

E.J Specialists Limited

Symons House

Inspection report

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Tel: 01133454141

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13 January 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Our inspection took place on 13 January 2016 and was announced. We gave the provider 48 hours' notice of our visit to make sure the manager or their representative would be available.

Symons House provides personal care to people in their own homes, and is known as E J Specialists by people using the service. At the time of our inspection there were seven people using the service. This was the first time the CQC had inspected Symons House.

There was a registered manager in post, and they were also the registered provider. 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 we spoke with gave inconsistent feedback about the safety of the service, although we found most staff had a good understanding of safeguarding of vulnerable adults and all understood their responsibilities to report any concerns about people. The provider had trained staff in safeguarding, and we found most staff were able to confidently describe the types of abuse which people who used the service may be at risk from. All staff understood their responsibilities in reporting any concerns to the registered manager or bodies such as the local authority and CQC.

We looked at recruitment records of three staff and saw the provider sought references from former employers and undertook background checks with the Disclosure and Barring Service (DBS) to ensure staff were not barred from working with vulnerable people. We looked at records relating to induction and spoke with the registered manager and staff about the process. We found appropriate training was given, including shadowing of experienced staff before working unsupervised.

Staff we spoke with said they had time to travel between their calls, but people who used the service said they often found calls were not on time. We saw how the provider had put systems in place to improve their delivery in this area.

We saw people's care plans contained risk assessments which showed the provider understood how to identify individual risk to ensure people were safe. Care plans contained clear information about how any risks could be mitigated. Systems and processes were in place to ensure safe management of medicines. We saw the provider checked records relating to medication to ensure people who used the service were supported safely with their medicines.

Staff we spoke with told us they felt supported and had regular supervision from the registered manager. They told us they had individual appointments to meet with the registered manager for these discussions. We found supervisions were not documented and were not taking place at the frequency described in the

provider's policy.

We found evidence training was carried out but did not see a robust plan to ensure mandatory training was refreshed regularly. We saw the provider spot checked staff to assess care and support delivery but there was no plan which showed how often or when this would be done. The provider sent us an updated training matrix after the inspection.

Care plans contained detailed mental capacity assessments and showed who would support people to make decisions when they were unable to do this for themselves.

People told us the staff were caring, and staff could tell us about how they worked to protect the privacy and dignity of people who used the service.

We saw evidence people who used the service and their relatives were involved in care planning and had opportunity to give feedback about the care and support they received. Care plans contained detailed, person centred information.

We saw there was a process in place to manage complaints and concerns but found it was not being followed in resolving issues raised.

People we spoke with were not confident the service was well-led. The registered manager discussed with us during the inspection how they would access more support. Quality assurance systems were informal and did not evidence meaningful oversight of the service delivery. The registered manager did not collate or analyse information to enable them to identify any emerging trends and take timely appropriate action.

Staff we spoke with gave more positive feedback about the registered manager and leadership in the service. They said they had opportunity to attend meetings and told us they felt able to speak freely; however, we could not determine the frequency of the meetings.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Some people we spoke with told us they had not always felt safe when receiving care and support.

Staff were trained in safeguarding vulnerable adults and understood how to identify and report concerns.

We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff told us they felt supported by the provider but we found supervisions were not planned and recorded in line with the provider's policy. Staff had received appropriate training to support them in providing care and support, but we found the records of this were not well-maintained.

Care plans contained detailed assessments of the mental capacity of people who used the service.

We saw evidence the provider worked with other healthcare professionals in delivering effective care and support. People who used the service did not comment on support they received to access healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People told us they liked the care staff and the way in which they delivered care and support.

Staff told us about the positive ways in which they worked to protect the privacy and dignity of people who used the service.

People who used the service had been given opportunity to give feedback on their opinions of the care and support they received.

Is the service responsive?

The service was not always responsive.

We found that complaints and concerns were responded to, but that the provider's complaints policy was not being followed.

Care plans contained detailed, person-centred information which would assist staff understand people's needs and form meaningful relationships with them.

People who used the service or appropriate representatives were asked to sign care plans to indicate they had been involved in the writing of them.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Quality assurance systems were informal and did not enable the registered manager to assess, manage and monitor the quality of service delivery.

We received inconsistent feedback about the registered manager. Staff described them as an approachable and supportive leader, whereas relatives of people who used the service did not have a high level of confidence in the quality of leadership in the service.

The provider asked people who used the service for feedback, but we did not find evidence this was analysed and used to drive improvement in the service.

Requires Improvement ●

Symons House

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.

The inspection took place on 13 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure there would be someone in the office.

The inspection was carried out by one adult social care inspector and an expert by experience who has experience of caring for someone using this type of service. Their expertise was in the care of older people and they spent time speaking with people who used the service. Before the inspection we reviewed the information we held about the service and contacted the local authority and Healthwatch. We used some information they sent when planning our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We sent a provider information form (PIR) to the service before the inspection; however we visited before this was completed. A 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. We received this information after the inspection.

At the time of the inspection there were seven people using the service. We spoke on the phone with three relatives of people who used the service. In addition we spoke with six members of staff and the registered manager. We spent time looking at records relating to the care of people and the running of the service. We looked in detail at the care plans of four people.

Is the service safe?

Our findings

We received inconsistent feedback about people's confidence in the safety of the care and support provided by the service. One relative told us, "The staff are very good; they seem able to look after [name of person] safely." Another said, "On several occasions they have sent someone who does not know what to do, she couldn't handle or move [name of person] safely."

Staff we spoke with told us they had sufficient time to travel between calls and attend at times which people needed or preferred. When we spoke with people about their experience we found they were unhappy with the timing of calls. People told us calls were regularly not at times they expected or needed. One person we spoke with said their care worker was an hour and a half late that day; another described the provider's performance in this respect as 'poor.'

We spoke with the registered manager about call times and they told us about a person who no longer used the service. The provider had found after accepting the person as a client they did not have sufficient resources to meet that person's needs and had needed to ask the local authority to find a new provider for them. The registered manager notified the CQC about this incident. The CQC had been made aware of calls to this person being missed because the provider did not have staff able to attend. They told us during the inspection, "I learnt a lesson from that. I have reviewed the areas my service can cover and am now strict about calls we can and can't accept."

The registered manager showed us software they had put in place following this incident. We saw it enabled the service to check calls could be provided on time based on staff availability and journey times. The software could access travel planning information on the internet which took anticipated traffic levels into account. The system gave a warning if the service appeared unable to accept a call, meaning the registered manager could check the ability of the service to deliver before accepting or scheduling a call. The registered manager said they now used this when assessing if they could meet a person's care and support needs before they started to use the service, and for planning rotas to enable them to meet needs of people who already used the service. They had also reduced the geographical catchment area in which the service operated. After reviewing staff rotas speaking with staff and people who used the service we concluded the provider had sufficient staff to meet people's care and support needs.

In the PIR the provider stated, 'All members of staff must have completed a safeguarding course prior to engaging with service users to ensure they understand what abuse is and what to look out for when attending to a service user. Staff members are trained and understand their duty of care towards the people they look after. They do everything they can to keep the people in our care safe from harm, this includes alerting management and safeguarding authority when abuse takes place.'

The provider's employee handbook contained detailed information about safeguarding of vulnerable adults and contact numbers for safeguarding authorities. Types of abuse were described together with guidance for staff to help identify any evidence of concern. This guidance made the responsibility to report concerns clear, and made reference to the provider's whistleblowing policy which staff told us they were aware of.

We spoke with staff about their understanding of safeguarding. They told us they had received training in this and most could name some of the types of abuse people may be at risk of. They also said they were vigilant in looking for signs of abuse when attending people's homes. One member of staff told us, "Some people may not tell you something is wrong but if you know them well you can tell when something is not right."

All staff we spoke with knew to report any concerns in a timely manner. They told us they would speak with the registered manager in the first instance, and said they believed they would act on what they were told. Staff said if they had concerns about the registered manager's response they would raise their concerns with other bodies such as Social Services, the Police and the CQC.

We looked at the recruitment records of three staff. These contained records of application and interviews, meaning we could see how the registered manager had checked candidates' experience prior to making an offer of employment. We saw written employment references had been obtained and checks had been made with the DBS. The DBS is a national agency which holds information about criminal records and people who are barred from working with vulnerable people and getting information from them helps providers make safer recruitment decisions.

We looked in detail at the care plans of four people who used the service and found risk was well assessed. We saw detailed risk assessments for individual care and support needs such as bathing, medication and moving and handling. In addition there was a comprehensive general risk assessment in each plan which covered a number of areas including environmental hazards in and around the person's home, dressing, infectious health conditions and challenging behaviours.

At the time of our inspection only one person was receiving support with medicines. We looked at their care plan and Medicines Administration Records (MAR). We saw medicines were identified in the care plan, together with detail of the support the person needed to access these effectively. MAR charts were correctly completed with no gaps and had been reviewed for accuracy on return to the provider's office. Staff we spoke with told us they had training in medicines administration and were clear about how to support people safely. They told us they reported to the registered manager if people refused to take medicines and said they would also liaise with the pharmacy or GP for advice.

Is the service effective?

Our findings

In the PIR the provider told us, 'All members of staff receive training and induction in form of shadowing prior to starting work with us. They are regularly supervised in the homes, announced and unannounced spot checks take place. Annual appraisals are planned for the staff completing one year with us.' In the PIR we also asked the provider to identify improvements to be made in the next 12 months to increase the effectiveness of their service. They stated, 'To improve on 1:1 supervision. To formalise supervision and document it in staff files.'

Staff we spoke with told us they felt supported by the registered manager and had regular opportunity to discuss their performance, training needs and successes in meetings with them. However, they told us these were not scheduled and they did not know when the next meeting would be. We did not find records of these conversations or a plan to ensure staff received regular supervision in line with the provider's policy dated January 2016. The policy stated, 'The aim will be to have one supervision from a senior member of staff at least three monthly (in addition to the annual performance appraisal) and each session will be planned no less than one month in advance.' The policy also stated that each session of supervision would be recorded and held in the person's staff file. We did not see evidence of any annual appraisals having been carried out, however, the registered manager told us, "None of these are yet due."

We saw the registered manager undertook spot checks of staff practice and competence and reviewed records of these, which were signed by the registered manager and member of staff. We saw a number of observations were listed including correct use of any equipment, quality of communication with the person using the service and an evaluation of whether the member of staff was suited to the person they were supporting. An action plan was included on the form; however, we found there was no mechanism in place to review these to ensure that any actions were completed. In addition there was no plan in place to ensure all staff were regularly spot checked. We raised this with the registered manager during the inspection and they told us they would take action to improve this.

We received inconsistent feedback about people's confidence in the care worker's training and skills. One person told us, "Some of the new staff are not very well trained." Another said, "I don't think they are very well trained at all, sometimes they don't know what they are supposed to do." Another told us, "On several occasions they have sent someone who does not know what to do, she couldn't handle or move him safely." One person gave more positive feedback, telling us, "They seem quite capable."

Staff we spoke with told us they had received an induction which included training such as manual handling, dementia care and health and safety. Both the registered manager and the staff we spoke with told us the amount of training staff received when they were new to the service depended on their previous experience and whether they already had certificates evidencing recent training.

Staff told us they spent time shadowing more experienced staff before providing care and support, and told us they had a discussion with the manager as to whether they felt ready to work unsupervised. We found the registered manager did not document these discussions. We saw records of shadowing shifts were kept in

staff files, but there was no process in place to record any meetings relating to the completion of staff member's induction periods. We brought this to the attention of the registered manager during the inspection who told us it was something they would introduce in future.

Although we found evidence the provider supported staff with training required to be effective in their roles, we found the management oversight of this was not accurate. We looked at the provider's records of training and found there were gaps in people's records and no clear schedule detailing when mandatory training would be refreshed. We raised this with the registered manager during the inspection and they told us they would update the training matrix to reflect staff's current training. We received a copy of this after the inspection.

We concluded that although staff told us they felt supported, the provider was not following their own policy and did not meet the standards required by regulations governing staff support and professional development. This was a breach of Regulation 18 (1) Staffing of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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.

In the PIR the provider told us, 'Staff members understand MCA 2005. Service user's (SU) capacity is assessed prior to delivering the service. We also refer to social workers support plan for more information on capacity of the SU. It is also an ongoing assessment because SU behaviour may change, it is therefore assessed by staff member whilst they visit them. We record capacity status on the MC assessment template kept in the SU file in the home and a copy in their home. We work closely with SU's families. We liaise with family and social workers.'

We saw detailed mental capacity assessments in people's care plans. These evidenced the ways in which capacity had been measured and gave clear guidance as to which decisions people were able to make and who would support them to make decisions when necessary. Staff told us they looked at care plans and spoke with people and their families to understand how people they supported made decisions. Care plans we looked at contained decision specific consents including consent to care and consent to support with medication.

People were adequately supported to access other healthcare professionals. We saw evidence in one care plan of the provider working with tissue viability nurses to ensure effective care was provided for the person using the service. In another we saw records relating to input from the district nursing team. People we spoke with did not tell us about times when they had needed or received support in accessing other professionals such as a GP, optician or dentist.

We asked staff about how they supported people's hydration and nutrition needs. They told us they did not generally prepare meals for people because they or their relatives did this. All told us they offered to make drinks and get snacks for people.

Is the service caring?

Our findings

In the PIR the provider told us, 'We treat people with kindness and compassion in their day-to-day care. Members of staff understand people's needs in respect of their age, disability, gender, gender identity, race, religion or belief and sexual orientation and met in a caring way We treat everyone as an individual, we value person centred care. EJS (Symons House) is a member of dignity in care and staff members are attending a dignity and care conference in March. During the initial assessment people are involved in their care planning. They are involved in making decisions and planning their own care if applicable with the family member or representative. We respect their views and act upon them. People are given the information and explanations they need, at the time they need them.'

People we spoke with told us they liked the care staff and the way in which they provided care and support. One person said, "The carers are very kind and caring." Another told us, "The regular carers are fine." Another person said, "They seem capable and [name of person] gets on with them."

Staff we spoke with told us about how they worked in a way which was respectful of people's privacy and dignity. They told us they identified themselves when they arrived at a person's home, ensured doors and curtains were closed when delivering personal care and offered reassurance to people when this was needed. One member of staff said, "I would always get consent for any task first, then ensure their preferences were respected. I ask them whether they prefer me to close the curtains and what they want me to do first." Staff we spoke with were able to give examples of how people they supported liked to spend their time.

People we spoke with said they felt they had been involved in the writing of care plans and we saw evidence of people's signatures dated for when these were written. We saw daily notes were kept about each person, meaning the provider had a record of how care and support needs were being met. For example, we saw in one person's care plan they needed to complete therapeutic exercises every day, and saw staff recorded their assistance with this in the notes. We found these notes were completed at the time care and support were given, dated and detailed the activities the staff member had undertaken during their visit.

Is the service responsive?

Our findings

In the PIR the provider said, 'We involve family members and or SU representatives in the initial assessment of planning and ongoing reviews. During the assessment we listen to SU's and take into account people's views about their strengths and levels of independence and health and what their quality of life should be. Our care plan is designed to capture how SU's would like to receive their care, treatment and support. These should include their personal history, individual preferences, interests and aspirations, and we ensure they have as much choice and control as possible.'

We looked at the care plans of four people who used the service and saw they contained a referral from the local authority which gave information about the person and their care and support needs. The registered manager told us they used this as the basis for their own evaluation and assessment to ensure the service could meet the person's care and support needs, which were documented in people's care plans. We saw these contained detailed documentation about the person which would assist staff in building meaningful relationships with people for whom they provided care and support. This included detail of people's routines, important family ties and friendships, what made a good and bad day for that person and their aspirations for the future. The information was presented in a person centred way, using "I" and "me" throughout, meaning the care plans were written in the person's own words. Plans were signed by the person who used the service or a relative or friend. Where a person had not signed their own care plan we saw one of the people identified in the capacity assessment as appropriate to help the person with decision making had signed.

Staff we spoke with said care plans were available for them to read at people's homes and told us they found them easy to follow.

One person we spoke with told us about their experience of making a complaint to the provider. They told us, "I have made complaints in the past, and they are dealt with, but it does not last long."

We looked at the provider's complaints policy and records of complaints. We found although notes were made these were kept on a computer system with general operational notes, meaning it was not easy to identify individual matters being recorded. The registered manager told us they often dealt with complaints by telephone, however, when we looked at the provider's complaints management procedure we found it was not being followed. People were not routinely sent a letter acknowledging their complaint, provided with a copy of the complaints management policy, invited to a meeting to discuss their concerns or provided with written confirmation of the outcome of their complaints as described in the procedure. This procedure stated, 'Receipt of a complaint will trigger our complaints handling procedure.'

We talked to the registered manager about the commitments they had made in their policy. They said, "Not everything that is brought to my attention needs the kind of approach described in our policy. I will change the policy so that it is more flexible where appropriate."

Is the service well-led?

Our findings

We asked to look at the evidence of governance systems in place assess, monitor and improve the quality and safety of the service. We found a thorough and meaningful audit process in place for MAR sheets, however, at the time of our inspection there was only one person with such records in place. We did not find evidence of any other controlled programme of audit in place which could bring together data from the various areas of the service and be analysed to help the registered manager drive improvement in their service. We discussed this with the registered manager during the inspection and found they had some systems in place to monitor and check how the service was performing but did not draw these together in a way which enabled them to monitor full service delivery. For example, the registered manager was aware of individual complaints and how these had been managed but did not know how many had been received each month or analysed the subject matter so that any emerging trends could be identified and mitigated. Care plans showed evidence of review but there was no overall plan in place to monitor whether these were done in a timely way and any common themes identified.

We saw evidence of people who used the service being asked for feedback on the care and support they received. The registered manager told us some people completed the form themselves or with the assistance of relatives, whereas some people were assisted by staff who filled in the forms on their behalf. People were asked to give a score out of ten across a range of questions which asked about staff, management and communication with the provider. People were also asked for feedback about what they thought could be done to improve the service. We saw some complimentary feedback about staff and all those who had completed a form said they would recommend the service to family and friends. Although we saw a range of completed forms we noted there was no consistency to the dates of these and we could not determine what had triggered a request for feedback. The registered manager told us, "There was no single time we sought feedback from everyone, it was as-and-when."

Although we found the registered manager was capturing feedback from people who used the service there was no plan in place for an annual survey which would have produced data which could be analysed to assist in identifying what the provider did well or show where action was needed to ensure the quality of service delivery. This meant the registered manager was not using feedback from people who used the service effectively.

We concluded the above examples constituted a breach of Regulation 17 Good Governance of the Health and Social Care Act (Regulated Activities) Regulations 2014

There was a registered manager in post at the time of our inspection. The registered manager told us they spent a proportion of their time supporting staff in delivering care and support, and we saw evidence in daily logs evidencing this was the case. People we spoke with confirmed they saw the registered manager delivering care and support to people who used the service. We asked the registered manager how they received advice and support to ensure they could provide effective leadership. They told us, "There is no one doing that for me at the moment, but I am a member of a professional body and they offer mentoring. I will contact them to ask about this, it would be a good idea."

People we spoke with did not express a high level of confidence in the leadership of the service. One person said they felt the service was not well-led and told us, "The manager needs support to help the carers." Another said, "The carers are not the problem, it's poor management."

Staff we spoke with gave more positive feedback about the registered manager, routinely describing them as 'approachable,' 'caring' and 'supportive'. One member of staff told us, "I think [name of registered manager] seems to have listened to advice. They seem more in control now."

Staff told us they had staff meetings with the registered manager, although we found it hard to determine a schedule for these. Staff told us they felt able to speak openly at meetings but said they did not receive copies of minutes and could not tell us when the next meeting was scheduled to take place. We looked at minutes of recent meetings and saw operational information was shared and concerns about service delivery discussed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had no formal processes in place to assess, monitor and manage the quality of service delivery.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had no arrangements in place to ensure supervisions were planned, delivered and recorded in line with their policy and Regulation 18 (2) (a)