

East Midlands Homecare Ltd

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Inspection report

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Date of inspection visit:
15 September 2016

Date of publication:
01 November 2016

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

The inspection took place on 15 September 2016 and was announced. We gave the provider 48 hours' notice of our visit because we wanted to make sure someone would be in the office to talk with us.

East Midlands Homecare Limited is a home care agency supporting people who live in their own homes. At the time of our inspection 39 people used the service.

The service had 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 protected from abuse because staff had received training and knew how to recognise the signs of abuse. Staff knew the correct action to take if they suspected abuse. This included contacting other authorities such as the local authority safeguarding team or the police. Risk was assessed and staff knew how to provide care and support in the safest way. People were able to take informed risks and had their freedom supported and respected.

Staff were deployed in sufficient numbers to meet people's needs. People were supported with their medicines in a safe way. Staff had received training and had their competency assessed.

Staff had the skills and knowledge to ensure people received the care and support they required and in the way they preferred. Staff were supported and systems were in place to check they were working in line with the providers policies and procedures. People were supported to maintain good health and had assistance to access health care services when needed. People were asked for their consent and were encouraged to make decisions and choices.

Staff worked in a flexible way so that people's changing needs could be accommodated. Additional care and support was provided when required and people spoke highly about the staff and said they were kind and protected their privacy and dignity. People were involved in developing their care plans and asked for their feedback on a regular basis. Systems were in place to monitor the quality of the service. People knew how to make a complaint should they need to and were confident that staff would take action

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 the risk of abuse. Risk was assessed and people were able to make informed choices and had their freedom respected. Staffing numbers were sufficient to meet people's needs and keep them safe. People had their medicines managed in a safe way or were supported to manage their own medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills required to meet people's needs. Staff understood the Mental Capacity Act and supported people to make choices and decisions about their care. People were supported to eat and drink enough. People had access to healthcare services when required.

Is the service caring?

Good ●

The service was caring

People were treated with kindness and compassion. Staff knew people's individual needs and preferences. People were encouraged to make decisions about their care and support and said they felt listened to. In times of distress, staff took practical action and provided additional support. People had their privacy and dignity respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care. Staff worked in a flexible way to accommodate people's changing needs. People knew how to make a complaint should they need to. The provider learned from complaints and took action to improve.

Is the service well-led?

Good ●

The service was well led.

There was an open and positive culture. People were encouraged to share their views. People and staff knew the registered manager and had confidence in them. Systems were in place to monitor the quality of the service.

East Midlands Homecare 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 inspection took place on 15 September 2016 and was announced. This meant we gave the provider 48 hours' notice of our visit because we wanted to make sure someone would be in the office to talk with us.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This 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. The provider completed and returned the form.

We checked information that we held about the service and the provider. This included statutory notifications. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with six people who used the service and seven relatives of people who used the service. We also spoke with two care workers and the providers of the service.

We reviewed a range of records about people's care and how the service was managed. These included care records for three people, two staff training and employment records, quality assurance audits, incident reports and records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One person said "I would definitely recommend East Midlands Homecare Limited; I don't know what I would do without them". People were supported to raise any concerns they may have. A relative told us about the prompt action the provider took when a concern was raised.

People were protected from abuse and avoidable harm because staff had received training about this. Staff knew how to recognise abuse and the correct action to take if they suspected it. They were clear about the requirement to report any concerns. They were confident the provider would take appropriate action but also would report to other authorities such as the Police or Local Authority Safeguarding team. The provider had clear policies and procedures in place about handling money so that the risk of financial abuse was minimised. The provider had made appropriate safeguarding referrals where this was required.

Risk was assessed when people began using the service and then reviewed at least every three months. This included environmental risks and the risks associated with receiving care such as use of equipment to help people move. However, the provider was not routinely assessing risk of pressure sore development or the risk of malnutrition. Following discussion the provider agreed to assess this risk using recognised risk assessment tools for pressure sores and malnutrition. Therefore, risk could be identified early and preventive action taken.

Staff told us how they promoted people's safety; they always read and followed the person's care plan and risk assessment. They also told us about guidance they followed from healthcare professionals such as occupational and physiotherapists. Staff were clear about giving people choice and involving them in decisions. We were told about instances where people had chosen to refuse aspects of care. We saw that in these instances staff had informed the person of the risk and respected their rights and freedom to choose.

One person told us about the action staff had taken when they had a fall. They praised the prompt action the staff member had taken and said they felt safe and reassured by this response. Staff knew the correct action to take in response to accidents and incidents and knew how to report and record these correctly. We saw that the management team were made aware of all accidents and incidents and took action to prevent further risk. Staff told us they were quickly informed about any changes to people's needs.

There was a recruitment policy in place which had been carried out on staff members prior to them starting work. We looked at the recruitment files. We found that all the required pre-employment checks had been carried out before they had commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed.

People received care and support at the agreed time. Staffing rosters showed that staff were given enough time to travel between calls. The provider operated a 30 minute window of flexibility for staff to arrive. There

had not been any missed calls in the previous 12 months. People we spoke with confirmed that this was the case and said the office would let them know if the carer was going to be more than half an hour late. There was an on call system and the management team could be contacted at any time. This meant that emergencies and late notice staff absences could be responded to quickly.

People were supported to receive their medicines safely. People said that staff made sure they had the right medicine and at the right time. One person said "I have my tablets with my lunch and tea which are prepared by the care assistants. They check that I have the right tablets and watch me take them". Staff knew the correct way to support people with their medicines in a safe way. Staff had received training and had their competency assessed. Further spot checks were carried out to check competency on an on-going basis. The provider has policies and procedures in place about medicines and staff were required to adhere to these.

Is the service effective?

Our findings

People using the service consistently told us that staff had the right skills and knowledge to meet their individual needs and preferences. One person said "The carers are helpful and efficient". Staff had received the training they required to meet people's needs and keep them safe. All staff received induction training when they began working at the service. The provider used nationally recognised induction training. New staff worked with an experienced staff member and did not deliver care and support unsupervised until they were assessed as competent. Staff confirmed they had received this training and said they were well supported by the management team. They said they received formal supervision with their manager and could ask for additional training if this was required.

We saw that training about specific care and support tasks such as catheter care and using a hoist had been provided. Staff were trained, observed and had their competency assessed. People told us how efficient staff were providing catheter care and using equipment such as hoists. Training was also provided by healthcare professionals such as community nurses and physiotherapists where this was required. People told us that staff communicated effectively and knew their individual needs. A relative said "They have a very good understanding of my mother's needs. They listen very carefully to her needs and respond well".

People told us that staff always asked for their consent before providing care and support. They said that staff always explained what they were doing and asked if it was ok before proceeding. Staff had received training about the Mental Capacity Act 2005.

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.

We checked whether the provider was working within the principles of the MCA. People's care plans included consent to their care. Care plans also included guidance for staff to follow to support people. Staff told us how they made sure people gave their consent and as far as possible made their own choices. They described how this was achieved when people had communication difficulties. A staff member told us "It's important to know the person and what is important to them". They told us how they made sure people were given time and were able to refuse any care and support should they wish to. The provider told us they would carry out mental capacity assessments and best interest decisions where this was required.

People who needed assistance with their nutrition spoke positively about the choices they were given and how their meals were prepared and served. One person said "My health has improved significantly since I have been using East Midlands Homecare. I have gained some weight with their help for the first time in years".

Records showed that people had their food and fluid intakes recorded where this was required. Staff told us

about the action they took to support people's nutritional needs. They told us they were flexible and would make people the food they wanted as far as possible. They also told us they would report changes in appetite to their managers so that action could be taken.

People told us that the support they received had helped them to maintain their health and wellbeing. A person told, "My health has improved significantly with their help". A relative said "I have seen an unbelievable improvement in my husband's life, he is much happier now". People told us that staff contacted healthcare professionals such as GP's and community nurses as soon as this was required. Staff we spoke with described how they recognised changes to people's health and about the action they took. They told us their managers took action and contacted healthcare professional promptly. Records showed that community nurses and doctors were contacted as soon as this was required.

Is the service caring?

Our findings

People were treated with dignity and respect. People praised the staff and told us how kind and respectful they were. One person said "All the carers are very kind and caring, they are very obliging". Another person said about the staff "They are very gentle and kind; they always ask how I am feeling". A relative said that staff were 'respectful and empathetic'. People told us that staff protected their privacy and dignity especially when delivering intimate care. People were asked when they first began using the service if they preferred male or female carers and this preference was respected.

Staff were deployed so that as far as possible people were supported by a consistent team of staff members who knew them well. One person said "My mother likes the fact that she knows who is coming each day. It makes her feel less anxious". People told us they knew the staff who supported them and were always informed if there was a change to the team.

People said they felt listened to and empowered to maintain their independence. One person said "The staff always ask me what I want for my breakfast, they know I really like toast and coffee but they still ask. They listen to what I need and always meet my needs". A relative said "The staff strike a fine balance between providing physical support to wash and dress and respecting dignity and independence". Records showed that independence was promoted and care plans included the things that people could do for themselves.

Staff provided practical and emotional support to relieve people of distress or discomfort. One person told us about the extra support that was provided by the care coordinator following a distressing incident. Another person told us that after receiving treatment from paramedics after a fall, staff made sure they were comfortable in bed. They then made several extra short visits over the following days to check on their welfare.

The provider's aims and objectives were focused on the person who used the service and promoted dignity and independence. These values had clearly been communicated to staff and were put into practice when supporting people. People told us that care staff always asked if there was anything else they could do before leaving their home. Staff were able to describe the ways in which they met individual needs and protected privacy and dignity. People told us they often received a phone call or visit from the care coordinator to check on their welfare. All the people we spoke with and staff, all said they would recommend East Midlands Homecare service to their friends and family.

Is the service responsive?

Our findings

People told us that staff arrived on time or called to let them know if they were running late. People were sent a weekly schedule of call times and the names of the care staff who would be visiting. They told us they could make changes to the schedule and request different care staff if they wished. People found this flexibility valuable and used it to accommodate appointments such as hospital appointments. One person said "We have many hospital visits and they will accommodate changes to our weekly schedule whenever possible, sometime at very short notice". Staff worked late in the evening up to 11 pm so that people who chose to go to bed later could do so. There was a 30 minute window of flexibility for each call time. This enabled staff to stay longer when additional support was required.

People had their needs assessed when they first began using the service. A care plan was developed so that staff knew how to meet people's needs in a safe way. The care plan was kept in the person's own home along with other important information and this was regularly reviewed and updated by staff. Staff told us that any changes to people's needs were quickly communicated to them by their manager. They told us they always read the care plan and other records as soon as they arrived at the person's home so that they could respond to people's changing needs. One person said "They know how I like my hair to be dried and finished off. We always have a laugh about choosing clothes I want to wear. We have plenty of banter. They will do quick errands for me if I ask them to.

The provider told us they were in the process of updating people's care plan so that they were more focused on the person and the things that were important to them. We saw examples of the new care plan format and this contained more information about people's preferences. People were involved in developing their own care plan so that they received care and support in the way they preferred. People told us the staff had helped them to access equipment such as walking frames and hospital profiling beds. They also arranged for extra calls when the person's spouse had to go into hospital.

There was nobody using the service with specific cultural or religious needs at the time of our inspection. The provider had an equal opportunities policy and staff had received training about equality and diversity. They also said they would make information available in accessible formats such as large print or in other languages should this be required.

People knew how to make a complaint and said they could speak to staff or a member of the management whenever this was required. Two people told us that action had been taken quickly to resolve the issue when they had raised a complaint. Staff knew how to support people to make a complaint if they needed to. Records were kept about all complaints received and the action taken. The provider used these records to learn and improve. For example they had provided additional training to a member of staff following a complaint.

Feedback about people's experiences of care was also sought during care plan reviews and satisfaction questionnaires. We were shown records of when the care coordinator visited people to check on their wellbeing. People were asked if they were happy with the care they were receiving and if they had any

concerns. These visits took place at least every three months. People confirmed that these visits took place and in addition people were telephoned and asked for their feedback.

Is the service well-led?

Our findings

There was an open, positive and person centred culture. People were involved in planning their care and were encouraged to share their views. One person said "The staff give us choice and act on what we say". People felt comfortable calling the office to speak with a manager and often did so. There was a clear vision and set of values which staff understood and promoted. People spoke highly of the staff and the service. They all said that staff were kind and respectful. One person said about the staff. "They are all very gentle, kind and cooperative. They are a great help in what they do. They always ask how I am feeling". This showed that the staff were following the provider's values.

The provider supported and monitored staff to ensure that people received care that was compassionate, respectful and safe. People were asked for their opinions and feedback. Staff had their practice observed and had their competency assessed on an on-going basis. People praised the staff and in particular the care coordinator and told us about the additional support provided when this was required. Staff told us they could speak to their manager at any time and felt they were listened to and supported. We saw that where a concern had been raised about a staff member, action had been taken. Additional training was provided so that the staff member could learn and improve. The provider responded to complaints promptly and efficiently. Two people told us that as soon as they had raised a concern the matter was resolved.

There was a registered manager in post who understood their responsibilities and was supported by a management team. The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service. There was an 'on call' system so that a member of the management team could be contacted at all times. The provider told us there had not been any missed calls in the last 12 months. People we spoke with confirmed this was the case. Systems were in place to monitor the time staff spent with each person. Staff completed written records after each visit and these were checked by managers to ensure the person's care plan was being followed.

The provider had effective arrangements for monitoring the quality of the service. This included seeking the views of people using the service, their relatives and a variety of audits. People's views were sought at reviews of their care plans, telephone monitoring calls and during visits the registered manager made to people's homes. Accidents, incidents and complaints were audited so that the service could learn and improve. The provider had identified a trend as part of this audit process. This resulted in changes being made to reduce risk and improve the quality of the service.

Staff told us they were provided with the equipment they needed to do their jobs and keep people safe. They told us that communication was good and they were told about changes quickly and encouraged to contact the office with any new information. The provider had arranged charity fundraising activities which they took part in with staff. This helped to build staff relationships so that staff worked well together as a team.