

E & S Care at Home Ltd

# E&S Care At Home Ltd

## Inspection report

67 Hillsborough Road  
Glen Parva  
Leicester  
LE2 9PS

Tel: 07513491556

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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

E&S Care at Home Ltd is a domiciliary care agency. It provides personal care people living in their own homes and flats in the community. It provides a service to older and younger people, people with physical disabilities and people who are living with dementia. 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. At the time of our inspection there were seven people using the service.

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

People were kept safe by staff who understood the actions they needed to take to protect people from the risk of harm. There were sufficient numbers of consistent staff to support people and staff were recruited safely. There were appropriate infection control practices in place and people were supported to take their medicines safely.

Staff undertook training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs. People were supported to have sufficient amounts to eat and drink and protected against the risk of poor nutrition. Staff worked in partnership with relatives and other agencies to support people's good health and well-being. 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.

Staff knew each person well. They knew about people's likes and dislikes and their preferences about how they wanted to be looked after. People made choices in all aspects of their lives. Staff respected people's choices and preferences and people's views were listened to and acted upon. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People and those important to them were at the centre of the assessment and care planning process. Staff recognised and acted to reduce the risk of social isolation for people and people were confident to raise concerns and complaints if they needed to.

The registered manager was committed to providing good care to support people to achieve the best possible outcomes. They monitored the quality of care and support people experienced and acted on their feedback.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 9 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

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

## 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.

# E&S Care At Home 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 Care Act 2014.

#### The inspection team

This 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.

#### 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 10 July 2019 when we visited the office location and ended on 12 July when we carried out telephone calls to people, relatives and staff.

#### What we did before the inspection

We reviewed information we held about the service and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

During the inspection we spoke with one person who used the service, three relatives and two care staff. We also met with the registered manager who was also the provider, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed care records for three people, including their care plans to ensure the care provided reflected their current needs. We also looked at records in relation to the management of the service including three staff recruitment and training records, policies and procedures and quality assurance systems and processes.

# 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 as Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People were kept safe and protected from the risk of harm. The person we spoke with told us, "Staff do things the right way. They are always on time and have never let me down." A relative told us, "Staff keep [name] safe. They know what they are doing and use equipment safely to help [name] to move. [Name] needs two staff to help and two staff always turn up for every call."
- Staff knew how to keep people safe. One staff member described how they noticed changes in a person's mobility and felt this presented new risks. They immediately informed the registered manager who increased staffing levels for visits and arranged for an occupational health assessment. This had resulted in equipment which the person and staff used to keep them safe.
- Risks people faced had been identified and assessed, However, records lacked the detailed information and guidance that reflected staff comprehensive knowledge. Risk assessments were a tick box and did not always demonstrate the measures needed to reduce risks. The registered manager told us they would develop risk assessment records to provide this information.
- The registered manager worked with staff to ensure people's risks were regularly reviewed.

### Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a good understanding of the indications of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures.
- The registered manager understood their responsibilities in relation to safeguarding, how to report and investigate concerns, and how to protect people from potential discrimination.
- Staff had received training in how to safeguard adults.

### Staffing and recruitment

- The person we spoke with and relatives told us they were supported by the correct number of staff required to meet their assessed needs.
- Staff rotas were planned in advance and people usually received care from a consistent team of care staff who were on time and stayed the full length of the visit.
- Staff recruitment processes were in place which helped to ensure staff were suitable to provide care and support. These included checks of previous employment, identification and criminal record checks through the Disclosure and Barring Service (DBS).
- Where staff had transferred to the service as part of a take-over from the previous provider, their DBS checks had not been reviewed or renewed. This meant some staff had not had a review of their DBS check for over six years. The registered manager told us they would develop a policy to ensure all DBS checks were regularly reviewed. This would help assure them that staff remained safe and suitable to provide care and

support.

#### Using medicines safely

- Most of the people using the service received support from relatives to take their medicines.
- Where required, staff provided support in the form of verbal prompts to enable people to take their medicines safely.
- People's care plans included details of their medicines and their consent to any support, or details of persons responsible for supporting them.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were supplied with personal protective equipment, such as gloves and aprons and used these when providing care and support.
- The provider had monitoring systems in place to ensure people were protected from the risk of infection which included spot checks of staff working practices.

#### Learning lessons when things go wrong

- The provider had processes in place to analyse and review incidents and accidents in the service and ensure lessons were learnt to reduce the risk of harm.
- At the time of our inspection, there had not been any incidents or accidents that had occurred within the service.



# 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.

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

- People's needs were assessed prior to them using the service to ensure the care provided met their needs and wishes.
- Protected characteristics under the Equality Act had been considered. For example, people's lifestyle preferences, religious and cultural needs and relationships.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge they needed to meet people's needs. One staff member told us, "We are completing a lot of training on line with has helped to refresh our knowledge and skills."
- The provider had recently changed the training provision for staff following a review to ensure it met the needs of staff and the service. Training included a combination of on-line assessed training and face to face practical training.
- New staff were supported through an induction and were introduced to people by working alongside experienced staff.
- Staff told us they felt supported in their roles. One staff member told us, "[Name of registered manager] is very kind and caring to me as a staff member. I work alongside [Name] and get support from [name] and from other staff."
- The registered manager regularly provided care alongside staff and provided feedback on their performance through spot checks. They told us they were in the process of arranging formal supervisions for staff to further support their development.

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

- People were protected from their risk of poor nutrition. Their care plans included the support they needed to ensure they had enough to eat and drink, and included likes and dislikes.
- Where people were at risk of poor nutrition, guidance was included in their care plan. For example, one person required staff to support them to eat when they showed signs of becoming tired. Another person required staff to provide them with specific fluids at each call.

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

- Where staff had concerns about a person's care or well-being, they made appropriate, timely referrals to health and social care professionals.
- People's care plans included guidance for staff as to when they should refer concerns to health professionals. For example, changes in urine colour as part of catheter care and changes in moods or responses.

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

- Staff followed any guidance provided by health care professionals involved in people's care.
- Action was taken in a timely manner if staff had concerns, such as contacting relatives or appropriate healthcare professionals.
- Staff demonstrated a good understanding of how to support people in the event of an emergency.

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. We found no one was being deprived of their liberty.

- Staff had an understanding of the MCA and sought consent before providing care and support.
- People's care plans included an assessment of their mental capacity and the support they needed to make day to day decisions and processes to follow for more complex decisions.
- Where people had been assessed as lacking mental capacity, decisions were referred to an appointed person, such as a relative, or through a best interest process.

# 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

- People and relatives consistently told us staff were kind and caring. Comments included, "They are top notch, never let us down and are kind and fair. My carer has a lovely personality and talks with me which helps to keep me well mentally," "[Name of person] is at ease with staff; I always hear them giggling together and they are able to communicate directly with [name]. They show respect for the family home and our culture. For example, they don't loiter around once they have finished. They are very professional," and "The staff look after [name] really well. They keep me informed of any changes in [name] health and let me know if I need to get anything for [name]. They communicate with [name] well and are very caring."
- Staff told us they had the time they needed to meet people's needs without rushing.
- People were provided with consistent staff who got to know people, and those important to them well. This resulted in positive communication between people, staff and relatives.

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

- People and those important to them had been involved and consulted about how they wanted their care to be provided.
- Care plans included details of people's life history, wishes and preferences. This knowledge was used by staff to ensure they provided care to meet people's needs, in the way they wished.
- Care plans included guidance about how people expressed their views and communicated their choices. For example, where a person used non-verbal communication, their care plan described sounds and gestures and what these meant to the person. This helped staff to ensure people were not discriminated against because of their specific communication needs.

Respecting and promoting people's privacy, dignity and independence

- Staff provided care in a dignified and respectful manner. One relative told us, "They always observe [name's] privacy and dignity when they are helping [name] to get up and dressed."
- The registered manager worked alongside staff to ensure dignity values were put into practice.
- Care plans included guidance about people's abilities which helped staff to provide the support people needed whilst promoting their independence.

# 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

- The provider involved people in planning their care and ensured that people received care and support the way they wanted it.
- Care plans included detailed routines and practices that people required staff to observe. For example, the order they liked their support to be provided and specific requests relating to their preferences and choices. The person we spoke with and relatives told us staff provided care and support in line with their care plans.
- People received care from a consistent staff team who had supported them for some time. Staff knew people well and had developed positive relationships and extensive knowledge of people's needs. This supported staff to provide personalised care.

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 care plans included details about how they preferred to communicate and receive information. Staff demonstrated an understanding of various forms of communication methods and used these effectively to share information with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where required, staff were able to support people to go out into the local community. For example, one person was supported to go out once a week, whilst another person was supported to visit a place of worship.
- Staff were aware of the risk of social isolation and spent time talking with people about common interests and events.

Improving care quality in response to complaints or concerns

- The provider ensured people and their relatives had access to a complaints procedure that detailed how they could raise concerns, and how these would be managed.
- The person we spoke with and relatives told us they felt confident to raise concerns and that these would be listened to and resolved.
- The service had not received any complaints at the time of our inspection.

#### End of life care and support

- The provider had policies and procedures in place to meet people's health needs and their wishes for end of life care.
- People were able to express choices for their end of life care and these could be recorded in care plans.
- There was no one receiving end of life care and support at the time of our visit.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The person we spoke with and relatives all knew who the registered manager was and were unanimous in their praise for them. Comments included, "[Name] is kind and fair, we can always speak to [name] and [name] always listens," "The communication is really good, if we have any issues we can talk to [name] directly. They make sure all the staff are well informed and they are very involved in care. We have no concerns and are very happy with the care," and "I speak to [name] a lot and they always answer the telephone if I call them. I am happy with the care."
- Staff also gave positive feedback about the leadership and management of the service. One staff member said, "[Name of registered manager] is really well organised, kind and considerate. Communication is good, usually by text or by phone. [Name of registered manager] puts in a lot of hard work behind the scenes to make sure things run smoothly. [Name] listens to us, asks for our views and acts on them. [Name] is honest about any issues and adapts well to them. They are friendly and approachable."
- The registered manager, who was also the registered provider, had identified that improvements were needed to the standards of records and the training provided to staff. They had carried out a review of training and developed care records. This was having a positive impact in supporting staff to provide person-centred care.
- The registered manager was aware of their legal responsibilities in notifying CQC of any significant events or incidents.

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

- The nominated individual and registered manager were clear about their roles and responsibilities. They promoted person-centred care and a culture that was open and transparent.
- There were contingency plans in place to respond to the unexpected absence of either the registered manager or the nominated individual.
- The registered manager undertook audits in the form of spot checks which helped to monitor the quality of the service. They regularly worked alongside staff in providing care which helped to ensure best practice was embedded in the care provided.
- The RM had a good oversight of the service. They had identified areas of improvement and were acting to address these. However, we found these had not been recorded to evidence this. For example, the registered manager had identified improvements were needed to daily handover notes between staff to

ensure consistent standards in recordings. They had started to address this with staff but had not recorded this action through any quality assurance process. Similarly, they always consulted people and relatives for feedback during spot checks. However, this was not recorded anywhere. We discussed this with the registered manager who told us they recognised the need to develop systems and processes to monitor the quality of the service as the business grew.

- Staff understood their roles and felt confident to seek advice and guidance from the registered manager or nominated individual if they needed to.

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

- The registered manager and staff team encouraged and supported people and their relatives to express their views about their experience of the service. People's views were listened to and acted upon. For example, specific requests relating to people's lifestyle choices or culture was respected and followed by staff when providing care.
- The provider was in the process of developing satisfaction surveys for people and relatives to complete to enable them to formally capture and analyse their views and feedback.
- Staff were able to share their views directly with the registered manager and nominated individual. Staff described regular and effective communication from the registered manager which enabled them to be involved in the development of the service.
- Staff described team working as 'brilliant', where staff were treated equally and felt respected and valued.

Continuous learning and improving care

- The registered manager displayed a commitment to improving the care people received. This was based on achieving best possible outcomes for people.
- The registered manager and nominated individual were clear on how they wanted to develop the service, which included realistic objectives and targets.
- The registered manager was committed to ensuring staff had access to and completed on-going development training and learning to enable them to develop within their roles.

Working in partnership with others

- Records showed staff worked in partnership with relatives and health and social care agencies to ensure people received care that met their needs.