

Epic Care 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

About the service

Epic Care Services is a domiciliary care agency. The service is registered to provide personal care to younger and older adults with various needs including, physical disabilities, sensory impairments, and people living with dementia or a learning disability. At the time of our inspection there were 12 people using the service. Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

People were protected from the risk of abuse and harm. Staff had received training in safeguarding people. Recruitment practises were followed and there were sufficient numbers of staff to ensure safe care. Personal Protective Equipment (PPE) was readily available for staff to use. Medicines were managed safely. People received their medicines as prescribed.

People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People and their relatives were involved in their care planning. People and their told us staff were on time for their visits and if on an occasion staff were delayed, they would be informed.

People felt able to complain and felt listened to. People told us they were treated with dignity and respect and were encouraged to be as independent at possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Governance systems were in place to monitor the standard of care people received. The service worked in partnership with other health and social care organisations and the community to achieve better outcomes for people using the service.

The registered manager demonstrated a commitment to providing a good quality care service to people in the local community.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

We registered this service on 19 June 2019 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Epic Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspection manager and an inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 November 2022 and ended on 18 November 2022. We visited the location's office location on 16 November 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 22 September 2022 to help plan the inspection and inform our judgements.

We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 3 relatives about their experience of the care provided. We spoke with 2 members of staff and the registered manager. We reviewed a range of records. This included 2 people's care records.

We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. We have rated this key question Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse Learning lessons when things go wrong

- People were protected from the risk of abuse. People we spoke with told us they felt safe when receiving care. One person told us, "Yes I feel very safe, I can talk to any of the staff if I have a problem".
- Staff had all received training in safeguarding people. One member of staff told us, "If I thought someone was being abused, I would report it to the registered manager and they would deal with it, I am sure. If they didn't, I would whistle blow".
- The registered manager showed us recent safeguarding referrals they had made due to missed calls that had occurred. They had made a referral for potential neglect and then took action to ensure the risk was minimised of it occurring again.

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk.
- People's ongoing risk assessments were reviewed on a regular basis and when needs changed. One person who used the service told us, "I've changed my care plan, so the care staff now help me stand up and get me more independent. I can stand on my own now and get into bed alone".
- No accidents or incidents had occurred since the service registered with the CQC; however, systems were in place for recording and analysing them when required.

Staffing and recruitment

- Recruitment checks were in place to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction. These checks included DBS checks.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they got the care they needed at the time it was planned by sufficient numbers of staff. One person told us, "I have two staff, sometimes I have to wait for a second carer, but they always come, and they never support me on their own". Another person told us, "The carers are pretty good with timekeeping, they always phone if they are going to be late."

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and electronic medication administration records [MARs] were completed daily. A person told us, "The carers check on my tablets and give them to me". Another person told us, "They [care staff] do my medication, I'm happy with how they do it".
- Staff had received training in the administration of medicines and there were clear instructions in people's care plans as how they wanted to have their medicines. This information supported staff to administer people's medicines in a way that people preferred.

Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them.
- The registered manager told us, "We do spot checks and check that masks are still worn, and we provide training and PPE for all the carers".

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
Supporting people to live healthier lives, access healthcare services and support
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed prior to a care service commencing. Care plans we reviewed were detailed and comprehensive and supported staff to support people in a way that met their individual needs.
- People told us that the provider supported them to remain healthy. One person told us, "I have lots of hospital appointments and they are flexible and change my call times so I can attend". Another person told us, "They [care staff] keep helping me and get me to phone the doctors when I need it".
- People told us they were supported to eat and drink if this was part of their care plan. One person told us, "They [care staff] cook my food and make snacks if I want one".

Staff working with other agencies to provide consistent, effective, timely care
Staff support, training, skills and experience

- Staff were trained to support people and worked with other agencies to meet their specific health care needs. One person told us, "The district nurses have taught the carers how to look after me and I haven't been unwell since".
- Staff we spoke with told us they felt supported to fulfil their roles effectively. One staff member told us, "We have an induction and mandatory training and then we get training on anything that may be specific to people's needs. This is the best care company I have worked for, and I feel very supported by the registered manager".
- Timely care was provided. The provider operated an electronic call monitoring system which allowed managers to monitor if staff were on time for people's visits. People and their relatives told us staff were on time for their visits and if on an occasion staff were delayed, they were informed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "You have got to assume people have got capacity, and sometimes people may need an assessment to determine if they have capacity about a task". Another staff member said, "People need to be in control of their own care".
- People's care plans contained information about people's cognition and mental capacity assessments were completed as part of people's care planning.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us that they were treated with dignity and respect. A relative of a person told us, "The carers are kind; they hold my relatives' hand and chat with them". Another relative told us, "Staff are kind and courteous, they are brilliant and keep me updated". They went onto say, "They [care staff] have such a good relationship with my [relative] they giggle and laugh together."
- The registered manager told us, and we saw in people's care plans that people's preferences were sought at their initial assessment. These were then noted in their care plans. One person told us, "I have mainly female carers which is my choice, but I have a couple of male carers who I am happy with".

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

- People told us they were able to express their views. One person told us, "They [care staff] are all gentle and kind and we all talk together and work through any issues".
- People and their relatives were involved in the care planning process and the reviews of care. We saw that regular reviews were undertaken either by telephone or in person. One person told us, "I'll say what I want and then it gets past on, so I am not repeating myself".

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected people's privacy and treated them with respect. One relative told us, "They [care staff] do all the personal care and they do it how my [relative] wants, they do extra bits too like taking the washing upstairs".
- Staff we spoke with knew people well and knew how they liked to be treated. A member of staff told us, "When I am supporting with personal care, I make sure doors and curtains are shut and I carefully place a towel to protect the person's dignity".
- We saw people's independence was encouraged throughout their care plans. One person told us, "I have been through some stuff with my physio and carers and I'm getting my independence back".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. We have rated this key question Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Care plans were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their care plans.
- People and relatives were involved in reviews and care plans were updated to reflect any changes. A relative told us, "I don't think I could ask for anymore, they've adjusted call times for me to make it a bit easier".
- Staff we spoke with knew people well and were able to tell us in detail individual people's likes and dislikes. One person told us, "The carers know me and know how I like things done".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. We saw communication care plans were detailed and comprehensive and staff we spoke with knew how to communicate with people. A staff member told us, "One person I care for has dementia, and they can't retain information. I have to be short and to the point when communicating with them".
- The registered manager told us people's communication needs were assessed and that they would implement different forms of communication if required, such as large print or pictorial to ensure they had access to information.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon.
- The registered manager told us that they had not received a formal complaint. People and their relatives told us that they felt able to raise any concerns with the staff or registered manager. One person told us, "If there was anything amiss, I could speak to the staff themselves, but I wouldn't have an issue with speaking to the managers, they are very good".

End of life care and support

- End of life care was not routinely provided. Staff had access to end-of-life training and end of life care could be facilitated alongside community healthcare professionals if required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. Everyone we spoke with spoke positively about the management of the service.
- The registered manager had adopted a culture of being open and inclusive. A person told us, "This lot [Epic Care] are the best company I've had so far, and I have had a few".
- Staff said they enjoyed their roles and the relationships between staff and people were positive. A staff member told us, "This is the best care company I have worked for, and I feel fully supported by the management".
- The provider had invested in a private 'mental health' plan for staff to use to support their mental health and wellbeing. This was available free to all care staff if they chose to use it.

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

- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour. The registered manager told us, "I think it is about really changing the culture of an organisation and about effective leadership. Although I deliver a commercial service, I want to do it in an ethical way and this to me means being open and honest and truthful about failures, how to make things better, learning from mistakes and taking responsibility".
- The provider worked in partnership with other health and social care organisations and the community. The commissioners of the service told us, "From a commissioning point of view we have not had any issues brought to us".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- There were systems in place to monitor and improve the quality of care. Regular audits of care records were undertaken to ensure they were appropriately recorded.
- Spot checks, supervision and regular training of care staff was undertaken. The registered manager told us they encouraged staff to develop and grow in the care profession.
- The provider used an electronic call monitoring system. The registered manager told us how this had

alerted them to a series of missed calls which had led to a safeguarding referral being made.

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

- People and their relatives were regularly asked their views on their care through care reviews and telephone surveys. We saw the evidence of these reviews were all positive.
- Staff were encouraged to be involved in the running of the service through regular staff meetings and as part of their personal supervision.
- The registered manager undertook care calls and visits to people themselves, so people knew them and felt able to talk to them. One person told us, "The manager comes into the community; they came to see me. The staff have an enormous amount of respect for them. They really know what's going on, their very good".