

EPNP Ltd

EPNP Limited Home Help Chesterfield

Inspection report

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16 May 2019

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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: EPNP Limited Home Help Chesterfield is a domiciliary care provider. It provides personal care for people living in their own homes so that they can live as independently as possible. Care Quality Commission (CQC) regulates the personal care and support. There were seven people using the regulated services at the time of our inspection.

People's experience of using this service:

People received care that was consistently safe, from staff who knew them well. Potential risks to people's health, safety and wellbeing had been assessed and were monitored to help reduce any risks to keep people safe. Support planning was comprehensive and involved the person and any professionals required. The information was kept updated and reviewed according to changing circumstances.

People were supported to have maximum choice and control of their lives. Staff listened to people and organised care in an effective way which met their needs and promoted a good quality of life. Staff understood the importance of this for people. People's views about their support had been considered and were used to make changes to the service and to drive improvement.

People's diverse needs had been assessed and were personalised to meet their desired outcomes. People felt the staff were very caring, compassionate and flexible to their needs and said they felt involved in their care. Staff were considerate to the people they cared for. The provider was passionate about providing person centred care to people living in the local area.

People were asked their views and changes were made quickly if issues were identified. People were supported safely, and any risks were assessed and met. Where this was included as part of their care, medicines were safely managed by trained staff.

The service was managed in a responsive way to support people's changing needs. There was good oversight by the management team and all aspects of the service were monitored; with a view to developing the service. A range of management checks were in place to raise standards, with auditing of staff care practice and competency, and to ensure people's safety when they received care.

Rating at last inspection: This was the first inspection for EPNP Limited Home Help Chesterfield since their registration in February 2018.

Why we inspected: This was a planned full comprehensive inspection to ensure that the service was meeting the regulations of the Health and Social Care Act 2008 and CQC.

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 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.

EPNP Limited Home Help Chesterfield

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:

The inspection was completed by a single inspector.

Service and service type:

EPNP is a domiciliary care service, providing personal care and support to people living in their own homes. CQC regulates the personal care provided.

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:

The inspection was announced. We gave the service five days' notice of the inspection site visits; because it is small, and we needed to ensure the manager and care staff were available to speak to us; and peoples consent was obtained for us to speak with them, or their relative about their care experience.

What we did:

We reviewed the information we had about the service, including notifications and any responses we had sent to people who had knowledge of the service.

Prior to the inspection, the registered manager had sent us a provider information return, giving us

information about the service. This is information we ask the provider to send us at least annually to give some key information about the service, what the service does well and any improvements they plan to make.

The inspection site visit activity started on 14 May 2019 and ended on 16 May 2019. We used a range of different methods to help us understand people's experiences. On 14 May we spoke with three people in their own homes and contacted one person and two relatives by telephone. We visited people being supported in their own homes alongside staff and we looked at people's care and support plans, medication records and risk assessments. We visited the office location on 16 May 2019 and spoke with the director, the registered manager and three staff; and to look at a range of records. This included the management checks of the quality and safety of people's care; two staff record files and policies and procedures.

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

- People were consistently safe and protected from abuse, avoidable harm, bullying or harassment. People felt safe being supported and one person told us, "I feel completely safe at home. I know the staff support me to remain here safely." Another person told us, "I feel very safe with the care, the director checks with me regularly to make sure things are okay."
- Staff had been trained in safeguarding and how to recognise the signs of abuse. Staff told us the provider encouraged them to raise any concerns and they felt comfortable in the knowledge that it would be acted upon. A staff member said, "I would ring straight away and let the office know there was a problem, I know help would be there."
- People felt confident to report any safety concerns and that the staff were respectful of their safety and their property. One person told us, "I would feel comfortable in contacting the office if I had any concern. The staff always make sure my door is locked when they leave."
- We saw the provider had effective safeguarding systems, policies and procedures in place, including a lone working policy for staff.

Assessing risk, safety monitoring and management

- Support was delivered in ways that supported people's safety and welfare. Assessments were in place to identify any risks from people's healthcare needs, their environment and any equipment required for their health condition. Assessments were descriptive and had detailed instructions for staff actions, such as how many staff should be required to fulfil tasks. People and relatives told us they felt safe with the staff. One person said, "I need two staff, there is always two of them to help me."
- Staff understood the care steps to follow to help to reduce any risks to people's safety, and to help them live well at home. For example, a relative told us, "They make sure they are safe, they know they tend to overdo it. They help them to complete tasks because they know they would hate it if someone just told them to stop."
- Staff had a consistent and reliable handover method when attending calls which involved reading the daily communication log. If there were significant changes, a review of the care would be held and changed information cascaded to all staff. This meant that staff were fully aware of any changes in people's care needs.
- The provider had a proactive approach to monitoring their service. They told us they completed regular 'spot checks' when they got feedback from the people and obtained recent paperwork to check for accuracy and consistency of information recorded by the staff.

Staffing and recruitment

- There were enough staff available to meet the needs of the persons using this service.

- People told us staff were punctual and always stayed for the allotted time. If staff were delayed, people told us they were contacted by telephone for further updates.
- Staff were recruited safely, and we saw checks had been completed prior to employment including the taking up of references and use of checks with police. This helped to ensure only people of suitable character were employed to work with people.
- The provider told us that they always ensure people using the service, met their care staff before they start supporting them. People also confirmed that new staff were introduced by an existing staff member, to support continuity of care.

Using medicines safely

- Where people used medicines as part of their care support, these were managed safely with good standards which followed national guidelines. People confirmed that they were receiving their medication when they should. Where people were being supported to do this independently, we saw risk assessments were in place to ensure this remained safe.
- We saw medicine administration records were completed fully by staff for each administration.
- Staff understood the procedures for medicine support and told us of their training and competency assessments. One staff told us, "We have the training and then we are assessed so that we can demonstrate we can do this safely." Staff training records also demonstrated this practice was up to date.

Preventing and controlling infection

- People were protected from controlling the spread of any infection. Staff had access to and were seen to wear personal protective clothing (PPE) when required. For example, the use of disposable gloves and aprons.
- Staff told us they had training in infection control and that they were able to obtain any PPE if it was required.

Learning lessons when things go wrong

- Staff knew how to report accidents or incidents,, they told us they were able to call the office or the on call for support at any time. One person said how much they appreciated this, knowing additional support was always available.
- Contingency plans were in place to ensure the service was able to continue even in adverse weather. The provider told us how they had assessed which services for people were critical, in order that these were prioritised in such events.

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

- People's needs were assessed, and a care plan was drawn up before people received a service. Any staff which would be involved, were introduced to the person before providing their care.
- Assessments of people's needs included protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was recorded. This is important information to ensure people do not experience any discrimination.

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well and understood how to support them. Staff told us they had comprehensive periods of induction when they were started working in the service. This meant they shadowed existing workers and were supervised when initially working with people. All the staff we spoke to, felt well supported by the management to develop the knowledge and skills to carry out their roles effectively.
- There was a comprehensive training scheme where staff could complete all mandatory training. There were also courses on specialist areas available depending on the people's needs. One staff member told us they felt it was, "Vitaly important for improving care standards that we are continuously learning."

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

- EPNP Limited Home Help Chesterfield offered support to prepare meals and drinks where people needed it as part of the overall care package.
- Staff had the skills to support people with shopping, and they were trained in nutrition and hydration and the importance of keeping healthy and maintaining a balanced diet. We saw people received the support they needed.

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

- Staff told us they were confident to support people who needed additional support to access healthcare services when required. Records showed that there were plans in place to promote and support people's health and well being when required. One staff told us they would ask for advice as soon as they noted any changes in a person's health status, which was in line with the recommendations written of the involved professional for that person.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of those who may lack the mental capacity to do so for themselves. The Act requires as far as possible, people make their

own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interest and as least restrictive as possible. People can only be deprived of their liberty in the community by the Court of Protection.

- The registered manager and staff had received training and understood how to support people to make decisions where they lacked capacity.
- People's consent for care was sought and recorded in their care plan. We saw staff offering choices to people and waiting for a response. People told us staff were willing to go above and beyond. One person said, "I have never felt rushed, they listen to what I tell them to do which is most important to 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

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 were very positive about the staff's caring attitude towards them. One person said, "They always explain everything to me." A relative told us, "The staff really respect the house and items in it, which is important because [Name] is very house proud." This was a consistent positive response from people when asked about the caring attitude of the staff.
- Staff had established friendly, positive relationships with people. People repeatedly told us they saw their staff more like 'family or friends', and we were told by several people or their relatives when staff had 'gone that extra mile' when staying over time, or by calling for additional shopping in their own time.

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

- People were involved in their care; they received informal opportunities to express their views and direct how they wanted to receive their care. One person told us they felt that the staff offered very personalised care. They had been involved in their care planning and said they were always made to feel they could be involved in their care and to suggest when changes may be required. This helped that person feel their opinions and wishes were valued by the staff.
- Support plans reflected the views of the people and their wishes about care and support and any other activities they wanted to be involved with.
- The registered manager had awareness of advocacy services available if people needed independent support to help them express their views.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by the staff who supported them with their care. We saw polite and friendly interactions with people from all staff. They were able to have conversations which demonstrated they knew people and their interests well, and this included being able to discuss wider family or local events with people.
- Staff were highly motivated and keen to support people who in turn, valued the relationship they had with staff. One person showed us an email they had sent to the service, expressing their thanks for the staff who were, "Kind, courteous and hardworking." Another person told us how impressed they were with the staff routine to support them.

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

- People were encouraged to contribute to their assessment and care plans from the beginning. Some people we spoke to had been very involved and enjoyed being able to participate in this way. We saw information was checked on visits and reported to the office when needed. Staff told us they were informed through face to face meetings, or by telephone calls when changes were made.
- Support plans identified people's preferred communication methods if needed; sometimes through easy read formats or being sent to relatives. This helped to ensure information was in line with the Accessible Information Standard (AIS). The AIS is a framework making a legal requirement for all providers to ensure people with a disability, or sensory loss can access and understand information. Staff were knowledgeable about the people they provided care for and knew their likes and dislikes.
- The registered manager told us they always met people first, to complete an assessment of needs before starting. They told us it was important to maintain this personal aspect, and they will maintain this as a priority as they grow as a company.

Improving care quality in response to complaints or concerns

- People we spoke with had not raised any major concerns but told us they knew who they would speak to if they had a problem. One person told us, that although they hadn't had to complain they have had to ring the office and were very happy with the response. They said, "As it is a smaller firm it's more personal; you know exactly who you need to speak to and get a really positive outcome." Another person told us, "They do everything well, I have no complaints in any department."
- There was a complaints process in place and a copy given to all people using the service, this was available in an accessible format if required. No official complaints had been received. The provider discussed how these could be managed and ways they could promote raising concerns, along with dealing with compliments, or complaints.

End of life care and support

- At the time of the inspection no one was receiving end of life care from the provider, however they told us they had previously provided this level of care with the support of community healthcare professionals and we saw a recent thank-you card in relation to this type of support.

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

- The registered manager had a clear presence and led by example. They were aware of their responsibilities about reporting significant events to us and to other outside agencies.
- The registered manager told us it was important that people received, "Holistic, high quality, person centred care from a small core staff group." They reported that people's needs were all different, but that delivering care where people were 'well looked after' was paramount.
- Staff felt very supported by the management structure. One staff member said, "It's a really good place to work, all the staff support one another." Staff demonstrated commitment to providing good quality care and spoke about the satisfaction they gained in their roles.

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

- There was a registered manager in post. We saw open, honest, skilled leadership and staff we spoke with said the management were very approachable and they felt listened to.
- There was a clear management structure and an on-call rota in place, which gave clear lines of responsibility and accountability. Staff told us this supported them as they could always access support.
- The provider completed a range of audits on a regular basis to identify and manage any risks to the quality of care; these included monitoring care plans and risk assessments and medication audits as well as competency checks. We saw that when required actions were identified these had been addressed to bring about improvements. The provider continued to undertake their own quality monitoring to drive improvements.
- The provider advised that they were hoping to grow the company to provide a wider service for people but were determined to do this in a controlled, and well managed way, in order that the quality of care provision would not be impeded.

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

- People and staff were encouraged to contribute their views on an ongoing basis through informal or formal discussions; there were questionnaires to complete yearly or by people at the end of a period of care. Auditing of these reflected people's experiences and views. This meant people's voices could be heard and any feedback considered and responded to.
- Staff meetings were held on a regular basis and staff were encouraged to call in to the office.

- We saw staff minutes were shared with those who were not able to attend, and staff told us they felt listened to and were comfortable to speak up which demonstrates commitment to developing a strong staff culture.

Working in partnership with others

- Partnerships had been established. We spoke with professionals who have knowledge of the provider and they told us that staff worked together with them to achieve people's goals. They told us that staff were very good at communicating about any issues or concerns for people, with regards to supporting and monitoring people's health needs.

Continuous learning and improving care

- All staff we spoke to were committed to improving the quality of care provided for the benefit of people using it. There was a strong focus from everyone, on having well trained staff providing a good service throughout the organisation.
- The service had everything in place to enable it to develop. The registered manager was clear about the quality of the service and talked about growing the service and the implications this may have on their staffing which had already been considered.