

Executive 2000 Recruitment Ltd

E2K Care

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: E2K Care is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection there were 48 people using the service.

People's experience of using this service:

Feedback from people and relatives was positive. They appreciated the continuity of care from regular staff. People told us staff never missed a call and, on the occasion that staff were later than normal, they were notified. This provided confidence in the service.

People told us staff were respectful, always treated them with dignity and were polite. A good feature of the service was that people were provided with a Service User Handbook containing information about the service, as well as photographs and names of all the staff employed by the service. Additionally, when new staff were recruited, people were sent a newsletter introducing the staff with photographs and names, which provided people with current information.

Satisfaction surveys were carried out for people, relatives and staff. The outcomes from these surveys were reviewed by the registered manager. The newsletter was one example of the service responding to feedback from the people, as they wanted to know when new staff were employed. This highlighted that the registered manager listened to the people using the service.

Care plans were comprehensive and person-centred, with a separate book for day to day entries made by staff. The registered manager conducted regular audits of the records, which ensured they were completed accurately. Staff received regular observational supervisions by the registered manager in people's homes, which provided people with an opportunity to speak directly to the registered manager.

People felt safe and staff had a good knowledge of how to keep people safe from harm. Relatives told us staff always contacted them if there were any concerns. People confirmed they were confident staff would refer them to appropriate healthcare professionals if required, such as the GP if the person was unwell. Medicines were managed and recorded appropriately. People confirmed staff adhered to safe infection control practices by using gloves and aprons to prevent cross infection.

Rating at last inspection: Good (report published 18 October 2016)

Why we inspected: This was a scheduled inspection based on the previous rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remained Good
Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good
Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good
Details are in our Well-led findings below.

E2K Care

Detailed findings

Background to this inspection

The 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector completed the inspection

Service and service type:

E2K Care is a domiciliary care agency providing personal care to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

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 activity started and ended on 25 April 2019. This included visiting the office location to speak with the registered manager, interview staff and review care records and policies and procedures. After our initial visit we then contacted people, relatives, staff and professionals by telephone or email to obtain feedback on 29 and 30 April 2019.

What we did:

Prior to the inspection we reviewed information we held about the service including statutory notifications which included information the provider is required to send us by law. We also looked at the Provider Information Return (PIR). The PIR gives us information about what the services does well and any planned improvements.

During the inspection we spoke with the registered manager and office administrator. We looked at six people's care records including medication administration records and daily notes. We reviewed six staff personnel recruitment files, including supervision and training records. Documentation about the management of the service was looked at including policies, quality audits, satisfaction surveys, complaints and compliments.

After the inspection, we spoke with seven people who used the service, three relatives, four care staff, one professional and written feedback from one other professional.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good knowledge of safeguarding and whistleblowing procedures, and how to report allegations of abuse.
- Staff received training on safeguarding of vulnerable adults, which was updated annually.
- One relative told us, "I feel [relative] is safe. I'm confident that the registered manager would deal with any concerns."
- The registered manager worked alongside staff to supervise and monitor the care given, which ensured standards were maintained.
- The registered manager completed spot checks, which provided people and relatives with an opportunity to speak directly to the registered manager about any concerns and to observe staff's practice.

Assessing risk, safety monitoring and management

- Care plans contained risk assessments relating to the environment and personal care, including mobility, medication, allergies and everyday tasks.
- Personal Emergency Evacuation Plan (PEEP) for assessing fire safety risks were completed for each person.
- Specific areas of responsibility were assigned to individual Team Leaders, and these were audited monthly. The registered manager had oversight of all audits for monitoring and analysing.
- Staff had summer and winter uniforms and carried photographic identification badges. People confirmed staff wore identification badges and uniform when they visited.
- The Service User Handbook had an entry page with photographs and names of all staff, which provided people with confirmation of the identity of visiting staff.

Staffing and recruitment

- Safe recruitment procedures were followed. Staff files were organised with an index providing clear auditing of records, which ensured all documentation was in place prior to employment.
- The registered manager told us it was the provider's policy that care would be provided within a 30-minute window either side of the agreed visit time.
- People told us staff were usually on time and on occasions if they were later than planned, they were informed by telephone. One person told us, "They [staff] are more or less on time, never missed a call, never let me down."
- Staffing levels were determined by the needs of the people. Staff confirmed there were enough staff to deliver care to the people using the service.

Using medicines safely

- People told us staff assisted them to take their medicines safely. We checked the medication administration records (MAR) and they had been completed accurately, demonstrating that people were

taking their medicines as prescribed.

- Records showed staff received medication administration training.
- Observation supervisions were undertaken by the registered manager as part of their quality audit monitoring. Observational supervisions were carried out to monitor staff competency in practice, and to identify if their knowledge or skills needed to be improved.

Preventing and controlling infection

- Staff told us they were supplied with gloves, aprons and plastic shower overshoes to be used to prevent cross infection.
- People spoken with confirmed staff used gloves and aprons when providing personal care.
- Records showed staff had received infection control training.

Learning lessons when things go wrong

- Surveys from people said they did not know when new staff were employed. The registered manager told us they now send out newsletters to people with the photograph and name of new staff. This ensures people are aware of changes when new staff visited them.

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

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

- An initial comprehensive assessment was carried out by the registered manager and other senior personnel. The care needs required were agreed with the person using the service.
- The care plan included detailed instructions for each area of care to be delivered, with an additional one-page profile which showed an overview of the person's care needs. This provided staff with a comprehensive guide to ensure continuity of care.
- People told us they were involved in their care planning and the staff were flexible when changes to the care delivery were required. For example, one person told us, that when they had an appointment relating to their health on the same day staff were due to visit, the service changed their visit day. This ensured the person still had their visit that week. The person said, "They changed the day they usually came, and I didn't lose out. They are flexible, that brings a difference to your life."

Staff support: induction, training, skills and experience

- The service had an induction programme for new staff. This included online training for mandatory subjects, practical training for moving and handling, and shadowing experienced staff. At the end of the training period, observations were undertaken by the registered manager to assure themselves the staff member was competent to undertake their role.
- Staff were given a welcome pack when they joined the service providing useful information about their employment. Staff had access to policies and procedures through an on-line system.
- New staff completed the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care.
- Staff were encouraged and supported to undertake care qualifications. Care staff had achieved or were undertaking Level 2 or 3 Qualification and Credit Framework (QCF) and some Senior Team Leaders, were completing Level 5 (QCF)
- Refresher training was conducted annually for certain topics, together with competency observations undertaken by senior staff. Appraisal and regular supervisions for staff were carried out.
- Training for additional health topics were arranged as required. This meant that if a person had a diagnosis of a condition which staff required further training on, then this was arranged, for example, stoma care.
- People told us, "Staff know what they are doing", and, "Staff are skilled."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink, and staff monitored people at risk of malnutrition and dehydration. One person told us, "They [staff] help me prepare my meal and they [staff] always wash up after."
- Care plans contained guidance for staff on correct temperature and storage information for different food

items providing good food safety.

- Daily notes showed staff recorded what food and drink they prepared for the people at each visit. One relative told us, "They [staff] always turn up, [relative] has four visits per day, breakfast, lunch, tea and bedtime. I don't have to go around, I know they will be there to care."

Staff working with other agencies to provide consistent, effective, timely care.

- The service worked closely with other agencies, including the district nursing team, GP, social workers and continuing health care team.
- A professional told us of their experience of the service in relation to one person. The professional said, "The person received exemplary service from the agency. The communication between myself/agency and family was 100% commitment. They [staff] went over and above to support the person."
- One person said they were confident if they were not feeling well, staff would contact the appropriate professional such as the GP, for them.

Adapting service, design, decoration to meet people's needs

- Initial environmental and personal needs assessments, and monthly reviews identified any areas where additional support from other professionals would assist with care needs.
- The service worked closely with the local Fire Service and arranged for them to carry out fire risk assessments in people's homes if the person agreed. We were told this was a free service and recommendations on fire safety were made.

Supporting people to live healthier lives, access healthcare services and support

- Records showed the service worked with other agencies to promote people's health such as the community matron, mental health team, chiropodist and speech and language team.
- The service worked closely with other health professionals to enable people to have access to treatment and advice. For example, referral to the occupational therapist to support with their mobility.

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

- Mental capacity assessments were carried out during people's care needs assessment to ascertain whether they had capacity to make day to day decisions related to their care.
- 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.
- We looked at the care plan of one person who required a mental capacity assessment on a specific area of care. We discussed with the registered manager how the service worked with health professionals to enable decisions to be made in relation to MCA and risk assessments.
- People confirmed they were involved in their care planning needs. One person told us, "They [staff] listen to what you want, they get to know you."

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

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 told us staff were caring. One person said, "I know them [staff] all and they treat me with a respect." Another person told us, "I find them [staff] very kind, patient with a sense of humour. They [staff] are always respectful."
- A relative told us, "They [staff] are wonderful, all lovely girls." Another relative said, "They [staff] are very good, they always ring if there is anything. They were excellent from day one."
- One professional told us they had found the service supportive to people using the service.
- Staff told us they had enough time with each person and were all aware of how to refer people to professionals if required, for example the district nurse.

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

- Satisfaction surveys provided people and relatives with an opportunity to express their views of the service. The feedback was reviewed by the registered manager and comments responded to, for example the introduction of the newsletter.
- People confirmed they were involved in decision making in relation to their care planning needs. Care plans confirmed people were involved and gave their consent to care.
- People's spiritual and cultural needs were documented including support and advocacy. Advocacy seeks to ensure vulnerable people have their voice heard on issues that are important to them.
- One person told us they had a concern on one occasion, however this was raised with the registered manager and resolved.
- One person said, "I feel they [staff] are part of my family, they go the extra mile, no complaints."

Respecting and promoting people's privacy, dignity and independence

- All people spoken with confirmed they were treated with respect and in a dignified manner. One person told us, "Staff are always polite." Another commented, "I have no complaints about anything, staff promote my independence and only do what I want".
- In the compliments folder there were compliment cards which read, "The staff were professional and went the extra mile", "Thank you for the wonderful care you are all giving to [relative]", "Thank you for making [relative] life more comfortable", and, "Thank the ladies who looked after my [relative]."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were comprehensive and person-centred. These included life histories and personal and social care needs.
- One professional told us one person under their care had used the service. The professional provided staff with reablement guidance to follow prior to the next review meeting with the professional. The professional said they were very impressed with the progress the person had achieved and the level of staff commitment. The professional confirmed communication with the service was excellent.
- The registered manager said they had advocacy meetings with people and their relatives. They also kept in touch with relatives that lived out of area through telephone calls and emails.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to complaints and concerns, and we saw that past concerns had been dealt with appropriately.
- The Service User Handbook informed people and their relatives on how to raise a complaint or concern and included contact details of the CQC, local authority and the ombudsman.
- People and relatives told us they would ring the office if they had any concerns or complaints and were confident that these would be dealt with.

End of life care and support

- The registered manager told us the service provided appropriate care for people who were end of life and worked with the community matron who supported staff with the person's care needs. At the time of inspection, no one was being supported with end of life and palliative care.
- One staff member told us, "End of life care is good, staff are committed to the care of the person and their family. Training given relates to supporting the family."
- A compliment card from a relative read, "Thank you so much for your card and sympathy, the care you all provided was wonderful, I am so grateful."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- An initial assessment of people's needs was carried out by the registered manager. The care plans were then reviewed monthly or more often if necessary. Any areas of assistance that were identified were referred to the relevant professionals, such as the district nurse or occupational therapist.
- People knew the name of the registered manager and were familiar with their visits for spot checks and staff observational supervisions.
- One person confirmed they had two books, one that gave guidance on the care required and the other where staff documented the care provided. Past examples of these records were seen.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was enthusiastic and compassionate, and led by example through working alongside staff.
- There were three senior team leaders who were each allocated a specific role of responsibility. This provided development opportunities for the team leaders and ensured continuity of standards of care.
- Speaking to staff they told us, "The registered manager sorts out any problems, the service goes above and beyond, there is a lot of respect for the clients", "The manager is 100% supportive, approachable, we are like a little family, help each other", "Good company to work for" and, "The company is amazing."
- Staff meetings were conducted regularly, and minutes of these meetings were provided for each staff member.

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

- The service engaged with people through satisfaction surveys which were reviewed by the registered manager.
- The registered manager told us they had a good rapport with people and their families. Some families live a long distance away and when a relative asked if someone could take their [relative] shopping, the registered manager obliged as an addition to the service already provided. Another example was the collection of medicines from the pharmacy by a senior staff member when a relative was unable to collect them. This showed person-centred flexible care.

Continuous learning and improving care

- The staff survey showed staff preferred face to face training rather than online for some subjects. In

response to this, senior staff undertook train the trainer courses to enable them to teach subjects such as moving and handling in-house. There are plans to develop the training provision so more courses can be conducted in-house.

- Staff told us, "Training is good, we now have face-to-face training, which we asked for."
- The service had introduced an encrypted mobile phone messaging system for the staff, which enabled effective communication and information sharing. Staff said this was a positive step, as it ensured they were informed of any change of practice.
- We discussed with the registered manager the use of varying types of technology available to be used in people's homes to keep them safe. The use of technology had been raised for one person as they lived alone and their relative wanted to keep the person safe. We referred the provider to the CQC guidance on the use of surveillance technology.

We recommend the provider seek advice and guidance on the use of technology in relation to protocols and legislation.

Working in partnership with others

- The service worked closely with the social work team and the local authority. A recent quality visit from the local authority advised on some additional documentation to be introduced, which the service had implemented.
- One professional told us, "When I know they (E2K Care) are the agency involved I know without fail at the onset that there will be honesty and reliability."