

EBS Instant Care Limited

# EBS Instant Care LTD

## Inspection report

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23 August 2017

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an announced inspection of the service on 16 and 23 August 2017.

EBS Instant Care provides personal care and support to people living in their own homes. There were eight people receiving care under the regulated activity at the time of our visit. This was the first rated inspection of EBS Instant Care since they registered with CQC in February 2016.

There were two managers registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider's representative confirmed there were two registered managers who shared the responsibilities for the service.

People were supported in a safe way by staff who cared for them in their own home. Staff understood their role in safeguarding people and they knew how to report concerns. Assessments of the risks to people's safety were in place and regularly reviewed by the management team.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place. People's medicines were managed so they received them safely and as prescribed.

Staff received training, regular supervision and felt supported by the management team. The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people. People were supported and encouraged to follow a healthy and balanced diet. Staff were vigilant in regards to people's day to day health needs and sought guidance from health professionals when required.

People and their families had a good relationship with the staff that cared and supported them. The service adhered to their equality and diversity policy. Care plans reflected people's human rights. Information was available for people if they wished to speak with an independent advocate. People were supported to live as independently as possible.

People received care that was personalised to them. Systems were in place to routinely listen and learn from people's experiences, concerns and complaints.

People, their relatives and healthcare professionals gave positive feedback about the service and how it was run. The culture of the team was described by staff as one of close team work with good communication.

People and staff were aware of the provider's complaint procedure and how to raise concerns if needed. Complaints received within the last 12 months had been dealt with in a timely manner.

## 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 were protected from bullying, harassment, avoidable harm and abuse as staff were knowledgeable and understood their responsibilities to protect people from the risk of harm.

Assessments of the risks to people's safety were in place and regularly reviewed.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place.

People's medicines were given as prescribed.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that received the training and supervision required to carry out their roles.

The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people.

People were supported to have sufficient to eat and drink to help maintain their health and well-being.

People's day to day health needs were met by staff who understood how to meet the needs of the people they cared for.

### Is the service caring?

Good ●

The service was caring.

People and their families had a good relationship with the staff that cared and supported them.

People received care that was personalised to them

People were involved with decisions made about their care and support.

Information was available for people if they wished to speak with an independent advocate.

### Is the service responsive?

Good ●

The service was responsive.

People received their care as planned, and these plans were reviewed regularly or as people's needs changed.

Systems were in place to routinely listen and learn from people's experiences, concerns and complaints

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

People, their relatives and healthcare professionals gave positive feedback about the service and how it was run.

There was a clear vision of providing person centred, safe care.

There were arrangements in place to monitor the quality of the service and improve the service. However, some audits were not regularly completed or recorded to identify all inconsistencies found.

The registered manager was not able to locate key documents or provide assurances that adequate monitoring of the management of medicines.

# EBS Instant Care LTD

## 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 16 and 23 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. The inspection team consisted of one inspector. Before we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We looked at the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Questionnaires were also sent out to people who used the service, their relatives and other professionals to obtain their views of how the service was run.

During our visit we spoke with one person who used the service and one relative for their feedback about the service provided. We spoke with four staff including two care staff, the registered manager and the provider's representative.

We looked at all or parts of the care records for five people, and two people's medicine records. We also looked at the training and induction records for five staff along with other records relevant to the running of the service. This included policies and procedures and records of associated quality assurance processes. We also consulted other professionals and commissioners of the service who shared with us their views about the care provided.

# Is the service safe?

## Our findings

People were supported in a safe way by staff who cared for them in their own home. One person's relative told us their relation felt very safe with the staff who cared for them. People told us through questionnaires we sent out that they felt safe with the service provided.

People were protected from bullying, harassment, avoidable harm and abuse. Staff were knowledgeable and understood their responsibilities to protect people from the risk of harm. Staff had received safeguarding training in how to protect and keep people safe and one member of staff demonstrated this by describing the procedure they would follow to raise any concerns. A whistleblowing policy was in place. Staff told us they were aware of the policy and were confident to use it should the need arise. The registered manager followed the provider's policies and procedures and reported any concerns to the local safeguarding team.

Risks to individuals were managed so that people were protected and their freedom was supported and respected. People were assessed for potential risks, such as, moving and handling, falls, personal care and the risks associated with living with conditions such as diabetes or dementia. People's needs were reviewed regular and any changes acted upon to ensure people's needs were met. Staff followed people's care plans that gave clear instructions on how to reduce these assessed risks.

Environmental checks were in place for each person's home. Risk assessments identified plans for exits in case of fire. This was further supported with emergency numbers and contacts along with areas and items that may be hazardous to people or staff.

The service had plans in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service, for example, severe weather conditions. This meant that people would not be left without support in such an emergency. The service had a 24 hour call system in place and there was a procedure in place to ensure management could be contacted should the need arise. The provider's representative gave us an example of how the system worked. They said, "One member of staff's car broke down while on the way to a care call. The member of staff contacted the person to let them know they would be late. The member of staff also contacted a team leader who attended the call, so the person was not left without care.

There were sufficient numbers of suitable staff in place to meet people's needs and to keep them safe. One person said, "I always get the same member of staff." Staff rotas showed people were allocated staff at their agreed times and staff had travel time allocated between calls. One member of staff said "There are lots of staff to cover all shifts." The registered manager told us there was a system in place to calculate the number of staff required to provide all of the care which appeared to work well. They told us since the system had been put in place all calls were covered in a timely manner. There were no missed calls recorded.

Any shortfalls in the staffing levels due to absences were covered. There was a system in place to monitor all care calls; the system identified if a call had been attended or not. The system was monitored on a daily

basis. The member of staff responsible for monitoring the system told us If a call was 15 minutes late this would alert them to take immediate action. They would contact the person along with the member of staff who was responsible for providing the call. The registered manager said, "Action would be taken to ensure people received their care as planned, by providing another member of staff to attend the call." For example, at times senior management had stepped in to provide transport for staff to ensure they reached the next call on time. The management team had also provided care calls where cover was required at short notice.

Safe recruitment and selection processes were followed. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Where required checks were undertaken to ensure staff were able to legally work in the United Kingdom.

People's medicines were safely managed. People received their medicines as prescribed. One person said, "Staff remind me to take my medicines." Staff had received training in medicines management. They demonstrated their knowledge and told us how they supported people to take their medicines in line with the provider's medicines policy. Staff recorded the medicines they administered on Medicine Administration Records (MAR), which were checked periodically to ensure they had been completed correctly. However we did not see that staff had completed a formal competency test in the management of medicines to ensure on-going compliance with their policies and safe medicines management.

# Is the service effective?

## Our findings

People and their relatives spoke positively about the way staff supported them and their family members. We received feedback from our questionnaires and the responses were positive. People felt they received effective care. One relative said, "Staff complete all tasks for [Name], they know what they are doing."

People were supported by staff who had the knowledge and skills to meet their needs. Staff told us they had sufficient training to support their role and provide care to people effectively for example, in using equipment to help people to move. One member of staff told us "It is important to make sure we can use the equipment safely."

New staff undertook an induction when they first started working at the service. Where appropriate they had undertaken the Care Certificate training, which covered relevant modules in social care. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff confirmed and records showed the induction and training was designed to equip staff with the skills needed to support people safely. This included subjects, such as, safe moving and handling, safeguarding of adults and managing behaviours that may challenge others. Staff were encouraged to develop their skills and to complete vocational qualifications in adult social care. Seven staff had undertaken the care certificate combined with their National Vocational Qualification (NVQ).

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Staff confirmed supervision and appraisals had taken place. The registered manager told us staff supervision was completed every six weeks, but if the need arose they would bring staff in immediately to address issues and concerns. Records we looked at confirmed this and recorded conversations had with staff about any development needs, along with areas for improvement in their practise.

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. We checked whether the service was working within the principles of the MCA. For example, where people's family had Lasting Power of Attorney the level of their involvement was recorded. Mental capacity assessments were in place and the provider had reviewed the assessment form to ensure they were relevant and up to date.

People consented to care and support they received. One person said, "Staff always ask my permission before they do anything for me." Care plans we looked at identified people were given choices and were able to make decisions about their day to day life. One member of staff said, "We promote independence where possible and give people as much choice and input about their day to day lives. Staff demonstrated they had a good understanding and were aware of their responsibilities under the principles of the MCA."



People received enough food and drink to help maintain their health and well-being. The provider had implemented systems to improve people's diet. They had identified that staff were heating up ready meals supplied by families. The service introduced healthy eating training for their staff who were encouraged to cook people a fresh meal at least twice a week. The provider's representative told us "We've seen fantastic results." They had received positive feedback from families and one person's health had vastly improved. The person gained strength through healthy eating. The person gained confidence in speaking to people, as staff interaction encouraged the person to talk about everyday things. This in turn helped the person go out into the community, something they had not done before starting with the service.

Staff continued to monitor what people had to eat and drink on a daily basis in the daily record log and referred people to their GP where they had concerns about people's diet.

Staff had information about who to contact in an emergency. Staff were vigilant to people's health and wellbeing and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. Health professionals told us that staff were proactive in referring people to them appropriately. For example, staff had worked closely with district nurses to monitor one person's health which had resulted in appropriate medical intervention when needed.

## Is the service caring?

### Our findings

People and their relatives told us staff were caring and kind. One person told us they had a good relationship with the staff who provided support for them. One relative said, "We have a good caring relationship with the staff."

Staff were allocated people within the area that they lived to ensure calls were completed in a timely manner without compromising the time spent with each person. For example, scheduling sufficient travel time between visits. The service promoted continuity of care, so people knew who were caring for them on a regular basis. This also meant staff got to know the person well and could identify changes in needs quickly and reported back to the management team.

People's care plans were written in a way that helped staff provide personalised care. For example they contained information about people's preferred names and their life histories.

People were supported to express their views and were listened to. One person said, "The management contacted me via telephone to make sure I am Okay." The service also sent out a survey where people had provided positive feedback about the kindness of staff. There were additional arrangements in place to gather the views of people during care reviews and supervision of staff. One person told us how staff supported them in their Christian life, which was important to them. They said, "I have great respect for [named staff] they support me in my religious beliefs."

Staff adapted their communication for people who could not always make themselves understood. For example staff used a form of sign and body language where one person could not speak English.

Staff had undergone training in respecting people's individuality and they adhered to the provider's equality and diversity policy. Care plans had been written to reflect people's needs. For example, one person liked their meals prepared in a specific way. There were instructions for staff in the persons care plan. This detailed how staff should prepare the meal to the consistency of the specification that the person would enjoy.

People's dignity and privacy was respected at all times. One member of staff described how they supported people with personal care. They said, "We let people do things for themselves to make sure they keep their independence at all times. Like if they want to brush their hair, or if they want to dress themselves we do not rush them." One person told us how staff treated them with dignity and respect. They said, "staff are very polite and always ask me what I want." The provider's representative gave us an example of how staff went outside the care call and supported a person. With the person's consent they rearranged their living quarters, so the person would have more privacy when going to bed.

People had access to an independent advocate. The registered manager worked closely with the local authority to understand what information and support was available and then signposted people to information and support.

## Is the service responsive?

### Our findings

People's needs were assessed before they received care to determine if the service could meet their needs. Care was planned and delivered in line with people's individual preferences, choices and needs. One person said, "The service are responsive to my needs and respond well to changes I make in my care and support." One relative said, "I am involved in decisions about my relation's care." Staff confirmed this, one said, "We involve people, their family and other professionals to make decisions about the support they need."

People received care that was personalised to them. People received consistent care provided by the same member of staff most of the time to ensure they received responsive and effective care. One person told us they always had the same member of staff to care for them. People had signed to say they had taken part in their reviews and agreed to their care plans. Staff demonstrated they were aware of the content of people's care plans. For example, instructions on how to use equipment – how people liked to receive their care. The registered manager gave us an example of how staff had completed a spot check visit to a person's house. They told us staff had observed the equipment being used was not fit for purpose. They arranged a review of care with the relevant health care professional Occupation Therapist. This was to ensure the person received the right equipment to support their needs. Care plans were reviewed on a regular basis to make sure care and support was accurate and up to date. Care was delivered as planned. Daily records we looked at confirmed people received care relevant to their needs.

People were enabled to take part in social activities as their call times were adapted to enable them to attend. One member of staff told us about a person that visited a day centre on certain days of the week. The person's care plan identified how staff should support this person to ensure they were up and ready on these days, as it was important for the person to attend the centre.

There was a system in place to routinely listen and learn from people's experiences, concerns and complaints. One relative told us how they had to raise a concern some time ago. They said, "The concern was dealt with quickly and I was satisfied with the result." People were confident they could raise a complaint and had the information how they should do this. Each person had received a copy of the provider's complaints policy with the information about the service and how it was run. Records we looked at told us when concerns were raised the provider had systems to monitor these concerns on the electronic system. They showed us how information was recorded and stored. The provider's could produce a report for each person who had raised any concern. This included date, time, incident and action taken where required. This showed us there was an audit trail for concerns and complaints.

Staff were aware of the provider's complaint procedure and how to raise concerns if needed. Records showed any complaints received within the last 12 months had been dealt with in a timely manner.

## Is the service well-led?

### Our findings

People who used the service and their relatives gave positive feedback about the service and how it was run. People and their relatives told us they had completed a questionnaire in how the service was run. We saw copies of surveys completed for April 2017. The feedback was positive. One person confirmed they had been with the service a number of years and felt the service was well managed.

The service promoted a positive culture that was person-centred, open and inclusive. Staff felt the service provided a good service and this was reflected in questionnaires and surveys completed. One staff member said, "People get consistent care staff and weekly set Rotas." Staff told us the service was 'brilliant'. They said, "I like the calm gentle way the management and other staff talk to people." The culture of the team was described by staff as one of close team work with good communication.

The registered manager told us the vision for the service was to deliver good quality care that was achieved by a competent workforce. Staff confirmed they supported the vision of the service. They said that they were satisfied the provided good care and people were genuinely happy to see them. This was further supported by a dignity champion. They told us there was a system in place to identify the star of the month where staff had gone above and beyond to encourage people and staff to always put dignity first. The quality of the staff work was monitored. Spot checks were carried out by the management team. Feedback from people who used the service would link into the process to identify how the staff achieved and adhered to sharing good practice across the service.

There were two registered managers in post. One was on holiday at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The roles and responsibilities were shared by both managers. The provider's representative told us one manager was newly recruited and was completing their training and probationary period. The provider's representative said in time one of the registered managers would step down, so only one remained. This would be when they were confident the newly recruited manager could demonstrate they were fully competent in their role.

The registered manager demonstrated their commitment to providing a good service for people. They had a clear vision of providing person centred safe care. They ensured that staff had clear communication channels with each other and the management to ensure they were providing the best care to people.

There were systems in place to monitor and improve the quality and safety of the service. Regular audits were conducted. For example, staff spot checks and care plan reviews. Where issues had been identified the registered manager had taken action to improve the service and continued to monitor the quality. However, we found some audits were not always recorded. A medicine audit undertaken by an outside organisation in May 2017, which included completing MAR charts and medicine competency tests for administering medicines. This audit identified some concerns. Medicine audits undertaken by the service in June 2017 did not include or identify these concerns. We could not be assured the service had taken action to respond or make appropriate changes to the way this was managed.

During our inspection we had concerns that the registered manager in charge of the business whilst the provider and other registered manager were abroad did not understand the needs of people using the service. Although this manager contacted the provider abroad to gain some of the information we had requested, this manager did not know whether people had conditions such as dementia or Parkinson's disease. We found that people were receiving their care as planned and staff understood their needs.

The registered manager was also unable to locate key documents for policy and procedures relating to mental capacity.

Through the provider information return (PIR) the provider told us they had invested in recruiting the right team structure to ensure the service was run well. Some staff had been in post for only a short time.

We contacted health and social care professionals for feedback about the service being provided. They gave positive feedback and felt the service asked for advice and tried hard to continuously improve the quality of care.

The registered manager told us the vision for the service was to deliver good quality care that was achieved by a competent workforce. Staff confirmed they supported the vision of the service. They said that they were satisfied they provided good care and that people were genuinely happy to see them.

The provider told us via the provider information return, how they planned to make improvements to the service by implementing a rapid response team, which would provide additional emergency capacity to supplement the core care team. This system was in place at the time of our visit. Care coordinators manage and oversee the delivery of care for each person who uses the service. There was a 24 hour access to care call operations seven days a week.

Staff team meetings were used to inform staff of any changes in people's needs, and of new people joining the service. Team meetings were used to relay feedback from people who used the service.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.