

EPR Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

EPR Services Ltd is a domiciliary care agency registered to provide personal care. At the time of the inspection, one person was receiving support with personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Initial assessment of needs were completed before people started using the service. Risks assessments ensured potential risks to people were identified and guidance put in place so that staff knew how to keep people safe. The provider's policies, such as adult safeguarding and whistleblowing helped ensure staff knew how to report incidents of abuse. The service had a robust staff recruitment system for checking staff were safe to work with people and had the necessary skills and training to provide personal care.

Staff were supported and were happy to work at the service. There were enough staff and relatives felt that staff were caring.

Care plans were person-centred, and people and relatives were involved in developing and reviewing them. People's communication needs were detailed in their care plans. Care plans also detailed people's preferences of support, for example, gender of care staff, and supported to practise their faith. Staff understood equality and diversity and ensured people's privacy and dignity was respected.

Where needed, staff supported people with medicines, accessing health care and preparing meals. The provider recorded and reviewed complaints, incidents and accidents and used auditing systems which helped learn lessons and improve the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's consent was sought when care was provided.

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

Rating at last inspection

This service was registered with us on 27 October 2020 and this is the first inspection.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below

EPR Services Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 27 May 2022 and ended on 30 May 2022. We visited the location's office on 30 May 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection.

During the inspection, we spoke with a relative, a member of staff, the registered manager and the director of the service. We reviewed one person's care file, one staff file and the provider's policies, procedures and documents relating to management, such as audits and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. A relative told us, "I feel [person] is safe."
- The service had processes in place to minimise the risk of abuse. The provider's adult safeguarding policy was up to date and staff knew how to report incidents of abuse.

Staffing and recruitment

- The service had enough staff. The registered manager told us they had no problems recruiting staff.
- Staff recruitment and induction training processes promoted safety. Pre-employment checks for staff such as completion of application forms, interviews, proof of identity, criminal record checks and their right to work in the UK had been carried out.

Assessing risk, safety monitoring and management

- Risk assessments were completed for people to ensure they received safe care.
- Risk assessments were detailed and included people's personal situations and healthcare needs. These included risks such as those relating to dehydration, mobility and skin care.
- Guidance on how to manage the risks were detailed in the risk assessments. This included information for staff on what actions to take to manage risks to people.

Using medicines safely

- The person who used the service had a private arrangement for managing their medicines. Where additional support with managing medicines was required, this was detailed in care plans to ensure medicines were administered.
- Staff had completed training in medicine administration. The provider had a medicine's policy in place.
- There was a system in place for auditing medicines. The registered manager told us they audited medicines during spot checks, which they carried out regularly.

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents. There was a policy on recording and managing incidents.
- There were no incidents and accidents recorded since the service was registered with the CQC. The registered manager knew that all incidents and accidents needed to be recorded and investigated so that lessons were learnt to prevent recurrence.

Preventing and controlling infection

- There were systems in place to reduce the risk and spread of infections. Staff had received training on infection control.
- Staff told us they had access to personal protective equipment (PPE) such as masks, gloves and sanitisers and used this when supporting people with personal care.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to provide effective care. This included training in mental health, dementia, learning disability, basic food hygiene, first aid, epilepsy awareness, and moving and handling.□
- The service had a training matrix which detailed the training programmes staff had completed and were due to undertake. A member of staff told us, "I have attended lots of training. I am currently doing a health and social care course to obtain [a qualification]." A relative told us, "Most of the staff are excellent." However, the relative told us that there was one occasion where they had to report to the registered manager about their dissatisfaction with the performance of a member of staff. We were told by the relative that the registered manager took prompt and satisfactory action to address this concern.
- Staff received regular supervisions and support. A member of staff told us, "Yes, I have supervision. The manager is very supportive and I can talk to them about anything." Records confirmed that regular supervision of staff had taken place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments of needs had been completed to ensure people received care and support that met their needs. The initial assessments were completed with people and their representatives. This ensured people's needs and choices were identified and the service was able to provide them with appropriate care.
- Regular reviews of people's needs were undertaken to identify and meet people's current needs. A relative told us they that they were involved in the review of assessments. This ensured that the care people received was relevant to their needs and was effective.

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

- Care plans detailed the level of support people needed with meals or drinks. People had their own arrangements for shopping of food.
- Staff supported people to eat and drink and supported to maintain a balanced diet. A relative said, "[Person] eats well. [Person] is not fussy."

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

- People had access to health services to ensure they were in the best of health.
- Staff knew who to contact if people needed medical support. Contact details of health care professionals such as GPs were included in care plans, so staff could contact them if people did not feel well.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to obtain consent from people to provide care and support.
- Staff had received training on the MCA. Staff told us that they always request people's consent before doing any tasks. One person told us they made decisions for themselves. They said, "I instruct staff [about what they do for me]."

Is the service caring?

Our findings

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

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

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

- Staff treated and supported people well. One relative said, "Staff are caring and respectful."
- Staff had developed good relationships with people. People were supported by staff who knew them well. A relative told us, "[Person] has a live-in service; the same staff supports continuously for a number of weeks, which means [person] builds good relationships with them."
- Equality and diversity needs were detailed in care plans. For example, the care plan detailed how staff should support person with practising their faith. Staff told us and records confirmed that the person was supported to practise their faith as detailed in their care plan.

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

- People were supported to express their views and be involved in making decisions about their care. We noted staff worked closely with relatives to support people to express their views and to be involved in their care.
- Staff supported people to make choices. One staff member said, "[Person] makes decisions. I follow care plan; I do not decide for [person]."
- Care plans detailed how people should be enabled to express their views. For example, a care plan stated, "Staff must face me when talking to me otherwise I will not be able to [understand them and make informed decisions]." This provided guidance for staff to support people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knew how to ensure people's privacy was respected when providing personal care. One member of staff told us, "I shut the bathroom [when supporting person with personal care]."
- Staff understood people's personal information was private and confidential. A member of staff said, "Documents are kept securely and confidential. Not to discuss personal information with other bodies."
- Staff supported people to be independent. A member of staff said, "I encourage and supervise [person] to do things by themselves."

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in developing care plans. A relative said, "[Staff] and I have talked through [care plan]." This helped ensure care was based on people's choices and preferences.
- Care plans were person-centred and people had control over when and how to be supported. For example, one person's care plan stated, "I prefer to have female carers to support me."
- Care plans were regularly reviewed. This ensured changes in people's needs were identified and appropriate support was provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans, and these helped staff understand the best ways to communicate effectively with people. One person's care plan stated, "I prefer staff to communicate with me using the eraser board so that I clearly understand what I am being told." Staff and a relative confirmed that an eraser board was used as a means of communication with the person.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. We noted that the provider had received and responded to one complaint.
- A relative told us they knew how to make a complaint.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clear management structure in place and staff understood who they had to report to.
- The provider had an open and positive culture to help achieve good outcomes for people. A relative told us how staff kept them informed of a person's wellbeing. They said, "I live too far from [person] to make day to day decisions, I require carers to make judgements about [person's] health on a daily basis."
- People's care was tailored to their needs. This ensured that people received care that met their needs.
- The registered manager was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff sought feedback from people and relatives. A relative told us that from time to time staff asked how they felt about the service. For example, a relative wrote, "On the whole, I would say that your company has provided a good service in what has been a trying time [due to the pandemic]."
- The registered manager sought feedback from staff. We noted that the registered manager and staff discussed issues relating to care and training. This provided staff with an opportunity to share their views and influence aspects of the service.
- People's background information such as their beliefs and how they preferred to be supported were recorded in their care plans. This ensured that equality characteristics were taken into account in the provision of care.
- The registered manager was aware of the need to put in place a formal quality assurance system. The registered manager told us that, when the service expanded, they would develop and use a survey questionnaire for all the stakeholders to give their views about the quality of the service.
- The registered manager updated their policies and procedures. This ensured they followed the latest care policy and practice when delivering personal care.

Working in partnership with others:

- The service worked in partnership with health and social care professionals when needed to ensure people received care and support that met their needs.