a long-term view that the care and compliance officer would then apply to be registered manager and the current registered manager would have more of a strategic role within the wider company. This potential transition was being managed well and the care and compliance officer was receiving appropriate support from the registered manager.

People and staff we spoke with told us they felt the service was well led. A relative told us, "They have rules that work well for them. Carers know where they stand."

We were told the registered manager was, "An amazing person with very much a, 'what can we do for you?' attitude." Another person told us, "There's no reason to change anything," and, "We have a list of the organisational chart and we know exactly who does what."

Staff told us they felt supported. A member of staff told us, "They consider my needs, as an employee." A further member of staff said, "It's the best company I've worked for." Speaking about the management of the service, a staff member told us, "I think they're fabulous. They look after staff as well as service users."

The registered manager told us they wanted to inspire staff and wanted staff to be proud of where they worked. A staff member we spoke with told us that it was the values and morals of the company that had led the staff member to continue working for the service.

We were told by a member of staff there was an, 'open door policy.' This member of staff told us they felt the manager and all the office staff were friendly.

A relative told us the care package for their family member had been very unstable prior to joining Essential Care. They told us, "They've built my trust at Essential. I had tarnished all companies with the same brush and they're not."

People who used the service were encouraged to be involved and feed back information about the care they received. We saw people who used the service had received memos from team leaders, requesting their feedback and they were invited to regular coffee mornings at the service premises. Some people were supported by care staff to attend the coffee mornings. Quality assurance questionnaires were sent to people and some people were contacted by telephone in order to obtain their views. We saw that, where necessary, this resulted in action. For example, one person had made a minor suggestion to improve diary management for their care and this was actioned and implemented. This demonstrated the views of people using the service were sought and acted upon.

The registered manager told us staff meetings were held every four to six weeks and these were used to

discuss developments within the service, including what could be improved. There was a procedure and etiquette policy relating to team meetings and this made the terms of reference and expectations clear to everyone involved. We looked at the minutes from a team meeting held during January 2016 and saw that actions from the previous meeting had been recorded and appropriate information was discussed and shared. Staff were kept informed of the business plan for the service and other items discussed included the importance of confidentiality, training needs and the importance of using personal protective equipment. Staff meetings are an important part of the registered manager's responsibility in monitoring the service and coming to an informed view regarding the standard of care and support that is being provided.

Regular direct observations of staff took place and we saw evidence of this. We saw they were organised and planned using an electronic system. Feedback was provided to staff so they could develop and improve their practice, if necessary. Areas observed included whether staff wore appropriate uniform and personal protective equipment, appropriate use of equipment, whether people's privacy and dignity were respected and communication skills for example. This showed the registered manager had systems in place for regular quality assurance, which enabled them to monitor and improve the safety and quality of service.

Management oversight was evident and the registered manager showed good leadership. We saw that 'senior carer weekly reports' were completed. These included information relating to any introductory visits, details of quality assurance visits, shadowing sessions, care package reviews and care plan amendments. These were submitted to the registered manager who analysed the information.

The website for the service advertised that care was provided in line with nationally recognised guidance. We found the registered manager was aware of national guidance and guidelines and used these as a tool to drive improvements within the service. The registered manager was a member of the UK Home Care Association. This is a professional association of home care providers which helps organisations that provide social care to promote high standards of care.

The registered manager had a clear vision for the service in that they wanted to be market leaders with a 'mission to raise standards of care across the UK and the globe.' This vision was shared with staff. The registered manager and registered provider had a clear business plan and this included creating and building business partnerships. The registered manager told us recent partnerships had been created with local companies, such as training providers and providers of assistive technology equipment.

We looked at different policies and procedures and found these were in place in relation to health and safety, medication, whistleblowing, out-of-hours contingency and fire safety for example. We saw that the policies were up to date. This helped to ensure staff were following the most up to date guidance and procedures when supporting people.