Easy Living Care Limited

Easy Living Care Limited

Inspection report

Unit 4a Oaklands Court
Tiverton Business Park
Tiverton
Devon
EX16 6TG

Tel: 01884255897

Date of inspection visit:
09 January 2017
10 January 2017

Date of publication:
06 February 2017

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 9 and 10 January 2017 and was announced. The provider was given notice of the inspection on 6 January 2017 because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Easy Living Care Limited is a domiciliary care agency. At the time of our inspection, the service provided personal care and support to about 58 people who lived in their own homes. The service covers the main towns of Tiverton, Cullompton and the surrounding villages. The service provided an overall number of between 800 and 1,000 care hours to people each week. People's contracted care hours ranged from two to 35 hours a week. Frequency of visits ranged from two to 28 visits a week. The service employed approximately 40 care workers.

The service has 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.

People were very complimentary and happy with the service provided. Comments included, "I find that all my carers are very cheerful and helpful when they come. It brightens up my day"; "All very kind and friendly to me … always do what I have asked", and "I can't thank you enough and your band of carers for the treatment I receive. I look forward to the visit from them."

Staff were safely recruited, well trained and received supervision in their job roles. They felt valued, included and felt their opinions mattered. Care workers enjoyed working for the service and comments included, "t's a lovely company to work for … I can't fault it here … it's a nice friendly, family atmosphere ... my opinions are valued" and "I am happy here … we are always busy but we all help each other." Regular staff meetings took place to update care workers on important issues.

Staff knew how to recognise the signs of abuse and the correct action to take if they had any concerns. The registered manager knew to notify the local authority safeguarding team and the Care Quality Commission about any concerns about suspected abuse.

When people started to use the service, an assessment of their needs was carried out. Each person had an individual care plan which identified risk assessments. Staff were aware of how to reduce unnecessary risks to people. Medicines were given out safely and people were assisted to eat and drink meals of their choices. Care workers monitored people's health needs and involved health professionals where necessary.

People confirmed staff sought their consent before providing any care and where people lacked capacity, staff demonstrated a good understanding of the Mental Capacity Act (MCA) (2005) and how this applied to their practice.

Staff developed positive and meaningful relationships with teams of regular care workers. People were treated with dignity, respect and privacy. Their independence was maintained and encouraged.

People knew how to raise any concerns or complaints and felt confident to do so. Where concerns were raised these were investigated and the appropriate action taken.

The service was open and inclusive and regular feedback was sought. The service was family run and the providers and registered manager carried out care calls when necessary. People and staff were very positive about the leadership of the service and felt communication was good. Further improvements in the management of the service were planned for the near future.

The provider had a range of quality monitoring systems in place which included spot checks, regular staff meetings and a range of audits. Annual surveys were sent out to gain people's feedback to improve the service. These were analysed and comments acted upon.

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.

People's individual risks were assessed and reduced as far as possible.

People were protected because staff understood signs of abuse and how to report any concerns. Where concerns were raised they were reported to the local authority safeguarding team and the Care Quality Commission for further action.

People were supported by enough staff who arrived on time, stayed for the required time and did not miss visits.

People received their medicines on time and in a safe way.

People were protected by a safe staff recruitment procedure.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received satisfactory training to do their jobs properly.

People were supported to eat and drink meals of their choice.

Staff recognised changes in people's health needs and involved professionals where necessary.

Staff offered people choices and supported them with their preferences. Where people lacked capacity, their legal rights were protected because staff understood the requirements of the Mental Capacity Act (MCA) 2005 and acted in accordance with them.

Is the service caring?

Good

The service was caring.

People and relatives said staff were caring and compassionate and treated them with dignity and respect.

People were able to express their views and be actively involved in decisions about their care.

People were supported by a team of staff they knew well and had developed meaningful relationships with them.

Staff protected people's privacy and promoted their independence.

Is the service responsive?

Good

The service was responsive.

People's individual needs were assessed and their care records reflected their care and support needs.

People knew how to raise concerns and complaints and were provided with information about how to do so. Any concerns raised were fully investigated and resolved.

Is the service well-led?

Good

The service was well-led.

The culture was open and inclusive and was family run.

Care staff felt supported, included and that their opinions mattered.

The management team worked well together and provided an out of hours on call service.

The service used quality monitoring systems to monitor the quality and safety of people's care.

People's views and suggestions were taken into account to improve the service.

Easy Living Care Limited

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 announced inspection took place on 9 and 10 January 2017 and was carried out by one adult social care inspector.

Prior to our inspection, we reviewed all the information we held about the service. This included looking at previous inspection reports and other information held by the Care Quality Commission (CQC), such as statutory notifications. A notification is information about important events, which the provider is required to tell us by law.

We looked at two people's care records in their homes. We spoke with the two providers, the registered manager, three office staff and eight care staff. We also spoke with two relatives.

We looked at the following records: three staff files which included recruitment records for two new staff; systems for assessing staffing needs; staff rotas; staff training and supervision records; quality monitoring systems such as audits, spot checks, competency checks; complaints and compliments, and the most recent quality survey returned from people and their relatives using the service.

Following the inspection, the registered manager contacted CQC and sent information and new systems of record keeping put in place.

Good

Is the service safe?

Our findings

People had individual risk assessments completed and care plans written for needs identified. For example, those people who were at risk from moving and handling. However, one care plan included information for the care worker to check the person's skin for pressure damage. There was no risk assessment in place to identify why the person was at risk and how the risk would be reduced. However, this person's family member said staff checked for skin damage at each visit. This was discussed with the registered manager who agreed this person's risk assessment would be reviewed and updated to include all the risks identified. The service was in the process of introducing new risk assessments based on a scoring system. When fully in place, these would provide staff with more clear information as to how to manage and reduce risk as much as possible. Environmental risk assessments were also undertaken in people's homes to reduce risks to both themselves and staff. For example, security, furniture and equipment.

In the risk of an emergency, such as poor weather, flooding or staff sickness the co-ordinators knew which people were vulnerable and would require care as a priority. For example, this may be because they had complex health needs, no relatives or were isolated. However, no formal system was held centrally. This meant it might not be available immediately. The co-ordinator agreed to put one in place based on a traffic light system of red, amber and green dependent upon each person's individual needs

People felt safe being cared for by Easy Living. They knew the management team and the care workers well. People's comments included: "It's an excellent service … they (staff) are all very good … I recommend it in glowing terms", "I am very pleased with the service" and "They brighten up our day and I would recommend the service to others." Feedback from surveys said, "The regular carers are excellent and cannot praise them enough" and "I am very pleased in the way your staff conduct themselves … they all mean so much to me." One relative said, "We have two people every day … they always come in twos … we have a team of ten regular care workers."

People had a team of regular care workers. This meant they were cared for by staff who were familiar with their needs and were able to build up relationships. In periods of absence, such as staff sickness or holidays, other staff were able to step in and provide continuity of care for them.

People and relatives said the service was very reliable and there were never any missed visits. Two relatives said if care workers were running later than 15 minutes, they received a telephone call from the office to let them know. They appreciated this. One care worker said, "We are allowed 15 minutes earlier or later. Any later and we ring the office to let them know." People received a rota in the post each week to tell them who would be coming to their homes for the following week. This meant people knew which care worker to expect. If there were any changes to the rota, such as staff sickness, people were informed and updated of the changes. One relative said, "We get a list who is coming … I find it really useful to know who it is." Another relative said they had experienced problems in the past with staff arriving early for visits and they had discussed and resolved this with the registered manager. This was now resolved. One person's home had a mobility hoist with a tracking system attached to the ceiling. This person's relative said they felt safe when staff used the hoist as they were trained and competent.

The service assessed their staffing needs and took on new packages of care, where they were confident they had the staff to provide the care required. If they did not feel they could fulfil the package of care, they were handed back, for example in a remote area with no local staff available. The registered manager said some isolated rural areas were more difficult to recruit staff to work in than others. To encourage staff to work for the agency, they employed people who did not have a car but could walk or use a bicycle.

People received their contracted care hours. The service had worked closely with the commissioner of one person to adjust their care hours to meet their individual needs. Two people said, "They can manage to look after me in half an hour … they never leave early … I am very pleased with the service" and "It's an excellent service … there's not one of them (staff) I wouldn't want coming in my home." A relative said, "They always do their contracted hours … they do what I want them to do … I would recommend this service to other users … you hear of other agencies but this one is very good."
Is the servic aring?
People and relatives knew who to contact if they needed to get in touch with the service. Contact details with telephone numbers were held in people's care files in their homes. A 24 hour on call system provided people and staff with support and advice by the management team out of hours. This consisted of one person and a 'back-up'. In periods of short notice absence, such as unplanned staff sickness, the person on-call either arranged for another care worker to take the care calls or they did the care calls themselves. Both the providers and registered manager undertook care calls which gave them the opportunity to maintain contact with people. Care staff said management were always available for advice and guidance. One care worker said, "There is always someone available on call."

The service followed safe recruitment procedures. Prospective staff had an interview and were asked questions based on their knowledge, skills and experience. Safety checks included undertaking checks of identity, qualifications, seeking references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager intended to update the questions asked at interview. When this is in place, it will provide a more robust and consistent approach to staff recruitment.

People's medicines were managed and administered safely. All staff received training on medicine administration. Their competencies were checked when 'spot checks' were undertaken in people's homes. The majority of people's medicines were in monitored dosage systems (MDS) and staff signed the medicine administration record (MAR) to say they had been given. The amount and frequency of medicines was also recorded in the care plan as well as the MAR chart. If medicines were not given, the correct code was inserted on the MAR. For those medicines which were unable to be stored in the MDS, they were managed and signed for separately. MAR sheets were audited regularly when they came back into the office and any discrepancies or gaps in documentation discussed. For example, missed signatures, any gaps in entries, or wrong codes used.

When people had accidents or incidents these were recorded and monitored. The person's relative was informed. The registered manager reviewed all completed forms to ensure the necessary action had been taken. Where a person sustained a bruise, mark or injury, these
were documented on a body map, so they could be monitored. Where any incidents
were reported, the registered manager undertook a full investigation to identify any improvements needed.

Staff had completed infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks. 'Spot checks' of care in people's homes included checking staff practice was in accordance with the agency's infection control policy and procedures. All care

staff said they had plentiful supplies of gloves and aprons available at all times.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about care staff and felt they had the training and skills required to meet their needs. One person said, "They know what they are doing … they come over as professional." Other comments from the recently returned survey included, "I feel that all carers are fully confident/knowledgeable about some of the equipment they are required to use" and "My needs have been largely met with profession, courtesy and continuity of care."

New staff received a thorough induction and completed the national Skills for Care Certificate training. This is a set of standards that social care and health workers are expected to adhere to in their daily working life. New staff had a period of shadowing before they began work on their own. This was a minimum of two weeks but as long as was required. One care worker said, "I was really nervous when I started work here … I had never done it before … I did extra shadowing and now I love it … I make a difference in helping people in their day to day life."

Training records confirmed staff had received recent training on various subjects. These included safe moving and handling, medicine administration, safeguarding vulnerable adults, first aid, food hygiene, infection control, record keeping and health and safety. Each person's training record was checked monthly to see what training or updating was required. Staff gave positive feedback about their training and development and said they felt well trained to do their jobs properly. Two care workers commented, "We have enough training to do our jobs" and "I feel well trained and feel I make a difference." Training took place from outside trainers, in house and the use of DVD's. Practical sessions, such as moving and handling, took place at the office where equipment was available.

Staff received regular supervision through one to one meetings, 'spot checks' and staff meetings. Staff had opportunities to undertake formal qualifications. A regular newsletter was sent out to staff to inform them of important events, such as new information and birthdays of the people they cared for.

Staff supported people with their ongoing healthcare needs. For example, by arranging appointments with health professionals. Some care workers accompanied people to GP and hospital appointments if necessary. Where any changes in health needs were identified, staff liaised with health professionals and updated care plans.

Where people required assistance to eat or drink they were happy with their support. Meals were prepared, cooked and served as they should be. Care staff made sure people had food, drinks or snacks within reach before they left.

Staff sought people's consent before providing any care and treatment. One person said, "They always ask before they do anything." Where people lacked capacity, staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and how this applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

The agency had recently introduced new care records which included a formal assessment of people's mental capacity. The service had been involved in making 'best interest decisions' for those people who required it. They actively monitored people's health and welfare conditions whilst reporting any changes to the commissioning professionals. For example, care staff had identified one person who kept falling at home. The service had worked with other professionals to help look after the person in their best interest at home before they moved to full time residential care. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order.

Good

Is the service caring?

Our findings

People and their relatives were unanimously complimentary of the staff who looked after them. This included comments received verbally, from the service survey and compliments letters.

Caring relationships had been developed by a regular team of care workers who met people's specific needs and wishes. Comments included: "I would just like to say how please we were with (three care workers) who came to look after my husband … they were very caring and respectful of him and very supportive towards myself and the other family members … it was lovely to welcome them to our home"; "Thanks for your kind and professional care"; "Thanks to everyone who visited (person) and looked after her so brilliantly"; "All the carers are very friendly and helpful"; "I find that all my carers are very cheerful and helpful when they come. It brightens up my day"; "All very kind and friendly to me … always do what I have asked", and "I can't thank you enough and your band of carers for the treatment I receive. I look forward to the visit from them."

Staff supported people and their relatives to express their views and be involved in decisions about their care and support needs. Before the service commenced a senior member of staff visited the person to assess what care and support they needed.

People's care records included personalised details about how each person wanted to receive their care and support. Staff involved people and families in assessing their needs and developing their care plans. One relative said staff involved them in all aspects of their family members and worked together when the person's care needs changed. One person said, "Our son and daughter live away and have a great peace of mind knowing that 'the girls' keep an eye on us each day." Care records also included personalised details of people's past lives, hobbies and any interests. Staff said this information helped them chat to people about their individual interests.

People said staff treated them with privacy and dignity, whilst encouraging their independence. One relative said, "They (staff) always speak with respect and dignity … they encourage his independence … they are always professional and cheerful." Another relative said, "I'm a chatterbox … they brighten (family member) up and it does her good … they're so kind." One person said, "They (staff) are all very good and keep me going especially when my mobility got bad." Two care workers explained how they ensured personal care is carried out as discreetly as possible and kept the person covered as much as possible.

Good

Is the service responsive?

Our findings

People were involved in developing their care and support plans. The service currently had two types of care plans in place, an older style one and a newly developed one. Along with new risk assessment records, these new care records were being gradually introduced. The registered manager said these were not in place for all the people who used the service but this was planned for the near future. The older style was being replaced with a newer type; these included more information and detailed people's personalised care. For example, "… cream my back, help me to get my top half dressed … check if I need a shave and if I do please assist me with this."

Where people's care needs changed, care staff informed the office and called the appropriate professional such as the GP. If people's individual needs changed, with either increased or decreased contracted hours, senior staff made commissioners aware. This meant the person's care package was reviewed and amended if agreed.

Care plans were not drawn up and reviewed. However, this was carried out on an 'ad hoc' basis by a senior member of staff. The service had no senior staff who regularly planned and monitored care records in people's homes and carried out reviews. The registered manager said it depended on when a senior care worker visited a person and carried out the review whilst also carrying out the care call. The management team had identified they needed to review this process and ensure reviews of care were carried out routinely and planned in the diary accordingly. This was because the service had grown in the number of people it provided care for, but the care reviewing process had not been changed.

All people and relatives spoken with said they were very happy with the service and had no complaints, only compliments. A relative said they had contacted the office "a couple of months ago" and raised an issue with the registered manager about communication. They said this had now been resolved to their satisfaction.

People were made aware of the complaints system when they started using the service and had details of how to raise a complaint in their homes. They said they would have no hesitation in making a complaint if it was necessary and would ring the office. Where a complaint had been made, there was evidence of it being dealt with in line with the service's procedure. All complaints were investigated and an outcome letter sent out to the person making the complaint. Complaints were held both on electronic and paper records. An audit trail of all complaints was carried out until the complaint was resolved and closed. For example, staff had identified an area of concern for one person they visited. This related to the temperature of the person's home. There were clear records of what action had taken place and the result was a heater was eventually put in place.

Good

Is the service well-led?

Our findings

Easy Living Care Limited is a relatively small domiciliary care service which is family run. The two providers spent time at the service, regularly helped in the office and covered care calls when necessary. The registered manager had worked at the service for five years. The service had two care co-ordinators who also covered care calls when necessary.

The service promoted a positive culture that was open and inclusive. The registered manager said the philosophy of care was to "give people the choice to be able to stay in their own home … and give over and above what is expected … 110%. This was reflected in their statement of purpose. From feedback received from people and relatives, it was clear some staff went the extra mile. For example, one care worker stayed at work an extra hour in their own time. A second care worker changed her regular day off as one person had requested care on that day. A third care worker cooked and delivered a Christmas lunch for one person who would otherwise have been on their own. One person wrote, "Sincere thanks to all the ladies who looked after my (family member) and can't thank you enough for the high standards of care you provided for her." Another person said, "I call them (care workers) 'the girls' and they mean so much to me to be able to stay in the bungalow with my husband … nothing is too much trouble … my life would be so different without them … they are invaluable to me each day."

Care workers spoke of how much they enjoyed working for the service and how they felt valued and included in the day to day running of the service. They said communication was good and one person and one staff member said, "(registered manager) helps in decision making and I feel supported … never afraid to ask for help … the registered manager is only a phone call away." Other staff comments included, "It's a lovely company to work for … I can't fault it here … it's a nice friendly, family atmosphere ... my opinions are valued" and "I am happy here … we are always busy but we all help each other … there is always someone at the end of the phone" and "I came to work here as I had heard it was really nice … and it is I really enjoy working here."

The service was organised into two geographically based teams with five senior care workers. Care workers were linked to a co-ordinator in the office that organised people's care and
staff rotas. This meant people received good continuity of care from small teams of staff who got to know them well. Although the agency had grown significantly since it first started, it still ensured a 'family feel'.

The registered manager was supported by the providers, senior care workers and co-ordinators in the office. The management team had identified they needed to improve the organisational structure of the service in light of the rapid growth of the service. They were currently looking at people's specific roles and the overall infrastructure of the service. For example, there was no deputy manager to cover the registered manager's absence and there was a lack of definition over the senior care worker role. This had not impacted on the care delivery, but had been identified as an area which needed improvement.

People and staff were regularly consulted and asked for their feedback, suggestions and ideas.
Feedback from people using the service and relatives was obtained through the use of satisfaction

surveys and one to one meetings. A yearly questionnaire which sought feedback on the quality of service delivered. The last one had been analysed and gave between 80-100 per cent satisfaction rates.

The provider used quality monitoring systems to continually review and improve the service. The management team were in the process of changing paperwork and improving the record keeping in the office by introducing new systems. For example, checklists, spreadsheets, care plans and risk assessments and recruitment practices. Accidents, incidents and complaints were closely monitored to identify any trends.

The service was flexible and took into account care worker's personal lives. Two care workers said, "The management treat us compassionately and we can change our rotas if we give enough notice for things like doctor's appointments" and "They look after us … I love it here or else I wouldn't be here." Staff attended regular staff meetings. They felt these were helpful to discuss any issues. These had taken place as one big meeting. However, the registered manager planned to develop these into two staff meetings for the two large areas of care covered. They felt this would identify local issues and improve the quality of care delivered. Where any concerns about standards of practice were identified for individual staff, this was dealt with through individual support and retraining to check staff followed correct procedures. Where concerns persisted, people were protected because poor practice issues were dealt with through formal disciplinary and capability procedures. For example, if care workers did not attend two training sessions when requested, their work stopped until they had completed the training required.