

When the Flag drops

Egerton House

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 

Overall summary

We visited this service on 29 January and 2 February 2015 and we gave short notice to the service that we were visiting. This was to ensure that people were available at the office on the first day of our visit. This was the first inspection of this service, which was registered with the Care Quality Commission on 27 March 2014.

Egerton House is registered to provide personal care to people who use the service. They provide care in people's own homes. They currently provide support for 64 adults within the local community, including Parkgate, Chester and Neston.

The service has a registered manager in place. 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.

People told us that they were happy with the staff at Egerton House and they felt that the staff understood their care needs. People commented "The staff are very pleasant", "The carers are good. Very nice girls", "Staff are very good and friendly" and "The staff are very nice and

Summary of findings

do anything I need.” One person said “The service is doing what I need at present.” People confirmed that staff stayed for the length of time allocated and usually arrived on time. On occasions where a call had been missed it was usually due to staff sickness. People explained that they were usually contacted by the office and either a staff member called later or the call was cancelled by mutual consent. All the people we spoke to had no complaints about the service. The relatives we spoke with were satisfied with the care and support of their family members by the staff at Egerton House.

We found that people, where possible, were involved in decisions about their care and support. Staff made appropriate referrals on behalf of people who used the service, to others such as the GP, where it had been identified that there were changes in someone’s health needs. During discussions with the staff we saw that they understood people’s care and support needs, and the staff member we observed was kind and thoughtful towards the person and treated them with respect.

The care records contained detailed information about the support people required and were written in a way that recognised people’s needs. This meant that the person was put at the centre of what was being described. The records we saw were completed and up to date.

The provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults. Therefore staff had documents available to them to help them understand the risk of potential harm or abuse of people who used the service.

Good recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Therefore people who used Egerton House could be confident that they were protected from staff that were known to be unsuitable.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Safeguarding procedures were in place and staff had received training in safeguarding adults. Staff managed people's medicines safely.

We found that recruitment practice was safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified so that people were protected.

Good



Is the service effective?

The service was effective.

People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf. The service had policies and procedures in relation to the MCA 2005.

Arrangements were in place to ensure staff received and completed relevant training. Staff were provided with regular supervision and an annual appraisal of their work performance. They were also invited to attend and participate in staff meetings. This meant that the staff had opportunities to discuss their work and the operation of the service.

Good



Is the service caring?

The service was caring.

We saw that people were well cared for. Staff showed patience and gave encouragement when they supported people. We saw that staff encouraged people to make decisions on day to day tasks and that staff were kind, patient and caring.

Everyone we spoke with commented on the caring and kindness of the staff team. People told us that their dignity and privacy were respected when staff were supporting them, and particularly with personal care.

Good



Is the service responsive?

The service was responsive.

People's health and care needs were assessed with them and with their relatives or representatives where appropriate. People were involved in their plans of care.

People said they would speak to the staff or manager if they had a complaint or if they were unhappy. We found that concerns raised were dealt with appropriately and in a timely manner.

Good



Is the service well-led?

The service was well led.

The service had a registered manager who was registered with the Care Quality Commission. People confirmed that they had access to the manager and that she visited people in their own homes.

Good



Summary of findings

The service had effective quality assurance systems to monitor the service provided. Records showed that any shortfalls identified were addressed.

Egerton House

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.

This inspection took place on 29 January and 2 February 2015 and we gave short notice of our visit. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to ensure someone was available at the office.

We spent time looking at records, which included six people's care records, three staff recruitment files and other records relating to the management of the service.

The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed all the information we held about the service. This included notifications received from the registered manager and we checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We contacted the local safeguarding team, the local authority contracts team and Healthwatch for their views on the service.

Healthwatch is the new independent consumer champion created to gather and represent the views of the public. They all confirmed that they had no concerns regarding the service.

On the second day of our inspection, we visited six people who used the service and spoke with three relatives during our visits. After the inspection we spoke with three people who used the service, two relatives and two members of the care team. We also spoke with the registered manager and the provider.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe and secure with the staff. People who used the service said “The staff are very good”, “I feel safe in the carers hands” and “Staff are very nice with my relative.” People said they could talk to a member of staff or the registered manager to raise any concerns about their safety.

We looked at staff rotas which showed the staffing levels at the service. We saw that the service provided support for people across the day and evening at times that had been agreed with people who used the service. We asked people who used the service and relatives about these times and they said they had been agreed at the beginning of the package of care. The registered manager was additional to the rota. The registered manager said these staffing levels currently met the needs of the people who used the service. She explained that staff were available at the times people needed support throughout the day and evening.

We spoke with staff and the registered manager about safeguarding procedures which were designed to protect adults from abuse and the risk of abuse. The training matrix showed that all the staff had undertaken the principles of safeguarding and protection within the last year. During discussions with staff we noted that they had the knowledge and understanding of what to do if they suspected abuse was taking place. We saw that the service had a safeguarding adult’s policy in place and that a copy of Cheshire West and Chester’s policy was available in the office. The registered manager had referred four incidents to the local authority safeguarding team since registration and had kept all appropriate documentation regarding the incidents.

We looked at recruitment records of three staff members and spoke with staff about their recruitment experiences. We found recruitment practices were safe and that relevant checks had been completed before staff worked unsupervised at the service. This included taking up references regarding prospective employees and undertaking Disclosure and Barring Service (DBS) identity checks. Therefore people were supported by staff that had received appropriate checks to ensure they were not unsuitable to work with vulnerable adults. We saw that these records were well maintained. We noted that some references had been obtained by friends of the prospective

employee. A discussion was held with the registered manager regarding this as it would be unlikely that a “friend” would give a poor reference. She agreed to request a further reference in these cases in future as a good practice measure.

We looked at six people’s care plans and risk assessments and found these were well written and up to date. Risk assessments had been completed with the individual and their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. These included the environment, housekeeping, moving and handling, nutrition and medication. People who used the service and relatives confirmed they had been involved in developing their care plans. We noted that there was no space on the risk assessments for a signature of completion and date by the staff member. The registered manager explained that the computer generates a date when the document is produced and this was within the “footer” of the document. People who used the service or their relative signed the plans to show they had been involved and agreed with the contents.

We saw the medication administration procedure for six people who used the service. Some medication was within a monitored dosage system with other tablets in the original boxes or bottles where needed. Medicines were stored in each person’s own home in their preferred place. The Medication Administration Record sheets (MARs) were produced by the service. The registered manager explained that she was currently contacting each pharmacist to see if they could produce MARs when they dispense the medication. The MARs we saw in people’s own homes were correctly filled in, accurate and all had been signed and dated with the time of administration. We saw that the service had a policy on medication procedure which gave information on the safe practice of medication administration. The senior staff had found during a medication audit a significant amount of medication errors, predominately staff not signing the MAR sheets during November 2014. The registered manager had spoken to the staff involved and some of these staff had subsequently left the service. Ones that remained had re-undertaken the medication training. The following audit in December 2014 showed a vast improvement in recording of administration of medication. The registered manager and senior staff had also discussed the development of the

Is the service safe?

medication training and were considering a further course to enhance this training. We spoke with two staff members regarding medication administration. They were satisfied with the training provided.

Is the service effective?

Our findings

People who used the service and their relatives confirmed they were involved in decisions about their care. People commented on the support they received and said “The staff are fine, I like them all”, “The staff help me to keep independent, and do all I ask” and “The staff help me get out of the house and into the local community.”

We had a discussion with the registered manager regarding the Mental Capacity Act 2005 (MCA). The registered manager confirmed their understanding of the MCA 2005 and when an application to the court of protection should be undertaken. The registered manager confirmed that none of the people who used the service were under the court of protection for any aspect of their life. We saw the service had a policy available for staff on the Mental Capacity Act 2005 and that staff had access to training on the MCA 2005.

People we spoke with explained that they discussed their health care needs as part of the care planning process. People said they would tell the staff if they felt unwell or in pain. We saw that in the care plans there were details of the person’s GP and next of kin. Staff confirmed they would contact these people if asked to do so by the person who was using the service.

People had their needs assessed when they first came to the service. Care plans we saw were written with specialist advice where necessary. These provided the necessary details to make sure that staff met people’s needs. For example care records included an assessment of needs for personal care and a wide range of activities. We saw the care record visit book for people who used the service. These recorded details of tasks undertaken, their health and wellbeing and other relevant information. We saw that

the books had been audited and that they showed the support and activities of people across the day and provided up to date information about people’s support and care required.

We discussed the induction programme with the registered manager. She explained this included a wide range of information such as the role of the care worker; principles of care; personal care; and domestic tasks. The induction consisted of time spent in the office going through the induction information and undertaking online training. Following this two days were spent “shadowing” other staff members. We saw documentation on staff files to show that inductions had been completed. The staff we spoke with confirmed they had undertaken an induction. Therefore people had received induction and training appropriate to their role.

Staff received training, which included moving and handling, fire safety, safeguarding, health and safety, infection control, medication, equality and diversity, emergency aid and food hygiene. Staff spoken with confirmed the training provided was relevant and beneficial to their role. Some staff undertook a range of other training in areas including Mental Capacity Act 2005, dementia awareness, and end of life care.

Some staff had undertaken National Vocational Qualification (NVQ) training in levels two and three. This is a nationally recognised qualification and showed that people who used the service were supported by staff that had good knowledge and training in care.

Staff confirmed they had been provided with regular supervision. These supervisions provided staff with the opportunity to discuss their responsibilities and to develop in their role. The registered manager confirmed that staff received supervision in a number of ways that included individual supervision; staff meetings and observations. Staff confirmed they were invited to attend regular staff meetings.

Is the service caring?

Our findings

People told us that staff spoke to them about their preferences and took these into account when assisting them with their care. Everyone commented on the kind and caring approach of the staff at Egerton House. All the people we spoke with said the staff were “Very pleasant”, “Carers very good”, “Nice girls” and “Staff are very good and friendly.”

All the people we spoke with told us their dignity and privacy was respected when staff supported them, and particularly with personal care. For example personal care was always undertaken in the privacy of the person’s own bedroom or the bathroom, with doors closed and curtains shut when appropriate. One person explained that she and her husband received support and that staff always made sure any personal care was completed in the bathroom or bedroom with the doors closed. There were policies and procedures for staff about the aims and objectives of the service and the code of conduct the service expected from the staff team. These helped to make sure staff understood how they should respect people’s privacy, dignity and human rights in the care setting. The staff spoken with were aware of the aims and were able to give us examples of how they maintained people’s dignity and privacy. The registered manager confirmed that privacy and dignity was covered during the induction period.

People who used the service and relatives said they were satisfied with the care and support provided by Egerton House and people said they thought they were given sufficient information about their care and treatment. One relative said “I was involved in setting up the care plan with mum.” Another person said “The manager went through information with me.”

The registered manager and staff showed concern for people’s wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people’s individual needs. One relative said “Dad has definitely improved since the service started to support him.”

People said that usually staff arrived on time for the calls and that they always stayed the full allocated time. On occasions calls had been missed but these were usually due to staff sickness. They told us that in such a situation the office phoned to explain the problem or the person had phoned into the office to see where the carer was. People explained that after discussion with the registered manager either the call was cancelled or a staff member visited later to complete the call. One person said “They have never missed a call.” Another commented “The service has been flexible to our needs. They increased support when it was needed and then decreased after the need had reduced.”

People were provided with appropriate information about the service, in the form of a service user’s guide and statement of purpose. We saw copies of these and the registered manager explained that they were given to each person and/or their relative. These ensured people were aware of the services and facilities available at the service. Information was also available about advocacy services. These services are independent and provide people with support to enable them to make informed choices. The provider produced a range of leaflets which explained different aspects of the service the provided such as care visits at home and helping with physical disabilities.

Is the service responsive?

Our findings

During our visit we saw a member of staff engaging with a person who used the service. We saw that the interactions were positive and that the staff member was kind and caring towards the individual. One person explained that they were supported by a staff member to get out and about into the community each day. They explained that that they went for a drive and either went shopping or out for a coffee or meal. They explained this was very important to them as they were in the house all the time and getting out each day helped to stop them feeling isolated.

We looked at six care plans and other care records for people who used the service. The care plans were well written and provided guidance on the care and support people needed and how this would be provided. Each person's file contained a copy of the care plan and risk assessments which were up to date. The risk assessments covered areas such as the environment, domestic duties, personal care, medication and nutrition where required. We found there was detailed information about the support people required and that it was written in a way that recognised people's needs. This meant that the person was put at the centre of what was being described. We spoke with two staff who were part of the care team. They were knowledgeable about the people they supported and what was required to meet their needs.

Each person had a care record visit book where details of each visit were recorded. We saw clear records of each visit which detailed the time of arrival and departure and documented the tasks that were undertaken by the carer and the general wellbeing of the individual.

We saw that people's care plans were reviewed on an annual basis, or more often where needs had changed. Each of the care records we saw showed an up to date review of the care needs. People commented "Times of arrival vary", "The service is good", "No issues, I like the carers", "No problems, I like the staff" and "It's nice to chat with the staff."

People who used the service and relatives told us they would feel confident in raising issues with the registered manager if they needed to. None of the people we spoke with had made a complaint. We saw a copy of the complaints procedure and noted that it was available in the office and a copy had been given to people who used the service. Having access to the complaints procedure helped ensure that people could be confident their views would be listened to and acted upon. We saw that one complaint had been received by the service and we looked at how this had been dealt with, and found that appropriate processes were in place. We saw that the complaints had been dealt with in a timely manner and to the complainant's satisfaction. We have not received any concerns about the service since its registration.

We saw a number of cards and letters complimenting the service during the visit. Comments included "Very happy with the care", "Many thanks for all your help" and "I am impressed with the professionalism of carers and their kind and caring attitude."

Is the service well-led?

Our findings

At the time of our inspection visit the registered manager had been registered for 10 months. During discussions with the manager we found she had a good knowledge of people's needs. She was able to describe the support different people required and how that impacted on the staff team. People and relatives said they knew who the manager was. They all thought she was approachable. One person said "I see the manager at meetings and I can phone her at the office." Staff and visitors also reported the manager as "If I phone the manager she will always call me back", "I have found the manager responsive to my needs" and "The manager visited me before I started using the service."

We spoke to staff about the support they received and they confirmed that the staff team was very supportive to each other. They said they worked well together and that they had access to the registered manager when they needed it.

The registered manager explained that the customer satisfaction questionnaire is sent to people each year. This was completed in January 2014. Some had been completed and returned to the service. All the questionnaires seen showed that people said staff treated them with respect and politeness and that they completed all the tasks required. They also confirmed that they knew how to make a complaint and that staff carried tasks out properly and professionally. Comments included "Would prefer a regular carer", "Happy with what I've got", "Ok at the moment" and "It suits me fine the way it is." We discussed with the owner and registered manager how the information was shared with people who used the service and others and they agreed that at present this had not happened. They agreed to look at completing an analysis and sharing the information with people who used the service and others who may be interested.

We had been notified of relevant incidents since the last inspection. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

We spoke with staff about their roles and responsibilities. They explained these well and were confident they knew their responsibilities.

Systems were in place to monitor and improve the quality of the service. We saw records showed these included audits on accidents and incidents, safeguarding referrals and care plan documentation. A record was kept of all accidents and incidents that occurred within the service. We saw that incidents included missed medications, late or missed calls and behaviour that challenges. Six incidents had been recorded over the last year. The registered manager confirmed they look at all accident and incident reports and they check for patterns or reoccurrences. For example if an issue reoccurs then they would look at this and undertake a review to see if a pattern was emerging. They would also liaise with the persons GP or social worker where appropriate. We saw a copy of the audits that had been undertaken. Therefore where people's needs changed prompt action was taken by the manager to ensure that appropriate professional advice and support was obtained.

Each person had a care record visit book where details of each visit were recorded. The registered manager explained that once the book was completed this was returned to the office where it was audited to ensure that entries were appropriately written and used to ensure the quality of the service was maintained.

Staff spoken with said team meetings were held regularly. We saw that the meetings had a set agenda which included staff recruitment, care related issues, business growth, health and safety, medication, safeguarding and other business. We saw a hand written copy of the minutes and it was not clear if these had been shared with the staff team. The registered manager explained that staff that were not at the meeting would be informed of the contents during their next supervision session. Therefore staff had the opportunity to be kept up to date with current issues and changes within the service.