

Essence Homecare Limited

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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

This inspection took place on 28 September 2017 and was announced and this was the first inspection of the service since the provider registered with us on 12 September 2016. We gave the registered manager 48 hours to make sure someone was available in the office to meet with us.

Essence Homecare is a domiciliary care agency that provides personal care and support to people living in their own homes, many of whom were older people, some of whom were living with dementia. There were 12 people receiving services from Essence Homecare at the time of our inspection.

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

The provider assessed risks relating to people's care and put plans in place to guide staff in mitigating the risks.

The provider recruited staff following robust procedures to check they were suitable to work with people and there were enough staff deployed to meet people's needs.

People felt safe with the staff who cared for them and staff understood how to respond if they suspected anyone was being abused to keep them safe. Staff received training in safeguarding adults at risk from the provider to keep their knowledge current.

The provider managed people's medicines safely and carried out competency assessments on staff to ensure they were fit to administer medicines to people.

The provider cared for people in line with the Mental Capacity Act 2005. The provider had carried out mental capacity assessments regarding significant decisions in people's care to determine if they lacked capacity. The provider made decisions in people's best interests when they were found to lack capacity through consulting with others involved in their care.

The provider supported staff with a programme of induction, training and supervision.

People received the right support in relation to eating and drinking and the provider supported people to access the healthcare services they needed where this was part of their care package.

Staff treated people with kindness, dignity and respect and understood the needs of the people they were caring for. People were supported to maintain their independence.

People received care based on their needs and wishes. The provider reviewed people's care to ensure it remained responsive to their needs. The provider encouraged feedback from people and their relatives and a suitable complaints policy was in place.

People were not always provided with information when they needed it. The provider did not always tell people which staff would be providing care to them, and did not always inform people if care workers were going to be late. However, the provider told us they would improve their communication with people in relation to this.

The registered manager, care-coordinator and other staff had a good understanding of their role and responsibilities. The provider had audits in place to monitor, assess and improve the quality of service including gathering feedback from people, relatives and staff about their care.

## 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. The provider assessed risk relating to people's care and managed them appropriately.

The provider had systems to protect people from abuse and neglect.

There were enough staff to care for people and staff were recruited via robust processes to check they were safe to work with people.

Medicines management was safe.

### Is the service effective?

Good ●

The service was effective. Staff received suitable induction, supervision and training.

The provider cared for people in line with the Mental Capacity Act 2005.

Staff supported people in relation to eating and drinking and also to access healthcare services when this was part of their care package.

### Is the service caring?

Good ●

The service was caring. Staff treated people with kindness, dignity and respect.

Staff knew the people they were caring for.

The provider was reviewing how to improve communication with people regarding changes in the staff who support them.

### Is the service responsive?

Good ●

The service was responsive. Care was provided to people in response to their needs and people were involved in assessing and planning their care.

A complaints policy was in place and the provider encouraged feedback from people and relatives.

### **Is the service well-led?**

The service was well-led. Systems were in place to assess, monitor and improve the quality of the service people received.

The registered manager and staff had a good understanding of their roles and responsibilities.

The registered manager had inclusive ways of communicating with people, relatives and staff.

**Good** ●

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## 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 checked 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.

This was a comprehensive inspection. The inspection took place on 28 September 2017 and was announced. We gave the provider 48 hours' notice of the inspection to make sure someone was available in the office to meet with us. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with the registered manager who was also a director of the company, as well as the care coordinator and quality assurance lead. We also spoke with a care worker and a relative. We looked at a range of records including three staff files, four people's care plans and other records relating to the management of the service.

After the inspection the expert by experience spoke with six people using the service and two relatives via telephone. The inspector spoke with two more care workers.

## Is the service safe?

### Our findings

Risks relating to people's care were managed appropriately by the provider. The provider identified and assessed risks to people, including risks relating to medicines, moving and handling and the environment in which people received their care from staff. The provider put management plans in place to manage each identified risk and reviewed them so information remained reliable for staff to follow in caring for people.

People were supported by staff who were recruited via robust procedures to check they were safe to work with people. The provider checked the employment history of candidates and explored any gaps. They provider obtained references from former employers, checked qualifications and training, identification, proof of address and right to work in the UK. The provider checked and monitored the suitability of candidates to work with people during an initial interview and also during their probationary period.

There were enough staff deployed to meet people's needs. People, relatives and staff told us there were enough staff to care for them. The registered manager and care coordinator confirmed they had sufficient staff to care for people but they continued to recruit to enable them to care for more people. The care coordinator and quality assurance lead cared for people themselves if there were ever shortages of staff to ensure visits were never missed.

People were safeguarded from abuse and neglect by the provider. People told us they felt safe when they received care from staff. Our discussions with staff confirmed they understood the signs people may be being abused and how to respond to this to keep people safe, such as reporting to the local authority safeguarding team, CQC or the police. Staff received training in how to safeguard people from risk and the registered manager told us this training would be mandatory each year.

The provider managed people's medicines safely. A person told us, "[Care workers] bring me my pills, I wouldn't remember them you see". A relative said, "[Care workers] do all the medicines and we've had no problem with that, nothing has been missed".

We checked medicines records for the one person to whom staff administered medicines and found they were completed correctly with no omissions. Staff confirmed they could only administered medicines to people after they had completed training. Before staff began to administer insulin to a person the provider arranged for a nurse from the person's GP practice to train staff to administer this medicine safely. The district nurse also tested the competency of staff to administer medicines and records confirmed staff had achieved the right level of competency. Medicines records showed staff recorded medicines administration in line with best practice. The provider carried out observations of staff administering medicines several times a year to check they remained competent.

## Is the service effective?

### Our findings

People were cared for by staff who were supported by the provider. The provider offered staff a suitable induction, supervision and programme of training. People told us they believed staff were well trained. A relative told us, "[Care workers] seem to know what to do". Records showed staff completed the Skills for Care 'Care Certificate'. The Care Certificate is a national qualification developed to provide structured and consistent learning to ensure that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, quality care and support. This meant staff may were reaching the expected standards of care workers during their induction period. The provider told us they would consider introducing the Care Certificate for new staff when we discussed this with them. Staff shadowed more experienced staff during their induction period and received additional support from the provider to prepare them for caring for people alone.

The registered manager told us all staff completed moving and handling training with the full range of hoists before they began caring for people. In addition, all staff completed online training in safeguarding adults at risk, the Mental Capacity Act, dementia and equality and diversity before they provided care to people. The registered manager told us they were developing training on supporting lesbian, gay, bisexual and transgender (LGBT) people to ensure they were able to meet people's diverse needs in relation to their sexuality and gender related issues.

Staff received four supervisions with their line manager each year where they were able to review the best ways to care for people and receive constructive feedback on their performance. Annual appraisals were planned to take place.

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 were cared for by the provider in line with the MCA. The provider assessed the capacity of people to consent to key aspects of their care and recorded their findings. The provider held meetings with significant others involved in people's care to make decisions in their best interests when they lacked capacity to make decisions themselves. Our discussions with staff showed they understood the principles of the MCA and their responsibilities to provide care in line with the MCA.

People received the necessary support in relation to eating and drinking. A person told us, "[Care workers] do the meals, we put up a list which [care workers] follow and they let us know if they are running short of anything". A relative described the particular support their family member needed to reduce the risk of choking and told us all staff were aware of the risk and how to provide the right support. The registered manager told us they ensured all staff were aware of the risk and how to mitigate it before providing care to the person. In addition, guidance for staff to follow in mitigating the risk was in place in the person's care

plan. Information about the support people required in relation to eating and drinking was set out in people's care plans for staff to follow.

People were supported to access the healthcare services they required. Details of people's health conditions and the support they required in relation to them were set out in their care plans to guide staff. Staff had access to the contact details of the healthcare professionals involved in people's care to use if people required their support, such as GPs and district nurses.

## Is the service caring?

### Our findings

People were cared for by staff who were kind and caring. All people and relatives we spoke positively about staff and described staff as "nice" and spoke about them positively. A relative told us, "They are a good bunch of [care workers], they are really, really good, very, very caring". Our discussions with staff showed they enjoyed their role in caring for people and they spoke about people in a caring manner.

People were supported by staff who knew the best ways to support them and their preferences. A relative told us, "[Care workers] concentrate on [my family member's] needs. They listen to [my family member] and always give him the choice of what to do". People relatives told us they and their family members were involved in planning their own care. Our discussions with staff also confirmed they knew people well and developed good relationships with them. People's care plans contained information about their likes and dislikes, life histories and people who were important to them. The provider gathered this information from people before they began to use the service. This helped staff gain a better understanding of the person and to find suitable topics of conversation.

People were supported by staff to maintain their independent living skills and treated them with dignity and respect. A relative described how their family member was clear they wanted to wash themselves but to have care workers present in the bathroom for reassurance and care workers respected this. The family member told us how staff respected the person's dignity as they passed them a towel when the person finished their shower which the person wrapped around themselves. People's care plans contained information about how they should be provided care in ways which encouraged them to retain their skills and abilities. Staff understood the need to keep information about people confidential.

The provider did not always give people and relatives information they needed at the right times and feedback from people was mixed. Four people told us they did not know who would be providing care to them in advance while two people and one relative told us there was no issue in relation to this. One person, "It's the same [care worker]" and a relative said, "It's usually the same [care workers]". However, one person said, "I don't know who is coming", another person said, "It's difficult as I don't know who is coming, I would like to know", a third person said, "I don't know who is coming beforehand" and a fourth person said, "I don't know who is coming, now that's something I would like, it's a bit of a shock when someone you don't know comes through the back door although they do have a uniform on and they do introduce themselves". Three people told us staff lateness was an issue while two people and a relative told us staff were on time. One person told us, "[Care workers] turn up all times, I don't know when they are coming, I'm not very happy with it". When we fed these comments back to the provider they told us they had experienced some difficulties providing consistent care to some people for reasons out of their control, such as when staff had difficulty accessing the building or when people frequently requested different care workers. The provider told us they were liaising with social services regarding these difficulties. However, the provider told us they would endeavour to make improvements in communicating changes of care workers, or when care workers would be late, in light of our feedback.

## Is the service responsive?

### Our findings

People received care which was responsive to their needs. People and relatives told us the provider involved them in developing their care plans. A person told us, "Well they did ask me things [as part of developing the care plan]". The registered manager or care coordinator met with people before their care began to find out more about them, how they wanted to receive their care and what was important to them. The provider then developed people's care plans using this information as well as information from social services about the requirements of care workers during each visit. Care plans included details of people's preferences for staff to be aware of when providing care to them.

People's changing needs were responded to by the provider. The provider had systems in place to regularly review people's care to check it continued to meet their needs. If staff reported any concerns to the provider they liaised with social services to reassess people's needs. The provider carried out quality visits each quarter during which they discussed with people and their relatives whether their care package remained suitable and reviewed care plans.

The provider had arrangements in place to encourage feedback from people and their relatives. A relative who we met during our inspection told us they could call or 'pop in' to the office at any time to discuss any issues and the provider would always take time to listen and resolve the issues. The registered manager, care coordinator or quality assurance lead called and met with people using the service regularly to gather their views. In addition, the provider recently asked people to complete an annual questionnaire to find out more about their views on the service and how it could be improved. The provider told us the responses were mainly positive and they would analyse the results in depth as soon as possible.

The provider had systems in place to investigate and respond to complains. A relative told us, "If I had a problem I know they'd sort it out very soon". People told us they did not have reason to complain and the registered manager told us they had received no complaints since opening. People were provided with details of the complaints policy in the service user guide they were given when they began receiving care from the provider.

## Is the service well-led?

### Our findings

People and staff told us the service was well-led. A relative said, "This is so much better than the agency we had before, we have [been with this agency for a few months] now and you can see the difference, you can get hold of the office much more easily than the last lot. We are very happy and it is such a relief to us as the other company was such a worry". A person using the service told us, "I've no complaints and [a particular member of staff] has been very helpful. The office is very helpful if you ring them". Another relative told us, "This is the best agency I've ever found". The registered manager was also the director and they, as well as the care-coordinator had a strong background in quality management of agencies. The registered manager and staff understood their roles and responsibilities well. A relative told us the registered manager and office staff were, "Very approachable".

The provider had accessible systems in place to communicate with people using the service, relatives and staff. The provider called people who were able to speak on the phone and visited other people often to find out their views on their care and kept clear records of people's feedback. The provider told us they would ensure their quality assurance lead look at the issues we identified regarding lack of communication, about changes of care workers or changes of times, more closely to improve the service people received. The provider called staff to inform them of any changes relating to the people they cared for, and also met with them in person for quarterly supervision. Staff confirmed there was an on-call system and they were able to raise concerns or receive guidance at any time.

The provider had a range of quality assurance processes in place to assess, monitor and improve the services. A person told us, "Someone comes from the office sometimes and asks me questions". The provider carried out regular spot checks and observations of staff providing care to people to check they were timely and provided care in the best ways possible. The provider also had systems in place to regularly audit care plans and risk assessments, medicines management, staff recruitment, staff supervision, training and induction. The provider gathered feedback from people and relatives through regular visits and phone calls, and an annual survey. In addition the provider gathered feedback from staff during supervision.

The provider submitted notifications to CQC as required by law which aided us to carry out our role in monitoring the service.