

Edesy Homecare Ltd

Edesy Homecare

Inspection report

Unit 1A
Parkend Road, Whitecroft
Lydney
GL15 4PA

Tel: 01594540426
Website: www.edesyhomecare.co.uk

Date of inspection visit:
31 July 2019
02 August 2019

Date of publication:
28 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Edesy Homecare is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 35 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People may be at potential risk as staff did not always have the information and guidance they needed to support people to manage their care and associated risks. Comprehensive care plans detailing people's preferences, medicines support and consent to care were not always in place.

Effective systems were not fully in place to monitor the quality of the service being delivered and staff development. We have made a recommendation about the governance systems used to monitor the service.

People and their relatives were positive about the caring nature and approach of staff. People told us they were supported by staff who were kind and compassionate. They told us they felt safe when staff visited and were confident that any concerns would be dealt with promptly. Appropriate numbers of staff who arrived on time supported people and stayed for the designated amount of time to deliver the care and support people required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff felt trained and supported to carry out their role. They could seek advice from the registered manager and management team. The registered manager and staff were passionate about the care they delivered and were driven to improve the service. They communicated and engaged with others such as family members to improve the lives for people.

The registered manager acted on concerns to ensure people received care which was safe and responsive to their needs. Staff were trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on.

The registered manager monitored the delivery of care through staff observations and feedback from people. They were reviewing and implementing the systems and policies they used to monitor the quality and effectiveness of the service such as staff recruitment and performance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Enforcement

We have identified breaches in relation to management of people's risk at this inspection. Please see the action we have told the provider to take at the end of this report.

Rating at last inspection This service was registered with us on 4 July 2019 and this is the first inspection.

Why we inspected

This was a planned inspection after the service registered with CQC.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress and we will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Edesy Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 July 2019 and ended on 2 August 2019. We visited the office location on 31 July and 2 August 2019.

What we did before the inspection

We reviewed information we held about the service and sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, deputy manager, two care coordinators and four staff members and reviewed a range of records. This included six people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with one person and six relatives after the inspection to gain feedback about the service they received.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; using medicines safely

- People were at potential risk of not receiving care that met their personal needs as comprehensive risk assessments and control measures had not been not in place to provide staff with the information they needed to support people. Whilst people's levels of specific risks had been assessed; the management and the actions required by staff to help mitigate people's risks had not been effectively recorded. This meant staff may not fully understand the actions they should take when supporting people, putting people at risk of receiving inappropriate care. For example, staff did not have access to detailed risk management plans to support people who were at risk of pressure ulcers, falls or behaviours that may challenge to assist them in understanding of people's risks.
- Staff responsible for the management of people's medicines did not always have the information they needed to manage people's medicines safely. For example, robust processes were not in place to guide staff on how they should support people who required staff to administer their 'over the counter' or 'as required' medicines. Staff responsibilities when they jointly administered and managed people's medicines with their families were not clearly recorded. This meant people may be at risk of not receiving their prescribed medicines, overdose or having medicines which may be contraindicated to their prescribed medicines.
- Consent to people's care and the management of significant risks such as the management of their finances and medicines had not always been obtained or carried out in accordance with the Mental Capacity Act 2005. This meant people may be at risk of not receiving appropriate care in their best interest.
- Staff had received some basic training relating to health and safety and the management of people's risks such as infection control as part of their induction. Certificates showed staff had recently received some additional training such as moving and handling and basic life support to enable them to support some people's risks. However, the registered manager was unable to demonstrate how staff had been trained or assessed as being competent in the knowledge and management of people's specific risks such as stoma care, falls awareness and infection control.

We found no evidence that people had been harmed. However, effective control measures had not been put into place to manage people's risks placing them at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager shared with us that through their auditing process they had identified some gaps in staff medicines management training and some discrepancies in the management of people's prescribed medicines and creams. There was evidence that the registered manager was acting on these shortfalls. For

example, plans were in place to implement body charts and medicinal cream charts to enable staff to effectively record and monitor when they supported people to apply creams to their bodies. Staff had recently attended additional medicine management training which would be followed up by a three-part observation and competency assessment of all the staff to ensure their training had been fully embedded in staff medicine management practices. We were told by the registered manager that staff training needs was being reviewed as part of staff development action plan.

Staffing and recruitment

- People were supported by a consistent and familiar staff team who worked in geographical areas across the county. Innovative arrangements had been put in place by the provider to retain and accommodate staff which ensured that people always received continued care and calls were never missed. This arrangement also allowed the staff to be flexible and responsive to people's needs.
- An effective electronic system was used to plan and schedule people's visits. People and their relatives confirmed that staff arrived on time and stayed for the full allocated amount of time. People told us they were informed in advance if staff were running late. Staff confirmed they had access to an on-call system if they needed support or advice outside office hours.
- The provider had carried out pre-employment checks to examine the employment history and criminal background of new staff including Disclosure and Barring Services (DBS) checks. The registered manager told us they discussed people's employment histories during the interview process to ensure staff were of good character. However, they had not always recorded an explanation of any employment discrepancies or risk assessed and implemented additional control measures to minimise the risk of people being supported by staff such as increased frequency of probation meetings and observations of their care practices. This was raised with the registered manager who informed us that they would review their recruitment systems to ensure they fully record any discussions relating to any discrepancies found while completing staff recruitment checks. This additional audit trail would help evidence that the registered manager had ensured all staff were of good character.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the potential risk of abuse because staff had received appropriate training and had a good understanding of the provider's and local authorities safeguarding policies and procedures. They told us they would contact external agencies if the management team did not act on their concerns. One staff member said, "I am confident that the managers would act on any safeguarding incidents if I raised it with them or I would go to social services."
- People told us they felt safe being supported by staff. They had been given copies of the provider's safeguarding and complaints policy at the start of the service which assisted people to understand and recognise poor care practices and abuse and how to raise concerns.

Preventing and controlling infection

- People and their relatives told us that staff maintained a high standard of hygiene while supporting people with their personal care and toileting needs. Staff confirmed that they had access to personal protective clothing such as disposable gloves and aprons.
- Staff were knowledgeable in infection control practices and had received infection control awareness training as part of their induction. The infection control practices of staff were assessed as part of the registered managers observations of staff.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents, incidents and near misses. We were told that all records of incidents were reviewed by the registered manager and prompt actions would be

taken such as additional staff training and a review of people care needs to reduce the risk of repeat incidents. Any changes to people's care and support would be immediately implemented and shared with staff through a secure communication system.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service started to support people by the care coordinator. People and their representatives were involved in the assessment and decisions about their support needs. The care coordinator told us they frequently carried out the initial support visits to better understand people's personalised care requirements. This information was shared with staff and informed people's care plans. A copy of people's care plan was kept in the person's home and a duplicate copy kept in the office.

Staff support: induction, training, skills and experience

- People and their relatives told us they were confident that they were supported by staff who had been suitably trained to support them. Staff confirmed they felt skilled and trained to deliver personal care to people in their own homes.
- New staff were required to undertake an induction period which included shadowing experienced colleagues and familiarise themselves with the services' policies and people's care plans. New staff were also required to complete some mandatory subjects and undertake the care certificate which is a set of national standards that health and social care workers adhere to in their daily working life.
- The registered manager and managers had an 'open door' policy in supporting staff. The registered manager told us they were in frequent contact with staff either by telephone or working alongside staff. The staff team told us they had developed a strong support network and felt supported and could contact the management team at any time
- The provider had recently invested in a new electronic system to help monitor and plan staff activity and performance. The registered manager was uploading information about staff training and development which was assisting them in identifying gaps in staff training. Plans were in place to improve the frequency and quality of staff supervisions and staff meetings to improve the staff support especially for staff who worked in a geographical area which was some distance from the office.

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

- Some people received support with their meals and fluids as part of their care package. Staff supported some people to plan, shop and prepare their meals depending on their abilities and levels of independence.
- Staff knew people's preferences and choices in their meals and were aware of people's individual needs. Staff monitored the food and fluid intake of those people who were at risk of malnutrition and dehydration. Staff supported people who had cultural and religious food preferences as required.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- Staff worked closely with relatives to monitor people's wellbeing. Relatives confirmed that staff contacted them if they had observed changes in people's health. Staff told us they would contact people's GP or ring 111 for advice if they were concerned about people's well-being. Staff gave us examples of how they had worked closely with relevant and appropriated health care professionals to ensure people's health and well-being was maintained such as occupational therapist. A secure communication system was used across the service to ensure staff were kept up to date in people's well-being and the support they required.
- Staff told us where possible they were flexible and supported people to attend appointments such as attending the GP or hospital appointments as required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). Staff asked people's permission to provide them with the care they needed. People told us they were always informed of the care being provided or given choices about the support they received.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; supporting people to express their views and be involved in making decisions about their care

- People received care from staff who were kind and who knew them well. One person expressed their views about the staff and said, "They are very kind and very caring – all of them. I am delighted with this company." Relatives also praised the staff and told us the staff were supportive and reliable. One relative told us, "They [the staff] are really nice, they give me lots of support as well." Other relatives commented positively about the quality of care such as "They are brilliant. Absolutely wonderful" and "They are excellent. They are always friendly and with a big smile."
- The service had received a number of compliments from people who received personal care from Edesy Homecare or from their relatives. People and relatives who we spoke with told us staff and the managers were very approachable and responsive to any concerns or issues they have raised. One relative said, "If you raise any concerns to [name of registered manager] he is on to it like a shot."
- Staff were respectful of people's unique and diverse needs. People told us they were treated with a non-judgmental approach and staff respected their wishes, views and choices. The staff we spoke with told us they were aware of the importance of offering people choice to enable and empower people to make their own decisions about their care. They explained that they always asked people to make their own choices or sometimes they showed items such as clothing or food to help people make their own decisions. People and their relatives confirmed that they were fully involved in decisions about their care and daily support. One person told us, "The carers don't do anything without asking me first. They are good like that."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff encouraged people to retain and promote levels of independence as far as they could. For example, relatives told us that staff supported people to carry out some of their own personal hygiene and maintain their mobility. One relative said, "It would be easier and quicker for the carers to do everything but encourage [name] to get involved." The staff we spoke with told us they were aware of the importance of offering people choice to enable and empower people to make their own decisions about their care and maintaining their independence.
- People and their relatives told us that they or their family member were treated with dignity and respect. They also told us that the staff upheld people's privacy when they provided care. When asked about how staff supported them with their personal care, one person said, "Oh yes, the carers are very respectful. They have a good balance of supporting me but giving me some privacy as well." One relative told us, "Staff always close the bedroom door to protect [name] privacy when they are being supported with personal

care." The staff we spoke with told us they were always aware of the importance of treating people with respect and protecting their privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff who knew them well. People told us staff were reliable, flexible and they were usually supported by the same staff team which helped staff to understand their support needs and preferred ways. One person said, "I see mainly the same team of carers. There is occasionally a new person but that's OK as I can tell them how I like things done."
- An assessment of people's needs was carried out before a service was provided which was reviewed on a regular basis or if their needs changed. Changes in people's needs were reported and monitored by staff and the care coordinator.
- Staff confirmed they were informed about people's care needs and support requirements and worked in conjunction with people's families.
- Copies of people's care plans were held securely in the provider's office and in the person's own home. The registered manager and on call staff had access to this information to help them check people continued to receive the right care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded. The registered manager told us people were given information about the service in a format that met their needs.
- People confirmed staff took their time to speak with them and gave them time to respond to their questions.

Improving care quality in response to complaints or concerns

- The provider valued people's feedback and used it as an opportunity to improve the service. People and their relatives were aware of how to raise a concern or complaint. Information of the provider's complaints procedure was shared with people when they started to receive a service.
- We reviewed the complaints file and identified that complaints were investigated, and action taken in line with the provider's policy. The registered manager had responded to complainants with their findings of their investigations and provided an apology and explanation.

End of life care and support

- At the time of our inspection, no one was receiving end of life care. The registered manager told us if people required end of life care, they would review each person individually and assess if they had the staff and skills to support people to manage their end of life care needs. They told us they would also seek advice and support from the person's GP and palliative care specialists to ensure people's wishes were fulfilled and they remained living comfortably in their own home.
- The registered manager was taking steps to ensure all staff would receive end of life care training to ensure that they had the skills to support people if they required end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider could not be assured that people received good quality care which met their needs as effective systems used to monitor the service had not been fully implemented. The registered manager explained to us that their focus during the first year after registration with CQC was to recruit staff and to develop the service in the local area. They had implemented spot checks of staff practices, worked alongside staff and obtained regular feedback from people to assist them in having some understanding of the quality of care people received while the service developed.
- However, improvement was needed to the systems used to monitor staff development and the quality and details of people's care records to ensure staff had the skills, support and the information they needed to support people. For example, staff supervisions (individual staff performance meetings) recruitment, staff meetings and some areas of staff training had not always been completed in line with the provider's staff development policies and people's personal care needs. The registered manager had not ensured that all staff were routinely introduced to people before they started to support people with personal care. Staff did not always have access to comprehensive records of people support requirements, preferences and the management of their risks and medicines. There had not been a consistent approach in ensuring that there was a record of people's consent to their care package or a mental capacity assessment of specific decisions relating to their care needs.
- We discussed our concerns with the registered manager and management team who told us that they had identified shortfalls in the quality management framework and had started the process of implementing a new electronic system which would assist them in monitoring the quality of the service and the management of staff. They had also identified that the service's policies needed to be reviewed and updated to reflect the practices of staff and the provider's standards of care. For example, the policy which provided staff with guidance on how to support people with their finances and medicines did not accurately reflect the staff practices and providers expectations.
- However, further time was needed for the quality framework systems to be fully developed and for the registered manager to assess if the systems being implemented were effective in monitoring and improving the service.

We recommend the provider consider current guidance on effective governance systems to assist them in

monitoring the service.

- The management team was in the process of developing an action plan to help them focus on areas of the service which needed to improve and were developing contacts with local and national networks and resources to enable them to improve and maintain their health and social care knowledge. The registered manager said, "We are open to anything that will help us improve. We just want to make sure what we do is the best we possibly do."
- The culture and values of the service were clearly embedded in staff practices and their approach when supporting people. People and their relatives told us that they received care which was person-centred and tailored to meet their individual needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; continuous learning and improving care

- The registered manager and team understood their responsibility to be open and honest with people and their families when things went wrong. A clear system was in place for staff to report any concerns, accidents and near misses promptly. The registered manager was aware of their legal obligation to report any concerns to CQC and to do so with transparency and to take action and learn from any mistakes.
- The registered manager had a proactive approach in responding to concerns and developing the service. They had employed a consultant who was helping them to direct and develop the service by setting goals and targets. For example, they were working on developing a contingency plan to assist the service to respond to any unexpected events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Staff understood they must provide person-centred care which centred on people's individual care and diverse needs.
- The management team spoke with people using the service regularly to check if they remained happy with the service they received.
- Quality assurance surveys had been sent to people and all the results received were positive. Plans were in place to extend the survey to staff and other stakeholders such as health care professionals. We were told that feedback from our inspection, people, staff and other stakeholders were important to the service as people's comments and experiences helped the management team to shape the future of the service.
- Staff told us that whilst staff meetings weren't regularly held, they felt supportive and informed of any changes. Secure systems were used to communicate and share any changes in people's care needs and the service's policies and procedures.
- The service had been responsive and had worked in conjunction with the local authority commissioners and CQC to address concerns about the service prior to the inspection. They had taken prompt action to ensure the concerns were addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective control measures had not been put into place to manage people's risks.