

ETA Care Solutions Ltd

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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 inspection took place on 16 and 17 April and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in and around the Lutterworth area. It provides a service to older people, people with physical disabilities and younger adults.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of this inspection, there were 42 people using the service.

The service had a registered manager in post who was also the registered provider. 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.

At our last inspection in March 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service remains Good.

People remained safe using the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with people using care and support services. Staff were knowledgeable about the risks people faced and took action to reduce risks. Further development of risk assessment records would ensure all staff had the information and guidance they needed to keep people safe. We observed there were sufficient numbers of staff to meet people's care needs and this was confirmed by staff we spoke with.

People's medicines were managed safely. Staff received medicines training and understood the importance of safe administration; improved procedures and systems were planned to ensure records were always completed consistently.

People received care from staff who had the skills and knowledge required to effectively support them. Staff had completed a range of training, including induction into the service and specialist training to enable them to meet people's needs.

People's human rights were protected because the registered manager and staff had an understanding of

the Mental Capacity Act 2005 (MCA). People's nutritional needs were met because staff followed people's care plans to make sure people were eating and drinking enough, and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

People continued to receive a service that was caring. Staff showed kindness and compassion for people through their conversations and interactions. The provider ensured staff had sufficient time to provide the care people needed. Staff supported people to communicate and be involved in the planning and provision of their care.

People received information in a format suitable for their individual needs. Staff understood and promoted people's rights, including their right to be treated with respect and dignity.

The service remained responsive to people's individual needs and provided personalised care and support. People were supported to make choices about their care and how they wanted it to be provided. The provider had a complaints policy in place and systems to respond and investigate concerns and complaints. The registered manager took concerns seriously and used these to bring about improvements in the service.

The service continued to be well led. People used a service where the registered provider's values and vision were embedded into the service, staff and culture. Staff told us the registered manager was approachable, supportive and made themselves available,

The provider had systems in place to monitor, assess and improve the service. There was an open culture and people and staff felt able to share their views, which were used to develop the service. Staff were positive and happy in their jobs. There was a clear leadership and organisational structure in place which provided the guidance staff needed in their roles.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well-led.

Good ●

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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.

This inspection took place on 16 and 17 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 16 April 2018 and ended on 17 April 2018. It included telephone calls to people, their relatives and staff on the 16 and 17 April 2018. We visited the office location on 17 April 2018 to see the manager and office staff; to review care records and policies and procedures and visit people in their own homes.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We also viewed other information such as information reported to us, questionnaires which had been completed by twelve people using the service, six relatives of people and seven staff.

We reviewed notifications that the provider had sent us. Notifications are specific events and incidents that occur within the service that the provider is required to notify us about. We contacted local authority commissioners, responsible for funding some of the people using the service, to gain their views of the service.

During this inspection we spoke with the registered manager, who was also the provider, the care co-ordinator and four care staff. We also spoke with three people and three relatives by telephone and visited three people in their own homes.

We reviewed four people's care plans and records to see if people were receiving the care they needed. We sampled four staff files and looked at training and recruitment processes. We looked at the provider's quality assurance and audit records to see how they monitored the quality of the service and other records related to the day-to-day running of the service.

Following the inspection, we asked the provider to send us information about key policies and procedures and they did this in a timely manner.

Is the service safe?

Our findings

The service continued to provide safe care. People and their relatives spoke positively about the care and support staff provided and told us they felt the service was safe. One person told us, "I feel safe when the staff are here; the staff help me." Another person explained, "I use a hoist and I feel safe with staff. There have been no accidents when the staff are moving and hoisting me." A relative told us, "Staff always turn up and if they are late, they always let me know."

When we spoke with staff about people's safety and how to recognise signs of abuse, these were clearly understood. Staff were confident about how they would report any allegations or actual abuse. The provider displayed safeguarding information in the office to support staff understanding. The provider's safeguarding policy included indicators for each type of abuse and information for staff to follow in the event of them witnessing or suspecting abuse, including contact details of external agencies.

Staff had completed safeguarding and equality and diversity training. This supported them to understand their role in protecting people from the risk of abuse and ensuring people were not discriminated against during potential safeguarding investigations.

Risk assessments were in place and had been regularly reviewed. However, some records required further detail to provide the guidance staff needed to keep people safe. For example, one person's risk assessment identified they required equipment to reduce the risk of falling. The risk assessment detailed the equipment to be used but not how staff should support the person to use equipment safely. Records did not always include the impact of the person's health condition on potential risks. For instance, one person had a sensory loss. Their risk assessment did not detail what impact this had on the person's ability to use equipment and move around their home safely. Another person's care plan identified they experienced 'breathlessness when walking'. Their risk assessment did not make reference to this or provide guidance for staff to be aware and respond to this when supporting the person to move around their home.

We discussed risk assessment records with the registered manager who told us they would review and update all records to ensure they included the specific information and guidance staff needed.

Staff who we spoke with and those who we observed providing care and support, demonstrated a good understanding and awareness of the potential risks people faced. For example, we saw one staff member supporting a person to use a mobility aid safely and in line with best practice. They reminded the person to walk within the frame of their mobility aid and avoid over-reaching. Another staff member demonstrated excellent knowledge of the risks a person living with a sensory impairment faced and worked closely with the person and their relatives to reduce the risk of harm. This had resulted in changes and adaptations within the person's home which had increased their level of independence.

There were sufficient numbers of staff employed to help keep people safe and make sure their needs were met. People mainly received care from a regular staff team. The registered manager told us they used agency staff to cover some calls whilst they were recruiting staff; the same agency staff were employed to

ensure people continued to receive consistency in how their care was provided. We observed staff meeting people's needs, supporting them and spending time socialising with them.

People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment. This included a check with the Disclosure and Barring Service (DBS) which helps employers to ensure the right staff are employed to keep people safe.

People's medicines were managed safely and administered as prescribed. We observed staff provided support in line with people's preferences and needs, as detailed in their care plans. Where necessary, staff contacted the office or the chemist to advise if medicines needed to be re-ordered. Staff mostly kept accurate records of when people's medicines had been given. However, we found missing signatures on some medication administration records. The registered manager told us they were aware of this and had addressed the need to improve recording in staff meetings. Records we saw confirmed this. The registered manager told us they intended to increase medicines audits and checks to bring about improvements. All staff had completed medication training.

Staff supported people to keep their homes clean. We observed staff wore personal protective equipment (PPE) such as aprons and gloves when supporting people with personal care and changed these when preparing meals. Staff were trained in infection control and protecting people from the risks associated with this.

At the time of our inspection, there had been no recorded accidents or incidents within the service. The provider had systems in place to enable staff to report and record accidents and incidents in a timely manner. Procedures were in place to ensure these were reviewed to identify action required to reduce the risk of further incidents.

The provider worked hard to learn from mistakes and ensure people were safe. This included reviewing and developing records to provide clearer, more detailed information to staff and working with relatives to establish clear expectations in terms of the support staff were able to provide. The provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. People told us they felt staff had the skills and knowledge to meet their needs. One person told us, "There is a training room at the agency. I know that because if I have new [equipment] the staff take them into the training room to practice. Sometimes, when new staff are shadowing [working alongside experienced staff], they come here and have a go at hoisting me so they can see what it is like before they have to do it as my carers." Another person told us, "The staff do what they should do and then always ask if there is anything else they can do." A relative told us, "The staff I have met seem to be trained to support [family member]."

People were supported by staff who received regular updated training. Staff told us training was provided in areas which were relevant to the people who used the service, for example dementia care and assisted moving. The registered manager was qualified to deliver training in key areas and used external trainers to provide more specialist training, such as nutrition and end of life. This included sending staff to specialist centres to undertake training with health care professionals, such as dieticians. Staff were also supported to access on-line refresher training and to complete the Care Certificate, which covered equality, diversity and human rights. The Care Certificate is a qualification which supports staff to adopt values and behaviours that are nationally recognised to provide good care. Staff who were new to the service were supported to complete an induction to the service. This introduced them to the provider's values, policies and procedures and enabled them to work alongside experienced staff before they began to support people.

Staff told us they felt well supported in their roles. They received monitoring of their practice which included formal and informal supervisions, spot checks and competency checks on their working practices. One staff member told us, "The support I receive is really good. There is good teamwork here and always someone at the end of the telephone." Another staff member told us, "I have good support and things are well organised."

Staff had a good understanding of people's nutritional needs and supported people to have a balanced diet. We saw staff re-heated meals and ensured these were served in line with people's preferences. Staff ensured people had enough to drink by providing drinks during visits and ensuring people had access to drinks between visits. Records showed people's nutritional needs had been assessed before they began to use the service and these had been regularly reviewed.

People's care plans included guidance about their health needs and this information helped staff to provide effective care. For example, care plans included details of how people's health conditions impacted on their well-being and risks and who staff should contact if people became unwell. We saw staff checked on people's health and well-being during their visits. For instance, staff checked if people were warm enough and adjusted heating accordingly and if they were feeling well or required any medical intervention. Staff understood the importance of relationships to people's emotional well-being and supported people to maintain relationships with those important to them. Staff worked collaboratively with other agencies, including health and social care professionals, to ensure people had access to the health care they needed.

The registered manager and staff understood their responsibilities in relation to the legislative framework, the Mental Capacity Act 2005 (MCA). The 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 the least restrictive option available.

We observed staff sought consent from people before providing care and support. People's care plans included their consent to care, decisions and choices they were able to make and who was able to support them to make more complex decisions, where applicable. People's right to make decisions about their lives was respected and supported by staff, including their right to decline care and treatment.

Is the service caring?

Our findings

People continued to receive a service that was caring. People told us, "The staff are very good, they know exactly what to do," "I do not feel rushed by the staff who care for me," "The staff are very good; all of them. Sometimes there are different faces but they are all good," and "The staff make all the difference to me. I don't see anyone all day." Relatives comments included, "The staff are very respectful. They are gentle and kind and have a good laugh with [family member]," and "They [staff] are respectful and really nice to [family member]. They always ask if we need anything else done."

People had built strong relationships with the regular staff team that supported them. People we visited all appeared happy and comfortable with staff. Staff were cheerful, friendly and positive. Staff knew each person well and understood the importance of treating each person equally; as an adult and a valued individual.

People were supported by staff who were both kind and caring and we observed staff treated people with patience and kindness. People were chatting with staff about current affairs and matters that interested them. One staff member was talking with a person about the persons' family, whilst another was discussing shared interests including television programmes. We heard and saw laughter and smiles. People who needed time to communicate were given this and supported to make choices and engage in conversations. Staff were attentive to people's needs and understood when people needed reassurance, encouragement or guidance, for example, when moving around their home or undertaking a task. Staff told us they had the time they needed to care and meet people's needs. This included having sufficient time between visits so they were not rushed or late, unless in exceptional circumstances.

People told us they were involved in the planning of their care and were aware of staff recording in the care files kept in people's homes. People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's families and enabled them to be involved as they wished. People and their relatives were involved and consulted about all aspects of care. Regular reviews with people and those who were important to them were in place.

Staff respected people's right to have their information stored confidentially. Staff recorded information in people's care plans and returned these to the person's preferred storage area in their home. The provider retained people's information in appropriate locked storage and only shared information with people's consent and with relevant agencies.

Staff struck a balance of respecting people's right to privacy and checking to make sure they were safe. For example, staff ensured people were safe when using the bathroom before leaving them, whilst remaining in earshot should they be needed. We observed staff supported people to maintain their dignity. For instance, one staff member supported a person to adjust their clothing to ensure they were adequately covered, whilst another prompted a person to ensure their clothes and appearance were clean after their lunchtime meal.

People were supported to be as independent as possible. People's care plans detailed what they were able to do for themselves and where they needed support. We saw staff provided prompts to enable people to do as much as possible for themselves and stepped in to provide support if people were struggling.

Is the service responsive?

Our findings

The service continued to be responsive. People and relatives told us they received personalised care that met their needs. Comments included, "The care plan is followed [by staff] and signed and changes are noted. The senior staff phone on a regular basis to make sure the staff are doing a good job. Then three or maybe four times a year the staff visit and see if there needs to be any changes to the plan," "I can ring up and leave messages if I need any changes," and "The [registered] manager is helping us to get a hospital bed in response to changes in [family member's] needs."

People's care plans included details of how they wanted their needs to be met in line with their wishes and preferences. Care plans also detailed their medical history as well as any cultural, religious and spiritual needs. We found some care plans did not include the details staff needed to provide personalised care, such as life and social history and how people liked to be supported. For example, people's care plans included detailed information regarding their routines for each visit. This included how they liked things to be done, routines that should be followed, and how staff should provide care. For instance, one person liked to have the lights turned off after the evening visit, with the exception of one specific light. Another person's care plan included the order of how they liked their care to be provided. However, not all care plans included a profile of the person and their life and the outcome they wanted from their care. Including this information would support all staff, including staff who were new to the person, to provide personalised care. Following our inspection, the registered manager provided us with a template of a revised care plan to include more detailed information for staff.

The registered manager kept a planner to ensure all care plans were regularly reviewed and this was flexible to respond to changes in people's needs. Records showed people and, where appropriate, those important to them, had been involved in the review of their care.

People's preferred method of communication was identified during their initial assessment and included in their care plan. We saw staff used appropriate communication methods for people to help ensure people had their right to have control over their care respected. For example, one person was living with a sensory impairment. They told us they preferred information to be provided verbally to them and their family. We saw staff respected this and their care plan reflected their wishes. This showed that staff were working within the principles of the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016, making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given.

The provider had a complaints procedure for people and visitors to access which was also available in the service user guide. The registered manager understood the actions they would need to take to resolve any issues raised. People and relatives told us they knew how to make a complaint but had never had to. A relative told us they had raised minor concerns with the registered manager and these had been resolved to their satisfaction. The registered manager kept in regular contact with people and relatives and undertook care visits. They told us this helped them to identify any minor areas of concern and resolve them quickly.

The registered manager ensured people received appropriate care at the end of their lives. They had a policy and procedures in place which included supporting people to access an end of life pathway, providing care and support in line with people's wishes and observing specific cultural wishes.

Is the service well-led?

Our findings

People continued to receive a service that was well-led. People and relatives knew who the registered manager was. One person said, "I would recommend this agency because staff go out of their way to try and do everything they can for me and I never feel rushed." Two relatives told us they would recommend the agency to others.

There was a registered manager in post, who was also the registered provider. They had extensive experience in the health and social care sector as a health care professional. They were supported to manage the day-to-day running of the service by a care co-ordinator who was new in the role at the time of our inspection. This simple structure provided clear leadership and guidance for staff. Staff spoke positively about the registered manager, describing her as "supportive" and "approachable". Staff told us there was positive teamwork amongst them and they felt as though they were respected and treated equally by the registered manager.

The registered manager was open, transparent and person-centred. They frequently worked alongside staff to provide care and therefore maintained regular face-to-face contact with people and staff. People and their relatives were supported to share their views about the service directly to the registered manager, in reviews of their care or through satisfaction surveys. We reviewed surveys that had been completed in January 2018 and saw people were generally happy with their care. Where people had made comments or suggestions, the registered manager had acted upon these. For example, where relatives were concerned staff were not sufficiently knowledgeable about the needs of people living with dementia, the registered manager had arranged for relevant staff to undertake additional, more in-depth training. The registered manager had also met with relatives to establish clear expectations of the care provided, which had improved communication and relationships.

Staff were supported to share their views directly with the registered manager and through forums such as staff meetings. We reviewed records of a meeting held in March 2018 and saw meetings were used to discuss best practice, such as medicines and recordings, in addition to promoting the provider's values which included, "How I would like to be cared for in my home." This helped to ensure the provider's caring values were embedded into the leadership, culture and staff practice.

The provider had systems in place to monitor, assess and improve the service. Checks were carried out on all areas of the service, including visits to people's homes where they completed checks on aspects of the service people received. This included spot-checks of staff competency to ensure they were providing care in line with the provider's policies and best practice. Although records were in place, we found further development of records would ensure a more robust audit trail in terms of checks to ensure people were receiving good care. The registered manager told us they would ensure all checks and audits were recorded consistently.

The registered manager kept their practice up to date with regular training and through continuing to practice as a registered health professional. This supported them to be aware of changes and ensure staff

were providing care in line with best practice. Staff worked collaboratively with external agencies, such as mental health and dementia support teams, openly and transparently which resulted in positive relationships and more effective support for people.

People received a service which was constantly evaluating and identifying where improvements were required. At the time of our inspection, some people were concerned regarding recent staff changes. The registered manager told us there had been a small turnover in staffing which had resulted in new appointments and on-going recruitment for care staff. The registered manager demonstrated they understood the key challenges the service faced and had taken measures to reduce potential risks. This included appointing regular agency staff to ensure people had consistency in care pending recruitment of care staff. The registered manager had identified developments which would improve the service, such as improving recording systems and developing information technology to improve communications for staff and people living in rural areas. Commissioners who we spoke with told us they had no concerns about the service or the care people received.

The provider was aware of their legal responsibility to notify the Care Quality Commission (CQC) of significant events and incidents within the service and had systems in place to support this. They ensure they displayed their current ratings at the registered location and signposted people to relevant information, including the latest CQC report. This supported people to make informed choices before they began to use the service.