

Educare Staffing Ltd

# Educare South Yorkshire

## 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 25 August 2016 and was announced. The provider was given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. This was the first inspection of the service since their registration. Educare is a domiciliary care service. They are registered to provide personal care to people in their own homes.

The home had a registered manager. 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.

There was a strong person centred and caring culture within the service. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management team and staff.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs. The provider followed a robust recruitment procedure to ensure safe recruitment. Staff were provided with appropriate training, support and supervision to help them meet people's needs. We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding of the requirements.

There were systems in place to manage risks, safeguarding matters and medication and this ensured people's safety. Although medication was not being administered to people who used the service at the time of our inspection staff were aware of the systems that were in place to follow if this changed.

People who used the service were treated with kindness and received support in a considerate way, which was tailored to their needs and preferences.

People received care and support that was responsive to their needs. Care plans provided detailed information about people so staff knew exactly how they wished to be cared for in a personalised way.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives.

## 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 from harm. Risks and safeguarding were managed well and this helped to ensure people's safety.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

### Is the service effective?

Good ●

The service was effective.

Staff were trained to enable them to meet people's needs in a person-centred way. People were supported to have access to appropriate healthcare services.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and its Code of Practice. People who used the service had given informed consent to their care and support.

### Is the service caring?

Good ●

The service was caring.

People who used the service were treated with kindness and received support, which was tailored to meet their needs and preferences.

People were involved in planning their care and people's privacy, dignity and independence was promoted and protected.

### Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

People knew how they could make a complaint about the service they received.

**Is the service well-led?**

**Good** ●

The service was well led.

Everyone we spoke with was extremely positive about the way the service was managed.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and outside agencies.

# Educare South Yorkshire

## **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.

This inspection took place on 25 August 2016 and was announced. The provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

Prior to our inspection we looked at the PIR, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Following the visit we contacted a social worker to seek their views of the service.

As part of this inspection we spoke to people who used the service, this helped us understand their experience of the service. We looked at documents and records that related to people's care, including the person's care and support plans

We spoke with two support staff, the care coordinator and the registered manager. We also looked at records relating to staff and the management of the service.

# Is the service safe?

## Our findings

We spoke with one person who used the service and they told us they felt safe and were well looked after by the staff who supported them. They told us, "I feel very safe with the staff that support me."

The care file we looked at showed that actions were taken to minimise any risks to people who used the service. The person who was using the service at the time of the inspection had assessments about all risk that were pertinent to their needs and these were reviewed when changes occurred. The assessment and risk management information was good, clear and showed the involvement of the person who used the service.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. The registered manager was aware if concerns were raised they would notify the relevant authorities and take action to ensure people were safe. The registered manager was contacting the local authority to organise the care coordinator to attend the local authority safeguarding training so staff were up to date with local procedures.

The staff we spoke with were also aware of the whistle blowing policies and procedures. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff said they would not hesitate to report any safeguarding concerns and all felt confident the registered manager would respond appropriately.

Staffing levels was determined by the commissioning authority. We saw the provider maintained the staffing levels to ensure people's needs were met and they were safe. The staffing levels were being reviewed at the time of our inspection as staff had identified that the person's needs had changed. The service had acted swiftly to ensure the person's changing needs had been identified. They had liaised with the commissioners to review this to be able to meet the person's needs. Staff we spoke with confirmed there was a good staff team and always enough staff to ensure levels were maintained.

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

At the time of our inspection no one who was using the service required support with administration of their medicines. However, staff we spoke with were aware of the providers policies if this should change. People staff supported administered their own medicines. Staff told us they had still attended medication training, they explained to us that this was so they understood any possible side effects or adverse reactions and would be able to react to ensure the person they supported was safe.

# Is the service effective?

## Our findings

People we spoke with praised the quality of the service. One person who used the service said, "Staff understand my needs and they respect my choices."

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff were also aware of the legal requirements and how this applied in practice.

We looked at the person's care plan in relation to their diet and found this included information about their dietary needs and the level of support they required. People were able to choose what they wanted to eat and the time they wanted to eat. The person we spoke with told us, "I decided when I want to eat, where I want to eat and what food I want to eat." They added, "Staff respect this, I can basically do what I want, at the times I choose, but with the help of someone else's legs and arms." They laughed and said, "We are a good team."

The person's care records showed that their day to day health needs were being met. Staff supported them to be able to access healthcare services such as dentist, GP's and hospital appointments. The person's care plans also provided evidence of effective joint working with community healthcare professionals. We saw that staff were proactive in seeking input from health care professionals.

All new staff were required to complete the Care Certificate, which is a nationally recognised programme of training for care workers. All staff underwent a formal induction period. New staff then shadowed experienced staff, until they were confident to work unsupported and the person they were to support had confidence in the new staff.

Members of staff told us they had completed qualifications in health and social care, such as the National Vocational Qualification at Levels 2 and 3. There were also opportunities for staff to take additional qualifications and for continual professional development. One staff member told us, "They are always letting us know about training that is available. I requested some additional training and it was arranged immediately."

Staff were formally supervised and appraised and confirmed to us that they were happy with the supervision and appraisal process. One staff member told us, "It is a very supportive agency." Staff supervisions made sure that staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. All staff we spoke with told us they felt very well supported by the registered manager and the care coordinator.

# Is the service caring?

## Our findings

Everyone we spoke with was very positive about the staff and the management team. The service had a stable core staff team who knew the needs of the person they supported particularly well. The continuity of staff had led to the person developing meaningful relationships with staff. The person told us, "The staff are very good, it is a good service it is like being with your mates. Staff really respect me, I am very happy with the agency."

External professionals said they were impressed with the service. They said the staff were considerate, kind and caring. They had no problems with the service provision.

The person was supported to maintain important relationships. They spent time with their family and partner, and went out with them regularly. The person said, "Staff respect my privacy when I see my partner."

From speaking to staff and people they supported it was evident they had compassion and respect for people. Staff we spoke to told us it was important to make sure that people who used the service were treated with dignity. The person we spoke with told us staff respected their choices and decisions and that staff were at all times kind, compassionate, person centred, and willing to try new things.

All staff showed concern for the person's wellbeing in a caring and meaningful way. All staff we spoke with were passionate about their role and about providing high quality care. They all knew the person who they supported very well. Staff told us they were listened to and valued by the registered manager and felt that they worked together as a good team which improved the quality of life for people they supported.

The care and support plan we looked at included evidence that the person had been involved in planning their care and support. There were records where people had recorded their support needs and the goals they wanted to achieve. The plan was kept in the person's home and included daily notes which showed what support and care had been provided. The notes were detailed and showed what care and support had been delivered in accordance with the person's assessed needs, as set out in their care and support plans. The person we spoke with told us they were always involved in reviewing and updating their care plan and their choices had been documented and were followed by staff.

Staff told us that the management team were very good and they all worked well as a team supporting each other. Staff told us, "The communication is very good we are kept informed of any changes and we all know what is happening."

People's religious, cultural and personal diversity was recognised, with their care plans outlining their backgrounds and beliefs. The person we spoke with explained to us that they liked to go to the cemetery and staff would support them to do this when they wanted. They said, "I am supported to go to mum's grave, a previous agency who supported me refused to do this. This is important to me and staff respect this."



## Is the service responsive?

### Our findings

People we spoke with told us the staff were very responsive to their needs. The person told us, "Staff are reliable, flexible and responsive to my needs." They added, "If I am out in the community or at an appointment and it is staff change over time, this is no problem as staff will come to where we are. I am not restricted by staff working times."

The person's allocated worker told us, "I know (the person they support) is very pleased with the service and their needs are met."

The staff demonstrated a good awareness of how to meet the needs of the people they supported. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people living with disabilities could live a full life involved in the community and interests.

We saw that prior to providing a service to the person a detailed care needs assessment had been carried out. This meant that the registered manager could be sure the needs of the individual would be met by the service. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to make sure personalised care was provided to people.

Records showed that people's care was reviewed regularly to ensure it met people's needs. We saw people who used the service were involved in the reviews if they wished. Staff we spoke with told us they were involved in writing care plans and ensured reviews took place with people who used the service when they were required.

There was a comprehensive complaints policy this was available to everyone who received a service. The procedure was given to people when they commenced using the service. The care coordinator was able to explain the procedure to make sure any complaints or concerns raised would be acted on to make sure people were listened to. The person they supported told us, "I have no complaints, but if I did I am very confident it would be dealt with immediately." They explained, "I keep in touch by email and these are always answered promptly, I also have on call telephone numbers so if there was any problems I could contact someone at any time of day."

## Is the service well-led?

### Our findings

At the time of our inspection the service had a registered manager who had registered with the Care Quality Commission when the service was registered in 2014. There was a clear management structure in place and staff were aware of their roles and responsibilities. All the staff we spoke with said they felt comfortable to approach any of the members of the management team.

The managers, support staff and the other professionals we spoke with told us the communication in the team was very good. One staff member said, "We are a good team and all communicate well." There were regular staff meetings arranged, to ensure good communication of any changes or new systems.

The professionals we spoke with said the service was well managed. One professional told us, "I am kept informed of any changes or concerns, there are very good records maintained, which makes it easy to review any changes, the staff are very professional, it seems a good service."

The organisational governance procedure was designed to keep the performance of the service under regular review and to learn from areas for improvement that were identified. We saw that checks were regularly carried out in all aspects of the service including areas such as care records and staff training. It was clear that timely action was taken to address any improvements required. The registered manager told us the quality monitoring systems and audits would be developed further as the service grew.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. The care coordinator regularly visited people who used the service, to ensure they were happy with the care and support provided. The person we spoke with who used the service told us, "They (care coordinator) come at least once a week so if I have any issues no matter how small they are resolved."

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.