

Ethica Services Limited

Ethica Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

Ethica Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 65 people using the service.

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

We received some feedback about instances of staff lateness and timekeeping concerns.

Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow.

People received person centred care which met their needs. People told us staff were caring and considerate.

People and their representatives were generally happy with the support they received from this service and were involved in the planning of their care and given opportunities to feedback on the service they received.

Staff were suitably trained, skilled and experienced and had undergone the required recruitment checks.

Processes were in place to ensure people received their medicines safely and as prescribed.

There were procedures in place to respond to complaints. The provider had investigated and responded promptly to any concerns received. The service learned from incidents and mistakes and made continuous improvements.

Auditing and quality assurance processes were in place to enable the service to identify where improvement was needed.

The provider worked in partnership with healthcare services and professionals to plan and deliver an effective service.

There were some good person-centred initiatives, examples included delivering food to the local food bank and providing blankets to people using the service.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 15 May 2019.

Why we inspected

We received concerns in relation to safeguarding, missed calls and complaints. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ethica Care on our website at www.cqc.org.uk.

Recommendations

We made a recommendation about monitoring staff deployment.

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?

Requires Improvement 

The service was not always safe.

Details are in our safe 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.

Ethica Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector and 2 Experts 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. They made calls to people using the service and their relatives to ask for their views on the 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was announced.

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 26 January 2023 and ended on 20 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last 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

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with 15 people who used the service and 7 relatives to gain their views about the service. We spoke with 5 care staff, a branch manager and the registered manager. We reviewed a range of records. This included 5 people's care plans, risk assessments and medicine records. We looked at 5 staff files in relation to recruitment and training. We also looked at records relating to the management of the service such as audits, complaints and a variety of policies and procedures.

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Staffing and recruitment

- The majority of people told us their care workers turned up on time and there was consistency with their care workers. People and relatives told us, "I can't fault the service. We have the same carer 6 days a week and she take holidays when we do, it works very well for us", "They do stay for the full time and I don't ever feel rushed", "As far as I know all the carers are on time" and "We don't have any problems with the carers being late and they always stay as long as they should."
- However, we received some feedback about instances of lateness and timekeeping issues and care workers were in rush when they visited people. For example, people and relatives told us, "I have no problems with the carers, but the timings can be very erratic. I get a bit worried as sometimes I have a very long time between my last call and the one the next morning", "It can be different people at the weekends and she doesn't get a roster to tell her who's coming", "At one time I had about 11 different people in a week. They are quite disorganised with no cohesion. What I would like would be to have the same carer every day. I do now have a fairly regular carer who is brilliant" and "I generally have regular carers, a group of about 5. Saturdays are more problematic."
- We looked at 4861 calls for 53 people. We identified some areas for improvement. Around 65% of calls were delivered on time. There were 1770 short calls which amounted to 38% of calls. A short call is when less than half the planned time is delivered.
- Calls requiring 2 care workers sometimes had staff arriving at different times. We discussed this with the registered manager who said that they were improving this known problem by allocating staff to work in teams so they could travel to calls together where a person needed 2 care workers.
- We gave the detailed information to the registered manager so that they could look into the concerns and address them.

We recommend the provider review their monitoring systems to ensure staff are effectively deployed and to ensure the timeliness of calls in accordance with best practice.

- Staff were safely recruited. The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. Pre-employment checks included references from previous employers and Disclosure and Barring Service (DBS) checks. 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.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to protect people from abuse, neglect or harm and the registered manager knew

they had to report abuse to the local authority and CQC.

- People told us they felt safe when receiving support from staff. People and relatives told us, "Nothing made me worry for her safety and I was always nearby seeing what was happening, so she is safe", "I do feel that he is safe with the carers. They do seem to know what they are doing" and "No better care could be provided, I feel safe."
- Staff were aware of the process to report any concerns they had to the registered manager, to the local authority safeguarding teams and CQC if they needed to. Staff told us they were confident that the registered manager would action any concerns they had around people's safety.
- Staff confirmed that they had received training in safeguarding adults from abuse.

Assessing risk, safety monitoring and management

- Risks to people's personal safety were assessed, monitored and managed effectively.
- Risk assessments considered risks associated with people's environment, their care and support, mobility and health conditions.
- There was a positive approach to risk taking, with an emphasis on safely promoting people's well-being and independence. Regular reviews took place and plans were updated to reflect any changes in people's needs.
- Staff told us risk assessments provided them with clear information about the risks people faced and how to manage them safely. Staff were confident about reporting any concerns about people's safety.
- The provider had a business contingency plan which provided information and guidance on actions staff should take in emergency situations.

Using medicines safely

- People received their medicines as they had been prescribed.
- People's medicines support needs for their individual medicines were assessed and recorded. Care plans described how staff would meet people's needs to take their medicines safely.
- Staff were trained, and their practice monitored to ensure it was safe. Competency assessments took place to help make sure that their medicine administration practice was safe. Regular spot checks took place which included a medicine observation.
- Records of medicines administered were accurately maintained.
- Medicines records were regularly audited, and appropriate action was taken if any shortfalls or errors were identified.

Preventing and controlling infection

- Effective infection prevention and control procedures were in place, including those relating to COVID-19.
- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections. People and relatives confirmed this. Comments included, "They wear gloves and shoe covers over their shoes" and "They do wear a uniform and shoe protectors and aprons. Because they get close to me when they are helping me in the bathroom, they do wear a mask and always wear gloves and as they leave, they put them in the rubbish bin outside."

Learning lessons when things go wrong

- Records of accidents and incidents were kept. The registered manager reviewed these to look for themes or patterns. Action was taken to see if any lessons could be learned and to minimise on going risk.
- There was evidence that a culture of learning was present. There were opportunities for staff and people who used the service to talk with managers about any incidents that had happened.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- Care was personalised to meet individual needs and was delivered in a way to ensure maximum flexibility, choice and continuity of care.
- People and their relatives were involved in planning their care and reviewing care needs to ensure they received the right support in line with their choices. People and their relatives were positive about the service, they said, "The senior carer came out to speak to me and ask me about my needs initially" and "On the whole the service is very good. The carers seem to really care about me as a person and nothing is ever too much trouble to anyone who visits me. I feel confident that they have my best interest at heart."
- People's care plans were person-centred and gave staff the information they needed to support people safely and effectively. The information included in care plans enabled staff to get to know people and what was important to them. Care was delivered by a team of staff who knew people very well.
- People and relatives described a flexible and responsive service that met individual needs and preferences. They told us, "My carer is Asian like me and understands about the food I like. At the beginning of the week, she prepares a big cook for me. She encourages me to eat healthily and drink plenty of water and juice. I don't know whether they get any particular training, but my regular carer particularly seems to understand my condition."

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.

- People's communication needs were detailed in their care plans. For example, people's preferred method of communication and any impairments that could affect their communication were recorded and guided staff on the best ways to communicate with them. This meant staff knew the communication methods for each person.
- The registered manager told us information was available in alternative formats including large prints and easy read formats, should this be required by people.

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 avoid social isolation and encouraged to maintain links with family and friends.

- Staff told us, where this was part of the care package, they supported people to go out in the local community to help people keep in touch and to be part of the local and wider community.
- A person told us, "My regular carer is so brilliant, and she encouraged and supported me to walk again and it's down to her that I can walk now with my walking frame."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place.
- People and their relatives told us they knew how to complain. They said they could approach staff or registered manager if they had any concerns.
- People and relatives told us that they were confident that the registered manager would deal with any concerns in a timely way.
- Records showed complaints had been investigated and responded to promptly by the registered manager. Complaints and concerns raised were reviewed to identify particular trends and used as an opportunity for learning and improving the service.

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 our last inspection we rated this key question good. At this inspection the rating has remained 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

- We found there was an open culture within the service. The registered manager and staff were open and honest with us throughout the inspection. The registered manager had a clear vision and was committed to providing a person-centred responsive service. Staff we spoke with shared this commitment.
- People were supported in a respectful and kind manner. Feedback from people was positive and evidenced they felt included and listened to. People and their relatives spoke positively about the service, the registered manager and care staff. Comments included, "Both my husband and I have carers and we are extremely happy with all they do for us; they are all kind, caring and they do all we need", "The regular carers seem happy in their work, and they are always showing interest in me and my life which is lovely. They seem to know me as a person" and "The service works extremely well for us."
- The provider was mindful of the current cost of living crisis. The service regularly donated food to the local food bank and delivered blankets to people to help them keep warm.

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 registered manager understood and acted on the duty of candour.
- Where needed other organisations such as CQC and the local authority had been informed about incidents.

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

- The provider had a system in place for monitoring and managing service quality. This included regular audits, spot checks, care reviews and supervisions.
- There was an organisational structure in place. Managers and staff understood their individual roles, responsibilities, and the contribution they made to the service.
- The registered manager and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the review and monitoring of the service.
- The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events occurred at the service.
- Throughout the inspection the registered manager demonstrated a commitment to continually improve the service delivered.

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

- People were fully involved in the service they received and their views about the service were actively sought.
- There were regular staff meetings. Records showed these covered all aspects of the service and staff had an opportunity to raise issues or make suggestions. Staff told us they were encouraged to make suggestions on how things could be improved or done differently for people. Staff said, "Absolutely, we can discuss our ideas and make suggestions. We get regular updates from the managers." And "We have regular staff meetings, and we can share and discuss our concerns and issues openly."
- People's protected characteristics were considered and addressed. Staff told us, "Where clients have any specific cultural or religious needs, I always respect these and support them as much as possible."

Continuous learning and improving care; Working in partnership with others

- Staff were encouraged to undertake training to increase their knowledge and understanding. A staff told us, "I recently had safeguarding training, it was informative."
- Thorough investigations into incidents were completed to identify any actions that may prevent incidents happening again. Learning from incidents was shared with staff.
- The service worked in partnership with other organisations to provide appropriate support to people. Feedback we saw about the care and support provided from other organisations and professionals was positive. A social care professional commented, "We have found Ethica Care to be responsive to our requests for meetings, discussions and information. They have a good approach to partnership and co-operation with the council and have shown a willingness to learn more about our approach to care and support."