

Ethical Homecare Ltd

Ethical Homecare Solutions

Inspection report

Unit 13
Chapelton Enterprise Centre, 231-235 Chapelton Road
Leeds
West Yorkshire
LS7 3DX

Tel: 01133459492
Website: www.ethicalhomecare.co.uk

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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 comprehensive inspection carried out on 6, 7, and 21 February 2018.

At the last inspection in November 2016, we found people were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, safe and well led to at least good. At this inspection we found the provider had made the required improvements.

Ethical Homecare Solutions provides a domiciliary care service to adults and older people with varying needs and disabilities living within the Leeds area. The office, based in the Chapeltown area of Leeds is staffed Monday to Friday during office hours. An out of hours phone service is also available. At the time of this inspection the service was providing the regulated activity of personal care to 31 people who lived in their own homes. The service is provided to younger adults, older people, people living with dementia, people who may have a learning disability or autistic spectrum disorder, mental health issues and physical disabilities. Not everyone using Ethical Homecare Solutions receives regulated activity; 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.

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 feedback we received from people was very positive throughout. People who used the service spoke highly of all staff and services provided. One person told us, "The whole experience has been first class, I couldn't have wished for a better team of people to care for me."

People's medicines were managed safely. The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed and lessons were learnt to ensure problems or mistakes were not repeated.

The whole staff team were highly motivated and proud of the service. The registered manager told us, "We have recruited some really special people who share our values of being trustworthy and caring and who recognise that dignity, respect and integrity are at the heart of what we do."

People were encouraged to be as independent as possible by staff they trusted and felt safe with. They were supported to lead as good a quality of life as possible. The service supported people to access activities which were meaningful to them. People's wellbeing, privacy, dignity and independence were respected and

encouraged.

People were never rushed and staff took the time to support them in the right way. People who used the service valued the relationships they had with staff and expressed satisfaction with the care they received. There was an effective complaints procedure in place and people told us they knew how to complain.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had received training on the Mental Capacity Act 2005. They ensured people were asked for their consent before they carried out any care or support.

People were cared for by staff who were aware of their safeguarding responsibilities. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse. Staff were safely recruited, trained and supervised in their work. They enjoyed their jobs, felt included and listened to in the running of the service.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported. Each person had risk assessments and a care plan in place. People and their families were involved in the planning of their care and these were regularly reviewed. When changes in care support were required, these were carried out in a timely way. Staff supported people to eat a nutritious diet with food and drinks of their choice.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of everyone who used or came into contact with the service. The service fostered good partnerships with other agencies and organisations. The provider was committed to continual improvement and governance was embedded in every part of the service.

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 were protected against the risks associated with unsafe use and management of medicines.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the provider's recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Staff promoted and respected people's choices and decisions.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA).

Where it formed part of people's care, they were provided with a healthy diet which promoted their health and well-being and took into account their nutritional requirements and personal preferences.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to providing care that was kind, respectful and dignified.

People who used the service valued the relationships they had with staff and expressed satisfaction with the care they received.

People felt that their care was provided in the way they wanted it to be.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

Is the service well-led?

Good ●

The service was well led.

The management team promoted strong values and a person centred approach. There was an open culture where 'lessons learnt' were encouraged.

People, families and care workers suggestions and feedback were welcomed and taken into account to improve the service.

There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

The service played an important part in the community and fostered links with other organisations to benefit people.

Ethical Homecare Solutions

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 6, 7 and 21 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the 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 6 February and ended on 21 February. It included a visit to the location premises, speaking to people who used the service and staff on the telephone. We visited the office location on 6 February 2018 to see the registered manager and office staff; and to review care records and policies and procedures. The expert by experience spoke by telephone with four people and four relatives to gain their experiences of the service on 7 February 2018. Telephone calls to five staff members were made on 21 February 2018.

The inspection was carried by one adult social care 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. Our expert by experience had experience of caring for an older person.

The inspection was informed by feedback from questionnaires completed by a number of people using the service. The Care Quality Commission sent surveys to: four people and four people's relatives; we received a response from two people and one relative and 19 surveys were sent to community professionals and we received two responses.

Before the inspection, we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The PIR was

submitted within the required timescale.

The care records for three people who used the service were looked at. We also looked at other important documentation relating to people who used the service such as incident and accident records and medication administration records. We looked at how the service applied the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, actions were taken in line with the current legislation.

A selection of documentation relating to the management and running of the service was looked at. This included four staff recruitment files, training records, staff rotas, minutes of meetings with staff, complaints and quality assurance audits.

Is the service safe?

Our findings

At the last inspection we found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people were not protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines. At this inspection we found that sufficient improvement had taken place to evidence compliance with this regulation.

People's medicines were managed and administered safely. Care workers were trained to manage medicines and undertook training, competency and spot checks. Medication Administration Records (MARs) which record information about the administration of people's medicines were completed appropriately. Body maps showed where skin creams should be applied. The PIR stated three medicine errors had been made in the last 12 months. These had been recorded and the appropriate action taken to prevent a reoccurrence, such as the staff member's involved receiving refresher medicine training. One person said, "They put my medicines out for me but I take them myself. They have a book and they check what I need. They sign before they go. I know it's done properly." Staff told us, "We get a lot of training and information about people's medicines. Care plans are always up to date, even when there are changes. I feel confident giving medicines as the care plans are so detailed."

People felt safe being cared for by staff from Ethical Homecare Solutions. They knew staff well. People said, "Yes I feel safe, they are friendly and you feel safe with someone who is friendly"; "I feel safe, I love them they are great because they are friendly and they take me out" and "Yes, I am safe."

Safeguarding and whistleblowing policies were in place. Information regarding safeguarding was included in the staff handbook. Staff confirmed they had received the staff handbook and knew what action to take if they suspected abuse. Safeguarding referrals had been made to the local authority when required and were appropriately recorded.

Risks to people's personal safety were assessed and plans were in place in care records to minimise those risks. These provided staff with clear information about how to manage and reduce risk as much as possible, whilst allowing the person to remain independent. For example, such assessments and plans were in place for those people who were at risk from moving and handling or from skin damage. Environmental risk assessments were also in place in people's homes to keep both people and staff as safe as possible with regard to security, furniture and equipment. Staff said they read people's risk assessments in their care records and told us, "The risk assessments are very clear and up to date. Before I do anything, I introduce myself and read the file, every time" and "The office are very good at keeping records up to date but I always check the file. It's important to know what the risks are."

People needs were met by sufficient staff who had the right skills and knowledge. They received a rota of care visits for the following week so they knew which care workers to expect in their home. If there were any changes to the rota, the office contacted people to let them know. Staff told us they had enough time allocated for their visits and were able to meet people's needs well in this time. They said they were able to

spend sufficient time with people and did not feel rushed when providing care and support. Feedback from relatives included, "They don't rush. They allow enough time to care for her. I wouldn't accept them rushing. We have a good relationship and they ask how I am and say goodbye to me" and "Yes there are enough staff. We can talk to them about any problems or have a sociable chat and I feel I can approach them about any aspects of my [relative's] care and they give me advice."

People and relatives knew who to contact if they needed to get in touch with the service. The service used only the office telephone number and transferred calls to the on-call mobile out of hours. This meant people needed to use only one contact number at all times. The office team took it in turns to provide management cover out of hours. The registered manager said mobile phones were never switched off and a senior person was available at all times 24 hours a day.

The provider had a documented business continuity plan available at the time of our inspection. A business continuity plan records the arrangements in place should an emergency situation such as flooding or fire at the location's offices, or the outbreak of an infectious disease or bad weather affect support workers ability to provide care and support. This was reviewed and kept up to date by the registered manager.

Staff were recruited safely. We reviewed four staff files and found that appropriate background checks were carried out, including professional references, a record of valid ID presented, and a Disclosure and Barring service (DBS) check carried out on each member of staff. DBS checks help employers to make safer recruitment decisions and ensure that staff employed were of good character.

People were protected by the prevention and control of infection. Staff told us they received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene in people's homes. They also followed food safety guidance when supporting people with nutrition. Staff confirmed they had access to sufficient supplies of Personal Protection Equipment [PPE], such as gloves and aprons to use when delivering care and support.

The registered manager demonstrated competence and transparency in relation to safeguarding and reporting any necessary concerns to local authority safeguarding teams and the Care Quality Commission.

Is the service effective?

Our findings

Staff were sufficiently trained to meet the needs of people and plans were in place to increase the provision of training provided. We saw staff training information which was organised and detailed all the training staff had received. Staff told us that managers were supportive and helped them to take advantage of training opportunities. One staff member told us, "I love my job. I have been offered the opportunity to expand my knowledge in dementia care. I am hoping to share this with other staff." People and their relatives told us, "Oh they seem to know what they are doing. I think they are very good" and "I think so I can't see any problem."

Staff told us they had completed induction training which included working alongside an experienced member of staff. Staff spoken with confirmed that they were satisfied with the amount of induction training that they received. Comments included, "I found the induction helpful and the shadowing shifts too. The company are really good at making sure you are ready and have done everything you need to on induction" and "The training is very good. It's practical in some areas which I feel suits me." People and their relatives told us, "The experienced staff provide shadowing and they show new staff what to do. We never have two new staff visiting together. There is always one experienced member of staff" and "The manager has done a lot of training, more so than other agencies I have been with. They use a shadowing system as well."

Staff told us they felt supported by the management. Staff confirmed they received supervision every six to eight weeks from the registered manager. This was verified in staff records which included spot checks on individuals. We saw that where any issues had been identified through these checks, these were discussed with staff in their supervision.

Care plans clearly identified people's capacity to make decisions under the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for making particular decisions on behalf of people who may lack 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in a community setting is via application to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Mental capacity assessment and best interest decision records we looked at provided evidence that where necessary, an assessment had been undertaken of people's capacity to make particular decisions. We saw this assessment had been completed in accordance with the principles of the MCA. This meant people's rights had been protected as unnecessary restrictions had not been placed on them.

Staff we spoke with were able to give us an overview of the MCA and its meaning. They explained how they assisted people to make choices and decisions. Staff also showed a good understanding of protecting people's rights to refuse care and support. People were asked to sign their care records to document that they consented to the care and support provided. They confirmed with us that they were able to input into

their care and make their own choices about their support. Comments included, "I helped to devise the care plan" and "Yes, I'm included and I have a file here, which they fill in every time they visit."

People were assisted to maintain their nutritional and fluid intake. Staff told us they would prepare meals for people and ensured people had a choice of what they wanted. Staff showed a good awareness of people's likes and dislikes and how they liked their meals to be presented. Staff told us, "I record all food and fluid intake so we all know what has been consumed whilst we are there", "I make sure I know about their dietary requirements and their likes and dislikes" and "I make sure fluids are easily available at all times and within reach."

People were supported to have access to healthcare services. During visits, staff monitored people's health and welfare conditions whilst reporting any changes in these to the relevant professionals. One person had regular visits from a community nurse for a medical condition. The service liaised closely with the nurse to report any changes. Health and social care professionals commented that Ethical Homecare Solutions was a popular care provider for the area and that management and staff worked hard to support people to remain living independently in their own homes home for as long as possible.

Is the service caring?

Our findings

Without exception, people and their relatives praised the staff and the registered manager of the service. Comments included, "The staff are very good, they make sure I am doing things right"; "The staff are very caring. If they weren't I would replace them" and "Extremely caring, I get a hug and a kind word which means a lot. Any little jobs within their remit they will do for me." Two relatives said, "I couldn't have the patience to do their job they are a type all of their own" and "Yes, they are all very good and kind and caring I have no complaints at all."

We saw that people were provided with a 'welcome pack' when they began using the service. Contained within this were, contact details of the office, details of the management and how to contact them, copy of the complaints policy, copy of the statement of purpose, a copy of the person's care plan and blank incident forms should they be required.

People and relatives said the staff supported the well-being of both them and their relatives in their care. They spoke of how close they were to staff and how they had built up positive and meaningful relationships together. One relative said, "They have looked after me too, not just my family member. The staff are always polite to them and they ask me about my family too."

People's privacy, dignity and independence were respected by staff who were caring and compassionate. Comments included, "Yes, they make sure doors are shut and blinds are closed." Relatives said, "When they take her for a wash they shut the door just as she likes" and "Very respectful, if she wants to go in the bath on her own they respect that."

People and relatives were involved in making decisions about their care and support and we saw that staff respected people's choices and preferences. For example, one person had requested different visit times and another had requested that only staff of a specific gender visit them. Both requests had been dealt with by the management team.

Care workers spoke with kindness and compassion and were highly committed and positive about the people they supported. This showed us they valued people who used the service as equals. They spoke of the importance of developing relationships with people and getting to know their preferences, likes and dislikes. One staff member said, "It is important to understand people as individuals and know how they like things to be done." Another said, "I just love working with people, getting to know them, having time to chat with them, making things special." Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well.

Discussion with the registered manager and staff demonstrated that the service respected people's diverse needs. The registered manager told us that equality and fairness informed their recruitment process and was included in training. Staff confirmed they had completed training on equality and diversity and they demonstrated a positive regard for what was important and mattered to people. A staff member said, "We are respectful of people's lifestyle choices and we always treat people as individuals."

Information was available about the use of advocacy services to help people have access to independent sources of advice when required.

Is the service responsive?

Our findings

People and their families were involved in developing their care and support plans. They were personalised, detailed and reflected people's needs and choices with for example, how they liked to be supported with their personal care. People's comments included, "Yes, I've been involved in my care plan from when I started using the service" and "It's on going, because if things change I discuss it with them. I feel very involved."

Initial assessments were completed for people before a package of care was put in place. This meant people could be confident that staff could meet their needs before care was provided. Care plans focused on each person's needs, their likes, dislikes and care preferences. They clearly recorded what support was required from staff.

A copy of the person's care plan was kept in the person's home and a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people.

Staff were knowledgeable about the people they supported and told us care plans were reviewed regularly. One staff member explained they always checked the care plan and spoke with other staff before they delivered care to someone for the first time. This ensured they had any essential information they needed to meet people's needs effectively. We looked at daily records made by staff when attending to people's care and support. These showed people's needs were being appropriately met. Call times were recorded which showed staff were staying for the required duration of calls. If two staff were in attendance for the call this was also recorded.

Staff ensured they were able to communicate with people if there were any barriers. For example, staff supported one person who was blind. An initial assessment and care plan had been developed which gave clear guidance to staff on how to communicate correctly with the person. Staff ensured the person was spoken to throughout the delivery of their support which put them at ease and made them feel comfortable.

As part of people's agreed care package, the service supported people to access the community and achieve their social activity aims in a positive way. People told us they were supported with trips to the shops, pubs and engaging in their favourite activities. One person's relative told us, "He has a fantastic social life going to shows, going out and he asked if he could take his carer rather than me to an award ceremony. He has gone out today, he is happy go lucky." Another person told us that the registered manager had taken them abroad on holiday as they knew they would not get the chance otherwise.

The provider had a complaints policy in place. This formed part of the information, which was given to people when they joined the service. People and relatives were very happy with the service and had no complaints. However, they knew how to complain if they needed to and were aware of the complaints process. They felt listened to and able to raise any concerns.

The provider had received many compliments about their service. These included, "Continue as you're

doing as you've made a difference to so many people's lives", "Thank you to all the staff who cared for our mum" and "You and your staff have provided excellent care for our mother."

Although no one using the service was receiving end of life care, the registered manager provided an assurance that people would be supported to receive good end of life care and support so as to ensure a comfortable, dignified and pain-free death. They also told us that they would work closely with relevant healthcare professionals, provide relevant support to people's families and ensure staff were appropriately trained.

Is the service well-led?

Our findings

There was a registered manager in post. People were positive about the management of the service and the staff. People and their relatives told us the service was well led and they were provided with a high level of service. They commented, "I would and have recommended this service to others" and "I would always tell anyone looking for a service of this kind to come here first and see how it should be done." They spoke positively about the registered manager, the office staff and the service they received. There was good communication and confidence in the service. They knew the registered manager's name and felt confident any issues would be dealt with appropriately. Comments included, "I know the manager very well as we were one of her first clients. She says it how it is, and I have never had an issue with her", "She is approachable and open and honest with me, she is very helpful" and "The manager is competent as she can sort out anything. If you have a problem she can sort it out. She is very efficient."

Without exception, staff were very complimentary about the registered manager and told us they liked working at Ethical Homecare Solutions. Staff stated that in their opinion the service was well run and well managed. Comments included, "The manager and all of the office staff are very good. They know what they are doing and nothing is ever too much trouble. The manager is very approachable and always does her best. You can tell this is more than a business to her. I am proud to work for her" and "When I came here I couldn't believe how friendly and supportive everyone was. The training, the support and knowing they are just at the end of the phone. I have recommended the company to friends for a job because its a pleasure to come to work."

The provider had mechanisms in place to seek views and opinions about the service provision from people, their relatives and staff. Results from the 2017 quality assurance audit showed 92% of people who responded were either very satisfied or satisfied with the service they received. A recent staff satisfaction survey showed 100% of staff who responded felt that they were often or always enthusiastic about and enjoyed their job role. It showed that 95% felt that managers could be counted on to help with difficult tasks and 95% confirmed that if a friend or relative needed care, they would be happy to recommend the standard of care provided by this employer.

We saw staff and management meetings took place with evidence of discussion relating to policies and procedures, staff practice, care planning and person centred care. Staff said they found the meetings useful and that they helped them improve their practice and stay up to date on issues that affected the service. Staff told us, "The manager is very good at keeping us up to date. I have always felt included and as though my opinion matters. We are encouraged to share ideas and suggestions at team meetings. I think the team at the office do listen and any issues are sorted out quickly."

The registered manager was experienced, organised and knowledgeable about the people who received support and acted as a role model for staff. They ensured all staff had the resources to do their jobs properly and that the service had a positive and inclusive culture. There was a clear staff structure in place and staff were aware of their responsibilities. The registered manager welcomed feedback, led by example and was accessible to people, their families and staff.

The registered manager and staff we spoke with told us there was a culture of learning from incidents, complaints and mistakes and using that learning to improve the service. The registered manager monitored the quality of the service provided and, together with senior staff, they completed a range of audits on care plans, risk assessments and medicines. The registered manager also monitored accidents and incidents and analysed information to look for any emerging trends. For example, if there was a missed visit, plans would be put in place to ensure it did not happen again. Findings from audits were analysed and actions were taken to drive improvement through individual supervision and staff meetings.

The registered manager was aware of their duty of candour and how this was addressed in the service's everyday practice. There were comprehensive policies and procedures in place to support investigations into staff concerns, accidents and incidents. Records showed each incident was thoroughly investigated and seen as an opportunity to improve practice. Staff told us they felt able to bring any concerns of poor practice to the registered manager and that these would be investigated.

The service worked in partnership with other organisations to ensure people received 'joined-up' care, such as when more than one agency was involved in a person's care package. The registered manager liaised with the necessary professionals such as the local safeguarding team, shared information with them and involved them when needed. Any changes they suggested to practice were put in place. One social care professional commented, "The registered manager and her staff always go out of their way to attend care planning and multi-disciplinary meetings to ensure that they have the most up to date information in order to best support their service users. They are more than willing to 'look outside the box' and have supported people using the service in several difficult situations. They are flexible and creative in their approach and will always ensure that they go above and beyond for people who use their service."

The registered manager and staff understood how important it was for people to develop community links in the area. Feedback from a community healthcare who facilitated a project to reduce the social isolation of older Lesbian, Gay, Bisexual and Transgender (LGBT) people was positive. They told us, "I have worked closely with the service to develop their staff members understanding of the issues faced by older LGBT people by including them on the training course the project also offers. I was met with a very positive attitude when I approached the company to work in partnership with us. Having an on-going partnership with a company like this is very helpful."

The registered manager reviewed policies and procedures on a regular basis taking into account relevant best practice guidance available at the time. The registered manager was aware of their responsibility to report appropriately to CQC about reportable events.