

E&K Care Limited

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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

About the service

E&K Care Limited is a domiciliary care service providing personal care to four people aged 65 and over at the time of the inspection. An additional person was using the service but was not receiving 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 told us they were safe and had no concerns about their safety. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people's safety and wellbeing were assessed, recorded and followed by staff. Suitable arrangements were in place to ensure people received their medication as they should. Enough numbers of staff were available to support people safely. Staff recruitment and selection practices and procedures were robust. People were protected by the prevention and control of infection. Findings from this inspection showed lessons had been learned and improvements made since August 2019.

Suitable arrangements were in place to ensure staff were trained and newly appointed staff received an induction. Staff felt valued and supported by the provider and registered manager. People were supported with their dietary requirement needs. The service ensured they worked collaboratively with others and people were supported to access healthcare services as needed. 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 support this practice.

People told us they were treated with care, kindness, respect and dignity. People and their relatives were consistently encouraging about staffs caring attitude, confirming there were positive interactions with staff. People's care and support needs were clearly documented, and staff had a good understanding and knowledge of these and the care to be delivered.

People told us the service was well managed. Quality assurance arrangements enabled the provider and registered manager to monitor the quality of the service provided and staff performance.

Rating at last inspection (and update)

The last rating for this service was Inadequate (published September 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since September 2019. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any

of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people.

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

E&K Care Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by one inspector.

Service and service type

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

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

Notice of inspection

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

Inspection activity started on 4 March 2020 and ended on 6 March 2020. We visited the office location on 4 March 2020.

What we did before the inspection

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

During the inspection

We spoke with two people who used the service and one relative about their experience of the care

provided. We spoke with two members of staff, the provider and the registered manager. We reviewed three people's care files and two staff recruitment files. We also looked at the service's quality assurance systems, the arrangements for managing medication, staff training records and complaint and compliment records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection to the service in August 2019, not all risks for people using the service were identified and assessed. Improvements were required to the service's medication practices and procedures. People were not protected from abuse and recruitment checks on staff were not followed to ensure people's safety. This was a breach of Regulation 12 [Safe care and treatment], Regulation 13 [Safeguarding service users from abuse and improper treatment] and Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found enough improvement had been made and they were no longer in breach of these regulations.

Systems and processes to safeguard people from the risk of abuse

- Everyone told us they felt safe and had no concerns about their safety when staff visited them. One person told us, "Oh no, I have no concerns about the staff and quite often I see the two managers, I definitely feel safe."
- The incidence of safeguarding concerns at the service was low since our last inspection to the service.
- The registered provider and manager were aware of their role and responsibilities to safeguard people from harm and abuse. Staff spoken with had a basic understanding of what to do to make sure people were protected from harm or abuse and staff had completed safeguarding training.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were assessed and managed to enable people to live in their own homes safely. These primarily related to people's manual handling needs, environmental risks to ensure people's and staff's safety and medication.
- Medication practices ensured people received their medication as they should. One person told us, "I get my tablets when I should, the girls are very good."
- Staff had received appropriate medication training and had their competency assessed to ensure they were skilled to undertake this task safely.

Staffing and recruitment

- Suitable arrangements were in place to ensure the right staff were employed at the service. Appropriate Disclosure and Barring Service [DBS] checks and other recruitment checks were carried out as standard practice.
- People told us there were always enough numbers of staff available to provide the care and support as detailed within their support plan.
- People told us staff arrived on time and stayed for the allocated time as detailed and agreed within their support plan. People confirmed there had been no late or missed calls and the service provided was reliable.

Preventing and controlling infection

- People told us staff wore aprons and gloves when providing care and staff confirmed they had enough supplies of Personal Protective Equipment [PPE].
- The provider and registered manager were closely following government guidance on how to manage the recent outbreak of infectious diseases and robust contingency plans were put in place should this impact the service, particularly relating to staffing levels and the delivery of ongoing care.

Learning lessons when things go wrong

- This inspection demonstrated lessons had been learned and improvements made since our last inspection in August 2019 to achieve compliance with regulatory requirements.
- The provider and registered manager had systems in place to review and investigate events and incidents and to learn from these when things went wrong. For example, concerns were raised about one member of staff's competence and ability to effectively communicate and deal with stressful situations. Immediate actions were taken by the provider and registered manager to provide support and supervision to the member of staff.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection to the service in August 2019, effective arrangements were not in place to ensure staff were appropriately trained or received training in a timely manner. Robust induction arrangements were not in place. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found enough improvement had been made and they were no longer in breach of this regulation.

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

- People's needs were assessed. We were unable to fully evaluate this as following our last inspection to the service in August 2019, the service was unable to accept any new care packages without our written agreement. However, where people were already receiving a service and required their needs to be reassessed, for example, because they had been admitted to hospital, the reassessment process was robust.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff were provided with sufficient training to enable them to carry out their roles and responsibilities.
- Staff received an induction comprising of training in key areas appropriate to the needs of the people they supported. All staff were supported to complete the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Newly employed staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience, competence and professional qualifications already attained.
- Supervisions were completed to allow staff the time to express their views and reflect on their practice. These comprised of face-to-face meetings and 'spot check visits.' The latter enables the provider's representative to observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

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

- People told us staff supported them as needed with the provision of meals, snacks, and drinks throughout the day to ensure their nutritional and hydration needs were met. People told us the service had gone over and above to provide them with fish and chips or other takeaway opportunities. This was a free service and did not incur an additional cost to the person using the service.

- Staff had received training in the safe handling of food.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the provider and registered manager for escalation and action.
- Information available showed people experienced positive outcomes regarding their health and wellbeing. For example, where a person had been found on the floor experienced a fall or lost their balance, staff remained with the person until either the emergency services or person's next of kin arrived. The service also liaised with GP surgeries and pharmacies to ensure people had their medication.

Adapting service, design, decoration to meet people's needs

- The domiciliary care service office can be accessed by people who are both ambulant and who may have a physical disability.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.
- The provider and registered manager worked within the principles of the MCA. Staff knew how to support people to make choices and people told us staff always sought their consent prior to providing support.
- People's consent was clearly documented, and relatives and other care professionals were involved where appropriate, with decisions on care and support.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- People were complimentary about the care and support provided. People told us they were treated with the utmost care and kindness and received the care and support they should and agreed as part of their care package. One person told us, "They are lovely girls, everyone of them, honestly they are the most wonderful caring girls in the world. The girls are like my grandchildren, they are very caring and have such patience. If I was the Queen, you couldn't get better care."
- People told us on occasions staff went the extra mile by going above and beyond what was expected. For example, one person told us arrangements had been made by the service to take them to visit their spouse who resided in a care home at no extra charge. They stated this was hugely important to them and they looked forward to the visits. One relative told us their family member often ran out of milk and bread, but staff always purchased these and other items for them.
- People received consistent support by the same care workers, so they got to know them well and developed good relationships with them. People advised they had a good rapport and relationship with the staff who supported them. One relative told us, "[Relative] gets on well with them [staff]."

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

- People and their relatives confirmed they had been involved in decisions about their care and support and this had been used to develop their support plan.
- People and their relatives had been given the opportunity to provide feedback about the service through the undertaking of reviews and satisfaction surveys.

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were supported by staff to be as independent as possible and were actively encouraged to do as much as they could for themselves according to their individual abilities and strengths. One person remained able to self-medicate and did not require staff support.
- People told us they were always treated with respect and dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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; 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 told us they received good personalised care that was responsive and met their needs.
- Support plans covered all aspects of a person's individual circumstances and needs. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken, such as housekeeping or shopping.
- The content of the support plan had been agreed with the person who used the service or those acting on their behalf.
- Staff employed at the service were knowledgeable and had a good understanding of the care needs of the people they supported. Staff confirmed they had sight of a person's support plan prior to providing care and support.

Meeting people's communication needs

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

- People's communication needs were assessed, and this was recorded in care plans, so staff knew the preferred way to communicate with people.
- The registered manager told us every effort would and could be made to ensure information was supplied to people in a format they could understand if required. Currently, no one using the service had specific communication difficulties.

Improving care quality in response to complaints or concerns

- Guidance on how to make a complaint was given to people when they first started using the service. The service had not received any concerns or complaints since our last inspection to the service in August 2019.
- People told us they knew who to approach if they had any concerns or complaints and were confident these would be taken seriously and used as an opportunity to improve the quality of the service provided. However, nobody spoken with had made a complaint.
- A record of compliments had been maintained to demonstrate the service's achievements.

End of life care and support

- Where people required end of life care support, the domiciliary care service worked with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that was as comfortable as possible.
- The provider and registered manager had received specific end of life care training from two local hospices. The registered manager confirmed this training would be provided to staff in the future.

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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection to the service in October 2018, quality assurance arrangements at the service were not effective or robust. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found enough improvement had been made and they were no longer in breach of this regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- People using the service, relatives and staff were complimentary regarding the provider and registered manager and said the service was well managed and led. One person told us, "I always see [names of the provider and registered manager]. I think they do an excellent job and nothing is too much trouble."
- The quality assurance arrangements monitored the experience of people being supported and how risks to people using the service and the quality of the service were managed. This information was used to help the provider and registered manager drive improvement, including the monitoring of potential trends and lessons learned.

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

- The provider and registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved.
- Staff were positive about working at the service and told us they were supported by both the provider and registered manager. Comments included, "I feel really supported by [Name of provider and registered manager]. I can always contact them" and, "[Name of provider and registered manager] are there for you, if I have any queries, I just have to ask."

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf. Comments received were positive and repeated those already recorded within this report.
- Staff meetings were held to give the management team and staff the opportunity to express their views

and opinions on the day-to-day running of the service.

- People confirmed the organisation completed 'spot checks' on their staff to ensure they were following their policies and procedures and providing appropriate care and support.

Working in partnership with others

- Information showed the service worked closely with others, for example, the local Clinical Commissioning Group [CCG], healthcare professionals and services to support the delivery of care provision.
- The registered manager told us they had been invited to attend seminars and training organised by the local CCG. Additionally, and following our last inspection, the provider and registered manager sought additional support and advice from other domiciliary care agency providers.
- The registered manager also confirmed they regularly sought guidance and information from adult social care organisations, such as the Care Quality Commission, United Kingdom Home Care Association and the National Institute for Health and Care Excellence [NICE].