

Equal Care Co-op

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Inspection report

University Business Centre
27 Horton Street
Halifax
HX1 1QE

Tel: 01422754321

Website: www.equalcare.coop

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Equal Care Co-op is a domiciliary care service providing personal care to people in their own houses and flats in the community. At the time of inspection, the service was providing personal care to 15 people. 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 felt safe and staff knew what to do if they thought people were at risk. Staff managed people's medication safely. Staff recruitment processes were robust and staffing levels ensured peoples' needs were met. The provider followed current infection prevention and control guidance.

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.

People's needs were assessed holistically, and staff were trained to provide support whilst promoting independence. Staff made appropriate referrals to external healthcare services and the provider worked with other agencies to provide bespoke packages of care.

Feedback we received from people who used the service and their relatives was complimentary about staff. People were involved in decisions about their support and the provider had innovative ways of engaging with people whilst maintaining dignity and respect.

The provider promoted relationship centred approaches in contrast to person centred approaches and was responsive to changing need. People were happy with their support and felt they could talk to staff if they had concerns. The provider had systems in place to learn from issues as they arose.

The provider was open and honest in its approach to supporting people. The registered manager led by example and was in regular contact with people receiving support to ensure they received regular feedback on the quality of care provided.

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

Rating at last inspection

This service was registered with us on 8 April 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Equal Care Co-op

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 Health and Social Care Act 2008.

Inspection team

This 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be able to support the inspection.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, nominated individual and five care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with three people receiving support and four relatives. We reviewed five people's care records. We reviewed records and audits relating to the management of the service. We asked the registered manager and nominated individual to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Safeguarding and whistleblowing policies were in place and accessible to staff, people and relatives.
- Staff had received safeguarding training and knew what to do to make a safeguarding referral if this was needed.
- One staff member said, "I would report my mistakes, other carers mistakes, where safety is an issue. I did report a safeguarding issue and would again if needed."

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce the risks involved in supporting people.
- Staff involved people in assessing risks to their care and support, and involved relatives, where appropriate. Decisions about risks were recorded in people's support plans.
- Procedures were in place to make sure staff knew what to do in the event of an emergency, for example, if they could not gain access to a person's home.
- One staff member said, "One person was recently mentally very low, and as soon as I raised a concern, the management team was straight on to it and the crisis team became involved."

Staffing and recruitment

- Staff were recruited safely. The registered manager followed thorough recruitment processes. Checks included employment history, references and referrals to the disclosure and barring service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The deployment of staff was well organised ensuring staff had sufficient time to meet people's needs safely and without rushing.
- One staff member said, "Equal Care Co-op is currently having a recruitment drive. People deserve to get good carers, people who are dedicated and good at their job. There are always two staff, if two [staff] are required. We cover each other if necessary."

Using medicines safely

- Systems were in place to make sure people were supported with their medicines safely.
- People's support required with medicines was recorded and audited. Records showed medicines were given as prescribed.
- Staff received training and competency checks to ensure they could safely support people with their medicines.

Preventing and controlling infection

- Staff protected people from the risk of infection. The provider had ensured there was sufficient stock of personal protective equipment (PPE) in place and staff testing kits, which we saw in the office. Staff we spoke with understood the protocols for wearing PPE appropriately when supporting people, and when visiting the office.
- People and their relatives confirmed staff followed appropriate infection control measures, such as hand washing and wearing protective equipment when supporting people with personal care.
- Additional training had been completed by staff in the donning and doffing of PPE and government updates had been communicated to staff, which they confirmed.
- The provider had an up to date Business continuity management plan which included the loss of staff. Regular updates and key facts about COVID-19 were passed on to people, families, and staff.

Learning lessons when things go wrong

- Systems were in place to support staff reporting and recording any accidents and incidents.
- Complaints, concerns and incidents were recorded and followed up. The registered manager ensured lessons were learned and practice changed if any trends were identified.
- The registered manager said, "We use a computer system to help theme and track issues as well as to alert others and flag where support is needed. We open up all issues and incidents to the people we support so they are involved in learning from them."

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. 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 by the registered manager before support commenced. People were involved in the assessment and relatives were included where appropriate. One relative said, "Mum was living with us when the care plan was set up, so we were all involved."
- The registered manager maintained an overview of people's changing needs to make sure assessments and support plans were up to date.
- The registered manager said, "All the people we support have 'supportive conversations' documents that detail their support needs. We complete referrals to health professionals where needed."

Staff support: induction, training, skills and experience

- Staff received effective induction and training to ensure they were skilled and competent to carry out their roles.
- Staff shadowed more experienced staff until they felt comfortable to deliver the care on their own; there was no limit to how long they were able to shadow colleagues.
- One member of staff said, "Equal Care Co-op want the best [staff]. I had a number of meetings with the registered manager and then shadowed other carers in order to meet clients, and to get to know clients likes, dislikes, needs and preferred routines."

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

- Some people were supported with eating and drinking to make sure they had access to a healthy, balanced diet.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.
- One person said, "At lunchtime they prepare stuff for me like a sandwich or soup. At tea-time they prepare something more substantial, but I need it to be softened."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to help meet peoples' whole needs. The involvement of health care professionals, people and their relatives ensured support was provide at the right time.
- The registered manager coordinated support packages to ensure staff with the relevant skills were available to support people at all times.
- One health professional we spoke with said, "I have been working alongside Equal Care Co-op for some

time. I have always gained a response quickly and information has been shared with staff at all times."

- Support records showed any advice given was acted upon and staff were prompt in raising any concerns or issues.
- Oral health care needs were met, where this was identified as a need, and recorded in support plans. Staff were trained in oral health care.
- One health professional said, "Equal Care Co-op ensure regular visits are carried out from professionals for the person I am supporting. District Nurses visit daily, Occupational therapists and Physiotherapists visit weekly."
- One person said, "Equal Care Co-op have fostered a high degree of professionalism, support, and training [in staff]."

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 MCA 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

- The service worked within the legal requirements of the MCA. Assessments of people's needs included an assessment of people's capacity to choose and make decisions. The assessment covered details of any Lasting Power of Attorney in place.
- People were supported to make their own decisions and choices. Capacity assessments had been carried out when required and decisions had been made in people's best interest for those who lacked capacity.
- Staff received training and understood the principles of the MCA and how they applied this to their day to day work.

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. 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

- The registered manager was confident in supporting equality and diversity. This had a positive impact on peoples' lives. For example, staff supported one person to find a financial advocate.
- People's support records had information about their preferences which included their preferred name, race, religion and sexual orientation.
- It was clear Equal Care Co-op had made a positive impact on people and their families, when we reviewed a number of heartfelt compliments previously received.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in planning their support, and encouraged to express their views in person. The registered manager ensured people were included through use of technology.
- People and their relatives, where appropriate, were involved in decisions that controlled and prioritised every aspect of their support. This was achieved through innovative use of technology that allowed timely discussed about support decisions to be recorded and shared.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and privacy. People's support plans recorded their abilities and described how staff needed to provide support that maximised these.
- Wherever possible, staff were matched to the needs of the person receiving support. The registered manager gave an example, when they realised a member of staff wasn't right for the person receiving support, they organised for a different member of staff to provide support with a successful outcome.
- Consent-based decision-making to ensure dignity and independence was maintained. This led to inclusive decisions that made a positive impact on peoples' outcomes.

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. 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

- Support plans were comprehensive and well written. Information was recorded about people's likes, dislikes, personal preferences and people who were important to them.
- People told us they had been involved in developing their support plans and reviewing them to ensure they remained accurate. People said they could contact the registered manager or their named facilitator at any time and inform them of any changes.
- People were 'linked' with staff, so they always saw the same person. People chose who they wanted in their support 'team', which often included friends, family members, staff, and other agency workers.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- All information, including policies, was available on request in other forms, such as large print or other languages to ensure it was fully accessible.
- People's support files included information about communication needs and how these were being met.
- One health professional said, "We have all witnessed first-hand the care and compassion Equal Care Co-op show when providing support on a daily basis. Although, communication is now very difficult with the person I am involved with supporting, Equal Care Co-op ensure choice and control is at the forefront of their care."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships, and to follow their own interests and social activities.
- Staff had an excellent understanding of people as individuals and how their needs and emotional well-being should be met.
- One person said, "Equal Care Co-op have taken the anxiety out of my care at home. Coming on time, as Equal Care Co-op always do, allows me to get on with my day with my wife's support."

Improving care quality in response to complaints or concerns

- People knew how to complain and had access to the relevant policy via the website. Complaints were tracked and lessons learned.
- Complaints and their outcomes were recorded.
- People and their support teams were encouraged to talk openly about concerns to find positive outcomes. Because people had chosen their staff, this empowered them to agree expectations about their support needs.

End of life care and support

- Some of the people we spoke with said they had been asked about their wishes in relation to end of life care.
- One person's relative told us an advanced care plan had been put in place for their relative when their condition deteriorated to support their wish to stay at home.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were at the centre of their support and staff made sure everything they did helped to improve people's wellbeing.
- Strong innovative leadership was evident throughout the management team, who embodied the values and behaviours of the organisation.
- One relative said, "We have ended up with three wonderful carers across the week. The visits are always covered in event of illness or leave. The home environment is now peaceful and calm. Our carers and the office team ensure a responsive service and excellent communication. Mum and dad both feel supported and safe."

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

- The provider fully understood their responsibilities around duty of candour. This was underpinned by the open and honest culture and by appropriate policies and procedures.
- There were systems in place to identify and manage risks to the quality of the support provided. For example, processes were in place to monitor any concerns and identify patterns or trends to improve outcomes for people.
- Notifications were sent to us in a timely manner and the registered manager responded promptly to any follow-up questions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were effective systems in place to monitor and assess the quality of the support provided, including monthly audits.
- The management and staff understood the requirements of their roles and staff felt well supported by the management team.
- The registered manager was actively involved in people's support, carrying out calls and working alongside staff to provide support and ensure standards were maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's diverse needs and characteristics were recognised and respected.

- The registered manager and facilitators were involved in local and national initiatives directed at improving quality and diversity outcomes for people.
- The nominated individual told us, "We instigated and co-facilitated an Asian women's' workshop looking at the experiences of Asian women around social care to help raise awareness and improve the quality of care they receive."

Continuous learning and improving care

- There were a series of audits in place to monitor support and highlight areas for improvement. Any improvements were actioned promptly.
- The registered manager had taken every opportunity to improve the quality of support for people being supported. They talked frequently with people and, where appropriate, their relatives to gain their views on their support.
- One member of staff said, "The passion and firmness they [the registered manager and facilitators] work with is totally inspiring. They are making such necessary and vital changes to the care system, from their hearts, and I am deeply honoured to work with them."

Working in partnership with others

- The registered manager worked in partnership with other agencies to ensure people received support which was safe and met their needs.
- Due to the remote location of some people and their properties, staff worked closely with other agencies, to ensure support was delivered during adverse weather and flood conditions.
- One health professional said, "The service is unique, less traditional, and focused on personalised care in every way. There is a strong value of choice for people in the delivery of their care. Working with professionals and multiple agencies is one of their strongest working abilities."