

Estio Healthcare Services Limited

Estio Healthcare

Recruitment

Inspection report

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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

Estio Healthcare Recruitment is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection they were providing this service to one person.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

The person who used the service and their relative were very happy with the care and support provided. They praised the staff who they described as 'brilliant' and 'absolutely fantastic'. The person and relative told us they had a say in making any decisions about the care and felt their views were listened to. They had no concerns but knew how to raise a complaint if they needed to and felt any issues they raised would be addressed.

Care records reflected the person's needs and preferences and showed how risks were managed. Daily logs showed staff provided the care and support the person required.

Staff recruitment procedures ensured staff were suitable to work in the care service. Staffing levels were sufficient and flexible to meet the person's needs. Staff received the training and support they required to carry out their roles and meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood safeguarding procedures and how to report any concerns. Medicines were managed safely.

Staff supported people to access healthcare services. Staff supported people to lead active lives of their choosing and to keep in contact with family and friends.

Staff knew the person they were supporting very well and had developed a positive relationship with them. In our conversations with staff they displayed compassion, consideration and respect for people.

The service was well-led and well managed. Effective quality audit systems were in place.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Estio Healthcare Recruitment

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 10 and 11 July 2018 and was announced. We gave the service short notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure staff would be present in the office. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications we had received from the service. We also contacted the local authority commissioning and safeguarding teams.

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 returned the PIR and we took this into account when we made judgements in this report.

On our visit to the agency office on 10 July 2018 we spoke with the team leader and the registered manager. We also spoke on the telephone with one care staff member and the person who was using the service. On 11 July 2018 we spoke on the telephone to a relative of the person using the service and a care staff member.

We looked at one person's care records, two staff files, one medicine record and records relating to the management of the service.

Is the service safe?

Our findings

The person who used the service told us they felt safe with the care staff who supported them. The rotas were organised so that one care staff member lived with the person on a weekly basis providing 24 hour support. There was a handover between the two care staff when they changed over. The person who used the service told us this arrangement worked well and was very satisfied with both staff members. Staff were also happy with the arrangements in place. Staff told us on call systems were effective and said there was always a senior staff member available for them to contact if they had any concerns or needed advice.

Staff recruitment followed safe procedures ensuring all checks, including a criminal record check, were completed before people started work.

Staff had received safeguarding training and understood the procedures to be followed if they suspected or witnessed abuse. There had been no safeguarding incidents since the last inspection. Staff were aware of the processes for recording and reporting accidents, although there had been none since the last inspection.

Records showed risks had been discussed with the person and their relatives to look at ways of supporting the person without unduly restricting their freedom and choice. Staff were aware of how to manage these risks and the actions they needed to take to keep the person safe.

Staff had received medicine training. Safe systems were in place to manage medicines and the person told us they received their medicines when they needed them. Medicine administration records (MARs) were well completed and were audited monthly by the registered manager.

Effective infection control systems were in place. Staff were provided with personal protective equipment such as gloves and aprons. Spot checks monitored practices and ensured this equipment was being used appropriately.

Is the service effective?

Our findings

People's needs were assessed before any new care package commenced. The registered manager had met with the person and their relatives to carry out the initial assessment and draw up the care plan. Staff were then selected to meet the person's requirements. The relative we spoke with said they thought the staff were well matched as they understood their family member and had developed good relationships with them.

The person and relative had confidence in the staff. The person who used the service said, "They're very well trained and know what they're doing. I've no concerns." All new staff completed the Care Certificate, which is a set of standards health and social care workers adhere to in their daily working life. One staff member we spoke with said, "Even though I'd done care work before, I had a week's induction which was very thorough." The service had an in-house trainer who ensured staff received regular training updates. Staff told us their training was kept up to date and this was confirmed in the training records we reviewed. Staff said they received regular supervision and annual appraisals and we saw evidence of this in the staff files.

The Mental Capacity Act 2005 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Our discussions with the registered manager and staff showed they had a good understanding of the principles of the MCA. We saw capacity assessments were in place for specific decisions.

People's nutritional needs were met. The person's care plans provided details of their dietary needs and preferences and any support required from staff. Daily records showed staff had prepared the meals and drinks the person had chosen.

Care records we reviewed showed staff supported the person to access healthcare services such as the GP. The relative told us staff were observant and prompt in identifying when their family member may need to go to the doctor. Daily records were updated following any medical appointments and clearly showed the advice given.

Is the service caring?

Our findings

The person who used the service described the care staff as 'brilliant' and said they were 'really nice people who go over the top to please'. The relative was equally positive about the staff and said they were 'absolutely fantastic'.

When we spoke with the care staff they demonstrated a caring and compassionate manner and clearly understood how to deliver the personalised care and support the person required. One staff member said, "I enjoy working with (name of person). It's (their) life and they have capacity to decide what to do and we help (them) enjoy life to the full."

The person and their relative told us they were consulted on all aspects of the person's care. They said they took part in regular reviews where they could voice their opinions about the care and were involved in decisions about any changes. We saw records of reviews which evidenced these discussions.

The person told us staff treated them with respect and ensured their dignity was maintained, which they said the staff were 'very good at'. We saw this was reflected in the person's care documentation.

Is the service responsive?

Our findings

The person told us they were 'very happy' with the care and support they received. Care records we reviewed were up to date, person-centred and provided information about the individual's needs and preferences. They focussed on what the person could do for themselves as well as describing how they wanted staff to support them where they needed assistance. We identified some sections of the care plan where more detail was required and the registered manager took steps to address this immediately.

Records showed staff supported the person to lead the life they wanted, which included going out in the community, meeting friends and socialising.

Systems were in place to manage complaints. The complaints procedure was provided to people who used the service. The person and their relative told us they had no concerns but knew who to go to if they did and felt confident these would be dealt with appropriately. The registered manager told us there had been no complaints.

People were supported to discuss their wishes in respect of end of life care with the involvement of anyone else they wished to be present such as their family, friends or advocate.

Is the service well-led?

Our findings

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.

The registered manager promoted an open, inclusive and empowering culture. Staff told us they enjoyed working at the service said their views and suggestions were listened to and acted on. Staff we spoke with said they would recommend the service as a place to work. The person who used the service told us they were 'happy with everything' and felt it was a 'very good' service. The relative was also very happy with the support provided to their family member.

Effective systems were in place to assess, monitor and improve the service. For example, care records, daily logs and medicine records were regularly audited by senior staff so any issues could be identified and addressed promptly. However, we found these documents were being sent through the post to the office which raised issues about data protection. The registered manager acted straightaway to address this by putting a scanner in place so information could be sent securely.

We saw records of spot checks carried out by senior staff which made sure staff working in people's homes were working in accordance with the person's care and support plans.

The registered manager told us surveys were sent out to gather the views of people who used the service. We saw the results of the most recent survey carried out in June 2018 were positive and commented the staff were 'very professional, hard working and caring'.

Our discussion with the registered manager showed they were focussed on providing a quality service and were continually looking at ways in which they could make improvements for people who used the service. This was also reflected in the Provider Information Return which the registered manager had completed prior to the inspection. This showed improvements the service planned to make in the next 12 months.