

ECare Ltd

ECare Community

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 12 January 2017 and was announced.

ECare Community is a domiciliary care service that provides care and support to people living their own homes. The service operates in the Tendring area of Essex. At the time of our inspection there were approximately 15 people using the service.

At the time of our inspection 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.

People were safe because staff had the information needed to recognise abuse and keep people safe.

People received safe care that met their assessed needs and the provider had processes in place to manage risk.

There were sufficient staff who had been recruited safely and who had the correct skills to provide care and support in ways that people preferred.

The provider had clear systems in place to manage medicines so that people were supported to take their prescribed medicines safely.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and we found that the provider was following the MCA code of practice. The registered manager had a good understanding of the need to ensure people had the capacity to consent to their care and support.

People were supported effectively with their health needs. The registered manager supported staff to provide care that took people's wishes into account and staff understood their responsibility to treat people as individuals.

People were treated with kindness and respect by staff who knew them well. Staff respected people's choices and took their preferences into account when providing care and support.

Staff were supported by the management team to provide care that met people's needs.

The provider had systems in place to check the quality of the service and take the views of people into account to make improvements to the service. There were systems in place for people to raise concerns and there were opportunities available for people to give their feedback about 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

Staff had the information they needed to safeguard people from abuse or poor practice. There were processes to address people's concerns

There were sufficient staff who had been recruited appropriately and who had the skills to provide safe care.

Systems were in place for managing risk and for supporting people safely with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received the support and training they needed so they had the information to provide care effectively.

The provider had processes in place to support people when they lacked the capacity to make decisions.

People's health and nutritional needs were met by staff who had clear information about people's needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect and provided care and support that respected people's dignity.

People were encouraged to express their views and these were respected by staff.

Is the service responsive?

Good ●

The service was responsive

People's choices were respected and their preferences were taken into account when staff provided care and support.

There were processes in place to deal with concerns or complaints and to use the information to improve the service. People were confident their concerns would be listened to.

Is the service well-led?

The service was well led.

Staff received support through the provider's supervision processes to provide people with good care and support.

Staff worked well together as a team.

There were systems in place to monitor the quality of the service, to obtain people's views and to use their feedback to make improvements.

There was a strong management team in place and the registered manager worked closely with the provider to provide a stable leadership team.

Good ●

ECare Community

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 12 January 2017 and was announced. The provider was given 48 hours' notice because they provided a domiciliary care service and we needed to be sure that someone would be at the office to provide support with the inspection.

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience supported the inspection by carrying out the telephone interviews with people who use the service and their relatives.

Before the inspection we reviewed the information we held about the service including any safeguarding concerns and statutory notifications sent to us by the provider. Notifications include information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the visit to the agency's office we spoke with the provider and the registered manager. We also spoke with two members of staff. The Expert by Experience spoke on the telephone three people who used the service and five relatives about their views of the care provided.

We examined three sets of care records, three staff files and records related to the management of the service including rotas, training records, quality monitoring audits and information about complaints. □

Is the service safe?

Our findings

Relatives told us that they felt safe with the staff who provided their family members with care and support. They told us that support was provided from regular care staff who knew their family member well and because of this they felt confident that care was delivered safely. One relative said, "Absolutely I [feel safe]. It's usually the same people" and another said, "I am very happy with [the staff], it's usually the same carer." Another person told us, "Yes, we usually have only one worker and we trust them."

Members of staff told us that they had safeguarding training and this was confirmed by training records. Staff understood what constituted abuse or poor practice and they knew what they should do if they had any concerns about a person's safety.

A relative told us that their family member required assistance with moving and handling. They were confident that care staff supported their family member in a safe way and they had no concerns. Staff had received practical training in manual handling techniques and this was updated regularly.

People's care files contained a range of risk assessments relevant to their needs. We saw that areas of risk assessed included the person's overall health, risk of falls, mobility and risk relating to dementia. We noted that areas of risk were identified and the support required to meet the person's needs and reduce the risk were clearly set out for care workers to follow.

Some people had extensive care needs and subsequently had larger care packages. In these situations, as well as personal care, people needed care workers to carry out tasks such as shopping. The registered manager explained how they had processes in place to protect people's finances. Records were maintained of all monies spent on behalf of the person. The agency provided petty cash which was used for small items and receipts were obtained. Spending was monitored by the person's representative and the service was reimbursed.

The staff records we examined were well organised. The provider followed a recruitment process that included checks to confirm that applicants who were offered a position were suitable to provide safe care and support. We saw application forms with an employment history. The registered manager explained that any gaps in employment were explored during the interview process. There was a record of what was discussed at interview and the applicant's responses. All the documents required by regulation were in place including proof of identity and written references. Disclosure and Barring Service (DBS) checks were sought before a newly recruited member of staff commenced work. DBS checks are carried out to confirm that people are not prohibited to work with vulnerable people who require care and support. As part of their induction staff were given their own copy and signed to confirm they had received and read it. The registered manager said it was important that staff understood that they would be protected if they had concerns and raised issues of possible abuse or poor practice.

People told us that they did not have any concerns about staff turning up on time. They explained that they got a rota in advance and had regular staff so they knew who was coming. They told us the system seemed

to be effective as they did not have any missed calls. A relative said, "Even if there is the slightest delay they'll let us know."

The provider had an online system for managing and monitoring visits. Staff had to log in at the beginning of a visit and log out when they have finished. The registered manager was able to monitor visits on the system to confirm that people using the service received the full amount of time that had been agreed. They explained that they tried to be 'time conscious' as this was important to people. They got an alert if a care worker had not turned up within 15 minutes of the visit time so they could follow it up and contact the person.

A relative told us that their family member could take their medicines without assistance but, if they were away, the care worker would check that the medicines had been taken. Another relative said, "If they [staff] are there all day they'll give the medication and there are no problems."

The registered manager explained that all staff received training around medicines and before they could support someone independently they had to undergo three medicines competency assessments. We examined staff files and saw confirmation that staff had been assessed for competency in supporting people with their medicines. We also noted that further competency checks were carried out approximately three-monthly. Where people received support with their medicines, there were risk assessments in their care files and directions for staff about the support they required to take their medicines safely.

Is the service effective?

Our findings

A person told us that staff knew what they were doing. They said, "They're very good." Relatives also felt that staff had received the training they needed. One relative said, "They're very good. I know they've been trained." and another said, "They go on courses."

We saw that the service had good facilities for training staff. The manager explained that they had their own training room for delivering courses such as manual handling. Two senior members of staff had completed 'train the trainer' courses to enable them to deliver manual handling courses. A range of methods were used to deliver training to staff including an external training provider, some online training and they also incorporate modules from the care certificate. The care certificate is a set of standards that social care and health workers follow in their daily working life. It is the set of minimum standards that should be covered as part of induction training for new care workers.

We saw the records system included a tracker for training. Staff had received a range of training that included safeguarding, food hygiene, handling complaints, equality and diversity. A member of staff told us, "The training is good and it's always kept up to date. We are always informed when a manual handling update is due and when the training is planned."

Staff supervisions were carried out every one to three months according to specific staff needs. Records confirmed that issues covered included people's care packages and safeguarding processes as well as any employment issues relevant to the member of staff. The registered manager explained that face-to-face meetings were also opportunities to praise staff for good performance, which was important for staff morale. Staff also had opportunities to attend staff meetings to discuss and share good practice. The minutes of the most recent meeting confirmed that staff discussed issues including confidentiality, documentation and recording. A member of staff told us they could raise issues or concerns at any time. They said, "Any worries we can let [the management team] know. We have team meetings and can bring things up to talk about then."

Senior staff also carried out 'spot checks' as part of the supervision process. They checked on punctuality, personal appearance, knowledge and skills. The supervisor also monitored how the care worker delivered care and assessed their politeness, consideration and respect for the person using the service. The registered manager told us that they might also carry out observational checks if the person's care package needed to be reviewed or changed.

Relatives expressed satisfaction with the standard of care provided by staff and confirmed that care workers providing support for their family members understood their needs. One relative said, "They [staff] are very good. I can't fault them." and another said, "I'm alright with the quality of the care they are providing."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When 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. The registered manager and staff had a good understanding of their responsibilities under the MCA to carry out MCA assessments. The registered manager explained that they understood that people had a right to make unwise decisions and they would make sure the person understood the risks.

People told us they were consulted and their consent sought before they received any care. A relative confirmed, "Yes, it's consensual, [my family member] is happy with how [they] work." The registered manager stressed that the culture of the service was that care workers always asked for consent before they provided care and support and all staff were aware of this. People's care records contained consent forms that people had signed to say that they agreed to their plan of care. Where people did not have capacity relatives had signed on their behalf.

Where people told us that they received support with food and drink they said that they were happy with the way staff supported them. Relatives told us that when their family member needed support with meals, staff provided what they wanted and they had no issues or concerns.

We saw from one person's care records that they had a risk assessment in place relating to their specific nutritional needs. There was an action plan in place to guide staff on how to reduce nutritional risks and it also set out what outcomes were expected. Staff were able to explain how they supported people with their nutritional needs. They understood the importance of providing food that was appropriate if anyone had specific needs and gave an example of how someone was supported with a soft diet.

Staff had the necessary training to give them the knowledge they required to support people with specific health needs. Staff were able to demonstrate knowledge and understanding of people's health needs such as diabetes. There was also clear guidance in people's care plans about the support required. Staff were clear about the signs to look out for that could indicate there was a problem and if they had any concerns they sought medical input. A member of staff told us, "We work hand in hand with the district nurses. As soon as anyone is ill we contact the doctor or if we are worried we would phone the paramedics."

Is the service caring?

Our findings

People told us that staff had a caring attitude. One person said, "They always talk to me and ask me whether I'm OK." Another person said, "They are caring, the way they come in and are always cheerful." A person using the service said, "I'm very happy. They are all friendly and nice."

Relatives also made positive comments about how kind and caring the staff were. They said, "They are very helpful. They come in and do the things [my family member] needs done and they'll sit and chat with [them]." Another relative told us, "They are very caring and sing to [my family member] and chat."

People were complimentary about how care workers approached their role. One person said, "I have care two times a week. I have no trouble at all with them. They are all very, very good people. They wear the right clothing and are all kind and cheerful." Another person told us, "I'm very happy with the care they are providing. I think they are very good."

A relative told us, "Things are working very well. [My family member] usually gets the same carer and they remember what [they like]. Another relative said, "They're always on time and I would definitely recommend the service based on our experience." Staff were able to demonstrate a good understanding of people's needs, likes and dislikes.

All the relatives we spoke with were confident their family members were treated with respect. They had no concerns that people's dignity was maintained when they received care and support. A relative said, "They are very good we have no concerns." A person told us that they felt they were treated with respect. They said "By giving me control [they respect what I want]."

Relatives told us that the care packages in place helped their family members to stay as independent as possible. One person said, "Yes, the care [helps me to be independent] by giving me the confidence that there's someone there if I need them."

Staff provided whatever level of support was needed and, where possible, people were encouraged to maintain their independence. Care records identified ways for staff to encourage people's independence where appropriate. For example one person's care plan said, "I am unable to initiate or complete tasks independently but I can be encouraged to work through tasks if carers use single word instructions, gestures and physical prompts to guide my actions."

We saw feedback from relatives from the most recent family satisfaction survey and from letters sent to the service. Family members said, "We will forever be grateful to ECare and [our family member's] 'ladies' for enabling [them] to live at home in [their] last few years." Family members expressed their gratitude about how the service went above and beyond what they expected, saying, "Your efforts to get [our family member] out of hospital for end of life care went so far beyond the normal. People [staff] worked extended shifts and agreed to care at very short notice. I can't tell you what a comfort this was to us."

Is the service responsive?

Our findings

Relatives told us that they were confident staff knew their family members well and provided support the way that they preferred. A relative said, "They know what's what" and another said that care workers knew their family member's preferences, "because we have the same [regular staff]." One person who used the service said, "They know what I like."

All the people and relatives that we spoke with confirmed that someone had visited them to carry out an assessment before the service started. People said that they had been consulted and felt involved in planning their care and support.

The registered manager explained the system they used for assessing people's needs before a service commenced. They told us they recognised that it was a big thing for people to have care workers come into their home and they wanted to ensure that the process was not unduly stressful for the person or their family.

An initial assessment was carried out to get sufficient basic information so that they could assess whether they were able to meet the person's needs. Following this they met with the individual and, where appropriate, their relatives for a more in-depth discussion to get the information they needed to create a care plan that was based on the individual's needs, wishes, likes, dislikes and preferences. When the information had been assessed they "matched" the person who was to receive the service to a specific care worker and were given a chance to meet them before the care package commenced. The member of staff would visit for an hour or so to talk to the person and get a good understanding of how they wanted their care delivered.

People's care records contained detailed information about the individual that included a personal and work history. There was a clear overview of the person's care needs and this was written from the person's point of view.

People confirmed that their care was reviewed and they felt involved in the process. They told us that someone came out to carry out reviews of their care package and they were satisfied with the care they received. The registered manager explained that reviews were flagged up on their system if there had been any changes made to the care plans. They were also routinely reviewed every six months.

Relatives confirmed that their family members were provided with choices wherever practical. One relative said, "Yes, they do [get choices] as much as possible."

People told us that they knew who to contact if they had any issues about the service or if they had concerns. They told us that they had received details in the information supplied by the provider when the service commenced. They confirmed they had always been able to get in touch with someone if they needed to.

People knew how to make a formal complaint and told us they would be comfortable doing this if the situation arose. A relative told us they had contacted the provider about something to do with a member of the care team and they were happy with how it had been dealt with. We examined the provider's concerns and complaints procedures. We noted that there was one recorded complaint that had been addressed appropriately by following their processes. Disciplinary action was taken and the person raising the issue was satisfied with the outcome.

A person told us, "Before they [staff] leave they always ask if there's anything else they can do for me. I've no complaints at all."

Is the service well-led?

Our findings

Relatives all made positive comments about how the service was managed. They said, "As far as we are concerned it is [well managed]" and "It seems to be." One relative said that they appreciated the fact that it was a local service and more personal than big organisations. A relative stated in a family satisfaction survey, "We would recommend you unreservedly as a care agency."

Staff were also complimentary about how the service was managed and they felt well supported by the management team. A member of staff said, "They treat me well. You can use your initiative. I am able to give my opinion and feel I'm listened to openly." Staff also valued the culture and ethos of the service in the way people using the service as well as workers were treated. A member of staff said, "It is a bit like a family but professional too."

The provider made resources available for the effective running of the service. There were electronic systems to monitor when staff made visits. Staff told us that there was always sufficient personal protective equipment available such as disposable gloves. A member of staff stated, "A fantastic company to work for."

All the people we spoke with and their relatives confirmed that they had opportunities to provide feedback. They said that they had received surveys to complete and nobody thought that there were any issues that they felt needed to be improved. We examined the most recently completed family satisfaction surveys and found positive and complimentary comments from relatives about the service their family member received. Comments from relatives spoken with were also positive about the overall quality of the service. They said, "If we weren't [happy] we'd go somewhere else" and "This is heaven compared to what we had before." Relatives told us they chose the service and were quite happy with it, "We wouldn't be with them if we weren't satisfied."

The registered manager explained that they wanted the training to reflect the culture of the service and the importance of personal, person-centred and individual care. To strengthen that culture they used observational tools to monitor staff through a period of shadowing when they were new starters. By monitoring interactions and behaviours, this helped establish the culture and values of the service.

The management team visited people using the service and their relatives to give them opportunities to feedback in person. The registered manager said that they would phone first and ask if it was convenient, then they would pop in for a chat to find out if people were happy or if there was anything they could do to improve. The director also made courtesy calls to people using the service and at times like Easter and Christmas took people a gift.