Care Quality Commission

Pro Solutions Ltd

ECC Care

Inspection report

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19 October 2018
23 October 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

We undertook an announced inspection of ECC Care on the 18, 19 and 23 October 2018. ECC Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection, 33 people were using the service, of which four people were in hospital. This was the service's first inspection at its current address.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not consistently safe. Although care was planned and delivered in a way that was intended to ensure people's safety and welfare, improvements were required to ensure people received their medicines as prescribed. People and relatives felt safe receiving care from the service. There were enough staff to meet people's needs who had been recruited and employed after appropriate checks had been completed. There were effective infection control practices in place to mitigate the risk of the spread of infection.

The service was effective. Newly appointed staff received an induction to the service and on-going training and support to enable them to effectively fulfil their roles and responsibilities. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and supported people to have maximum choice and control over their lives. The policies and procedures in the service support this practice. The service worked with health and social care professionals in assessing, planning and reviewing people's care and treatment. Where required, people were supported to meet their nutritional needs.

The service was caring. Staff were kind and caring, treated people with respect and upheld their dignity. People's independence was promoted and they were encouraged and supported to do as much as they could for themselves. Care plans provided guidance to staff on how people wished to be cared for.

The service was responsive. The service was flexible to ensure people's needs were met. People and relatives were involved in the planning and review of their care. Care plans reflected people's current care and support needs and provided guidance to staff on how people wished to be cared for. There was an effective complaints system in place. Where end of life care was provided, this was done in a compassionate way.

The service was well led. Staff felt valued and enjoyed working at the service. There were systems in place to assess and monitor the quality of the service and to drive continuous improvements. The registered manager had developed positive relationships with people, relatives, staff and health and social care professionals.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always consistently safe.

Improvements were required to ensure the safe management of medicines.

Risks to people were assessed and risk management plans were in place to keep people safe.

Staff were trained in keeping people safe from harm and knew how to report any suspected signs of abuse to ensure people's safety.

Effective infection control processes were in place.

Is the service effective?

Good

The service was effective.

People's needs were assessed to ensure these could be met by knowledgeable and skilled staff.

Staff received and induction to the service and on-going training, supervision and support to enable them to deliver effective care to people.

Staff understood the principles of the Mental Capacity Act 2005 (MCA).

When required, people were supported to access health care services and with their nutritional needs.

Is the service caring?

Good

The service was caring.

People were involved in their care planning and how they wished to receive support.

Staff were kind and respectful, and treated people with dignity and respect.

People's independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's current care and support needs.

There were systems in place to deal with concerns and complaints.

The service was able to support people at the end of their lives.

Is the service well-led?

Good

The service was well-led.

There were processes and systems in place to monitor the quality of the service.

The registered manager had developed positive relationships with people, relatives, staff and health and social care professionals.

The views of people, relatives and staff were sought to drive continuous improvement.

Care Quality Commission

ECC Care

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.

The inspection of ECC Care took place between the 18 and 23 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service to people living in their own homes and we wanted to make sure someone would be available to speak with us. We visited the office location on the 18 October 2018. Between the 19 and 23 October 2018, we made telephone calls to gain people's and relatives' views on the service. The inspection was carried out by one inspector.

Prior to our inspection, we looked at the information we held about the service, such as statutory notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used the intelligence we held about the service to plan what areas we were going to focus on during our inspection.

During our inspection, we spoke with three people using the service, two relatives and the registered manager. We received feedback from four members of care staff.

We looked at a range of records including four people's care plans and three staff recruitment and support records. We also looked at the arrangements for managing incidents and accidents, staff training records, rostering information, complaints and compliments and quality assurance information.

Requires Improvement

Is the service safe?

Our findings

Where required, people were supported with their medicines. We saw people's medicines administration records (MARs) had been handwritten, and it had not been documented who had completed these. There was also no secondary signature to confirm the MARs had been completed fully and accurately. This presented a risk that people may not receive their prescribed medicines safely.

There had been three medication errors in last 12 months. Two of these had been where staff had not signed a person's medicines administration chart (MAR). The other medication error related to staff not inputting the correct code onto a person's MAR whilst they had been in hospital. Records showed the registered manager had fully investigated, and taken appropriate action, following the medication errors.

During our inspection we found gaps in people's topical cream charts therefore it was unclear as to whether their creams had been applied by staff. For example, it had been recorded on one person's chart during September 2018, that their prescribed cream had only been applied on the 2, 3, 4, 6,10, 20 and 24 September 2018. We also noted the person had been prescribed a daily pain relieving patch and staff were not recording the site of application. It is good practice to record the site of application to avoid patches being applied to the same skin site as this can cause a thinning of the skin and, if routinely applied to the same area, the rate of absorption into the bloodstream can be higher, potentially leading to an overdose.

We discussed our findings with the registered manager who took immediate action to ensure these were addressed.

Staff had received training in the administration of medicines, however records showed not all staff had received regular formal assessments to check their on-going competency to administer people's medicines. We discussed this with the registered manager who informed us they were in the process of completing competency assessments. Despite our findings, people and relatives we spoke with were happy with the support they received to take their medicines and had no concerns over staff members competency to do so.

The registered manager carried out audits of medicines and they informed us they had recently recruited a member of staff who would be supporting them to ensure a more robust approach is taken with regards to the auditing of medicines. Whilst we identified areas of concern, these mainly related to record keeping issues and there had been no significant impact on people who were supported with their medicines. We signposted the registered manager to NICE guidance for 'Managing medicines for adults receiving social care in the community', published in March 2017.

People told us they felt safe and comfortable when care staff visited them. This view was also shared by relatives. One person told us, "I always feel safe and don't feel intimidated." A relative commented, "[Family member] feels safe which takes a lot of pressure of me and I know they are in safe hands when the carers are here."

People were protected from abuse and the risk of harm. Staff had received safeguarding training and there were policies and guidance in place to inform staff of the actions they needed to take if they suspected or witnessed abuse. Contact details of the local safeguarding team were clearly displayed in the office. Staff understood their responsibilities to report concerns. One member of staff said, "Safeguarding is protecting vulnerable people from being neglected, abused or harmed. We protect their well-being, health and human rights." They told us they would report any concerns to the registered manager and, if their concerns were not acted upon, they said, "I would turn to the health care regulator to sort things out to protect the individual. If it was a very serious risk then I would call the police and social services." Another member of staff said, "If I notice any abuse, harm or neglect happening, then it is my duty to report it to my manager." The registered manager confirmed to us, and records showed, the service had raised a safeguard alert when staff had concerns regarding a person using the service.

People's care plans included risk assessments, such as in relation to nutrition, medicines, mobility and people's home environment. Where risks had been identified, there were plans in place to manage these. One person told us, "The staff are very good they're always checking everything is tidy and there are no trip hazards which may cause me to fall."

Systems were in place to make sure care staff were recruited safely. This included ensuring appropriate checks were undertaken such as obtaining references, proof of identity, exploring gaps in prospective employee's employment histories and undertaking a criminal record check with the Disclosure and Barring Service (DBS). A DBS check helps employers to make safe recruitment decisions. However, we noted a newly appointed staff had not had gaps in their employment history fully explored. We brought this to the attention of the registered manager who advised they would take immediate action to address this. They confirmed to us shortly after our inspection they had actioned this.

There were enough staff to meet people's needs. People told us they received support from regular care staff who knew them well and gave them the time they needed as well as continuity of care. Although people and relatives confirmed there had been no missed call visits, some people told us call visits were occasionally late however they were usually informed if staff were running late. One person told us, "[Staff] usually arrive on time. There has been a couple of occasions when they have been held up but there's usually a plausible explanation." We discussed the monitoring of call visits with the registered manager. They informed us an electronic care planning system was going to be implemented imminently which would alert management of any late and/or missed calls and would also monitor the duration of call visits. The registered manager told us the introduction of the new system would enable them to have much clearer oversight, ensuring people received their call visits in line with their care plan and preferences.

Staff had access to the equipment they needed to prevent and control infection. This included personal protective equipment (PPE) such as gloves and aprons. The provider had policies relating to the prevention and control of infection and staff had received infection control and food safety training.

There were systems in place to monitor incidents and accidents. The registered manager had responded appropriately to incidents and used these as a learning opportunity. For example, following one incident, information had been shared with staff and they had been reminded to only undertake tasks which were included in people's care plans.

Good

Is the service effective?

Our findings

People's individual needs were assessed prior to them receiving care from the service. This ensured their needs could be met by staff who had the right skills and training. Staff told us, and records showed, the training and support they received had given them the skills and knowledge they needed to carry out their duties and responsibilities effectively.

Newly employed staff received an induction when they started work at the service and were provided with an employee handbook. Staff new to working in the care sector, or had not achieved a NVQ Level 2 health and social care qualification, were expected to complete the Care Certificate. The Care Certificate is a set of nationally recognised standards within the care sector. On-going training and support was provided to staff to enable them to have the skills and knowledge to meet the individual needs of people.

Staff received supervision and spot checks of their practice by the registered manager. Staff told us they felt supported by the registered manager and told us they could approach them at any time for support and guidance. One member of staff said, "I received good support when I joined ECC Care and I have had support with relevant training. I am always able to call management if needed." Another said, "I do receive regular supervisions and observations to help me understand the care I am providing is meeting the individual needs of people; and it helps me to know if there is anything that I need to improve on." Staff received an annual appraisal of their performance. One member of staff told us, "[Registered manager] does the annual appraisal to see how I'm getting on within my job, if they can help improve my role in any way, and what I want to do in the future within the company."

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 the mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in the MCA and understood the importance of giving people choices and gaining their consent before providing care. One member of staff told us, "We always offer choice whether it's for meal times, what people want to drink, where they want to sit and what they want to wear. I always ask if I'm allowed to something for example, 'is it alright if we take your top off so that we can give you a wash?' If the person has capacity and says no I cannot force that person to take their top off to wash but I can tell them the risks involved and what could happen if they continue to neglect their personal care." People confirmed to us their decisions were respected.

People were supported to maintain good health. The registered manager told us they provided a flexible service to suit people's needs, for example if they had to attend hospital appointments and this was confirmed to us by people and relatives. One relative told us staff would always contact them if they noticed any changes in their family member's health or if they were unwell. The service worked closely with health and social care professionals such as occupational therapists, district nurses and speech and language teams (SALT) in assessing, planning and reviewing people's care and treatment.

Where required people were supported with their dietary needs. The registered manager told us, "The majority of people have microwave meals but for some people the carers will cook a meal from scratch. The care plan will say 'prepare a meal' but that doesn't just mean stick a meal in the microwave. People's choices are respected."

Good

Is the service caring?

Our findings

People and relatives were complimentary about staff and told us they were supported by kind and compassionate staff. One person told us, "If it wasn't for them, I don't think I'd be here today. The carers do their very best under very difficult circumstances and they've made a real difference to my life. We have become friends, like mates, we have good talks and they keep my mind ticking over." Another person said, "[Name of carer] is very, very good and so nice." A relative told us, "All the staff are absolutely lovely. [Family member] has a cheeky banter with them. They look after other members of the family too."

The registered manager met regularly with people and, where appropriate, their relatives to gain feedback about the delivery of their care. Not everyone we spoke with were aware they had a care plan but told us there was a book which care staff completed at each visit. We noted people's diversity needs were respected and included in their care plan, for example in relation to gender, faith and disability. Records showed staff had been trained in equality and diversity.

Staff understood the importance of respecting and maintaining people's rights. People told us staff treated them respectfully and maintained their privacy and dignity. One person told us, "I've not met one single carer who I wouldn't welcome back into my home again, they always treat me with respect and dignity."

Wherever possible, people's independence was promoted. One person told us how they required support from staff with mobilisation and personal care. They told us, "I can be stubborn, I don't want to lose my independence. [Staff] encourage me and let me do what I can for myself, that's important to me, they don't rush me." A member of staff told us, "I would report any changes in a client so we can get support from occupational therapists to make sure equipment is in place to help the clients live as independently as possible."

No one current using the service were supported to access advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager told us they would support people to access advocacy services if required.

Good

Is the service responsive?

Our findings

Prior to people using the service, a pre-assessment was undertaken to identify people's health, personal care and social support needs to ensure these could be met by the service. Information from the pre-assessment process was used to develop people's care plans. The registered manager informed us if they were unable to fully meet people's needs and preferences they would not take on the care package.

People's needs were reviewed on a regular basis, or sooner if people's needs changed. One member of staff told us, "We have time to read the care plans and they include all the information needed. We carers are in the best place to meet clients' [care needs] very well and, if we feel the care plan should be amended or changed, we will let the manager know about it." Another said, "We follow each individual's care plan and take on board any suggestions from individuals and their families. Handovers amongst staff are very important so we are up to date with everything. If we notice things we inform health care professionals and our manager so the care plans can be updated." At the time of our inspection, four people were in hospital. The registered manager informed us they would be undertaking a review of their needs prior to their discharge from hospital to ensure the service was still able to meet their needs and, where needed, update their care plans.

Care plans included information about the care people required and their preferences on how they wished to be cared for. Where needed, staff were provided with clear guidance. For example, pictorial guidance on how to support people cared for in bed and, action to take if people displayed challenging behaviour. Care plans also contained a 'This is me' section which recorded information which was important to people, such as people who were/are important to them and their life history. This enabled staff to provide person centred care that fully supported and respected people's individuality.

The service offered flexibility in the delivery of people's call visits to enable them to go to appointments and attend social activities. This showed us that management were committed to providing a responsive service to people.

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. People's care plans recorded sensory and communication needs. We noted one person who was unable to speak English had been supported by a staff member who was able to communicate with them in their language. The registered manager confirmed they would always ensure appropriate formats would be sourced specific to people's individual needs if required such as large print, pictorial, braille and translation services to ensure there were no barriers to communicating with people effectively.

There were systems and processes in place to manage complaints. People were provided a copy of the complaints process when they started using the service. All complaints were analysed, including 'lessons learned'. People told us they felt confident to speak with staff about any issues that might be concerning

them. One person said, "If I wasn't happy with anything I would speak with [name of carer] and they would sort it out I'm sure, if they didn't, I know I can contact [registered manager]." Where complaints had been received, records showed these had been dealt with in a timely way.

People were supported at the end of their life, however we saw some people's end of life care plans contained limited information as to how people wished to be cared for. We discussed this with the registered manager and they informed us they would work to further develop this area of care planning. Despite our findings, we saw many letters from families thanking the service for the care provided to their loved ones at the end of their life. Comments included, "We owe you a huge debt. The way you and your team looked after my wife in the last weeks and months of her terminal illness was quite wonderful. You can rightfully feel proud that you acted with the utmost compassion and efficiency, we'll never forget that." And, "On behalf of our late mother, we would like to thank you for the care and professionalism you showed throughout the last four months, it would not have been possible to do it without you. The special care and friendship your team showed towards [name] and us was irreplaceable, we appreciate everything you did."

Good

Is the service well-led?

Our findings

The service requires, and did have, a registered manager. The registered manager was supported by two team leaders and an administrative officer to support them with the day to day running of the service.

People, relatives and staff spoke positively about the service. They were complimentary of the registered manager and told us they were visible, approachable and supportive. One person told us, "[Registered manager] regularly visits to check I'm happy with the service provided. I can't praise them and the staff enough." The registered manager promoted a positive culture that was open and inclusive and staff members views and suggestions were valued. Staff told us morale was good and the team worked effectively together. One member of staff told us, "I feel very valued as a member of staff as I have been given compliments from the clients through my manager who always passes them on to me."

We noted regular staff meetings had not been held. The registered manager explained they worked closely with staff so they communicated information on a daily basis. The registered manager informed us they were in the process of organising regular staff meetings to suit staff members working patterns. They acknowledged these meetings were important, especially as the service grew, and would enable a forum for staff to share good practice and raise any concerns they may have. Despite the lack of staff meetings, staff confirmed to us communication between the registered manager and staff was good.

Systems were in place to monitor and improve the quality of the service. Feedback from people, relatives and staff was actively encouraged. This was done through a number of ways such as home visits, interactions with people and relatives and spot checks of staff practice. Since registration of the service in September 2017, a staff questionnaire had been undertaken. Although there had been no formal analysis of the responses undertaken, we noted staff responses had been positive. The registered manager informed us questionnaires would be sent to people using the service, their relatives and other stakeholders such as health and social care professionals towards the end of November 2018. They assured us a formal analysis of responses would be undertaken and an action plan put in place if required.

Regular monthly audits were completed by the registered manager such as medicines, care records and complaints. The registered manager had recently recruited a member of staff who would be helping them to audit the service. The registered manager told us the implementation of the electronic care planning system would further enhance quality assurance as reports will be able to be generated for many aspects of the service such as staff training, supervision, medicines, rostering, missed and late calls. The registered manager advised, going forward, the additional support was pivotal to ensuring a thorough, robust approach is taken to reviewing the quality of the service and drive continuous improvement.

People's information was kept secure and confidentiality was maintained. In response to the General Data Protection Regulations (GDPR), staff had received written guidance to understand their responsibilities about protecting people's personal information.

The registered manager attended local provider forums and had developed links with other organisations

and researched websites such as Skills for Care and the CQC to enable them to keep up to date with best practice. The also worked closely with other health and social care professionals to ensure partnership working and 'joined up' care.