

Estio Healthcare Services Limited

Estio Healthcare Recruitment

Inspection report

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Date of inspection visit:
12 February 2016

Date of publication:
30 March 2016

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 is registered to provide care and support to people living in their own homes. The service is managed from spacious office premises close to Halifax town centre. At the present time the agency only provides care, support and companionship to people who require a minimum of three hours support every visit. The agency operates a 24 hour service and night cover can be provided by staff either sleeping-in overnight or on a "waking night" basis.

There was a registered manager in post. 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 told us sufficient care staff were employed for operational purposes and the agency only employed staff who had previous experience of working in the caring profession. The staff training matrix was up to date and we saw one to one supervision meetings took place to support staff to carry out their roles effectively.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. The relatives of people who used the service told us staff were reliable, kind and caring and always provided care and support in line with the support plan in place.

The support plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information. The staff we spoke with told us they used the support plans as working documents and they provided sufficient information to enable them to carry out their role effectively and in people's best interest.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence learning from incidents took place and appropriate changes were made to procedures or work practices if required.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the procedures for safeguarding vulnerable adults.

Assessments were undertaken in relation to potential risks to people who used the service and staff. Written plans were in place to manage these risks.

The staff recruitment and selection procedure was robust and there were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People were involved in discussions about their care and support needs.

Staff had the skills and knowledge to meet people's needs and received regular training and support to make sure they carried out their roles effectively.

People's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Care and support was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views about they wanted their care and support to be delivered.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences which enabled them to provide a personalised service.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

Is the service well-led?

The service was well led.

There was a quality assurance monitoring system in place that continually monitored and identified any shortfalls in service provision.

Audit results were reviewed and analysed for themes and trends. If necessary changes were made to procedures or work practices.

People who used the service were asked about their views and opinions of the service and knew who to contact if they had a problem.

Good ●

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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 started with a visit to the providers offices on 12 February 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by one inspector. At the time of inspection the service was only providing care and support to three people.

During the visit to the provider's office we looked at the care records of people who used the service, staff recruitment files and training records and other records relating to the day to day running of the service.

Following the visit to the provider's offices we carried out telephone interviews with the relatives of all three people who used the service and five members of staff.

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 the registered manager had sent us.

We also 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 registered provider returned the PIR and we took this into account when we made judgements in this report.

Is the service safe?

Our findings

All the relatives we spoke with told us they felt confident the staff employed by the agency were trustworthy and had no concerns about the safety of people who used the service. One person said, "We have an excellent team of carers who never let us down. I cannot fault the service we receive at the present time." Another person said, "Although carers from the agency have only been visiting for a short period of time we are extremely pleased with the service provided."

The relatives we spoke with also told us they had a telephone number for the agency which they could use both during and out of normal office hours if they required assistance or needed to cancel or rearrange a visit.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern.

In addition, the registered manager told us they operated an open door policy and people who used the service, their relatives and staff were aware that they could contact them at any time if they had any concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

We saw financial transactions sheets were in place if the staff spent money on behalf of people who used the service. The registered manager confirmed that once completed these were returned to the office for audit purposes.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. The staff we spoke with told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed. Staff disciplinary procedures were in place and the registered manager gave examples of how and when the disciplinary process would be applied if poor working practices were identified.

The registered manager told us that sufficient care staff were employed for operational purposes and the agency only employed people who had a minimum of six months previous experience of working in the caring profession. The relatives we spoke with staff told us people received support from the same group of

carers which helped to ensure continuity of care.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities. We saw information about what assistance people could expect from staff in relation to the administration of medicines was also available in the Service User Guide for the agency.

Risk assessments were in place and the staff we spoke with were aware of their roles and responsibilities in keeping people safe when they were providing care and support. Risk assessments covered such areas as mobility, infection control and the environment.

The staff we spoke with told us if they noticed any areas of risk they took immediate action to minimise the risk and informed the registered manager who arranged for a risk assessment to be carried out and the support plan updated.

Is the service effective?

Our findings

One relative we spoke with told us the staff were pro-active in calling other healthcare professionals such as general practitioners or the district nursing service if they felt people were unwell. They told us, "It is very reassuring to know that if my relative is ill the staff will seek immediate medical attention for them." This showed to us that the policies and procedures in place to support people in such emergencies were effective and the service and staff acted in people's best interest.

We found that an assessment of people's nutritional needs and food preferences had been completed as part of the initial assessment process. The relatives of people who used the service told us that where meals were provided the staff always asked people about their individual preferences and choices. We saw the nutritional support plan for one person showed they liked to have soup for lunch and traditional food such as shepherd's pie for tea. We looked at the daily reports completed by staff and found meals had been provided in line with their wishes.

The registered manager told all staff completed induction training and completed the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We looked at the training matrix and saw staff training was up to date.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

The staff we spoke with told us the training provided by the agency was very good and provided them with the skills, knowledge and understanding they required to carry out their roles effectively. They also told us they were aware of and had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

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.

The staff we spoke with told us they respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered and showed a good understanding of people's different needs and preferences. We saw mental capacity assessments and consent forms in the files we looked at and information about the MCA was in the Service User Guide published by the agency.

The registered manager confirmed that if people were unable to consent to care and support their preferences were discussed with everyone involved in their care and a best interest decision made. This

demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's best interest.

We asked the staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. They told us they always talked and reassured people while they assisted them and never insisted they accepted assistance against their wishes. The relatives we spoke with confirmed this.

Is the service caring?

Our findings

The relatives we spoke with told us staff were very caring and always provided care and support in line with their support plan. They told us that the staff were professional and had a flexible approach to providing care and support. One person said, "We have an excellent team of carers with whom we have built up a trusting relationship which is very important when people are working in your own home." Another person said, "The service provided is very good and we have no concerns about the standard of care and support provided."

Relatives told us they had been involved in developing people's support plans and agreeing the level of care and support they required. One person told us "I get on fine with the carers. They know I expect a high standard of care and they provide it." The staff we spoke with told us they helped people who used the service to remain as independent as possible and to remain in control of their daily lives.

The agency had a policy on ensuring equality and valuing diversity. Staff we spoke with said that this was covered during their induction training. The routines, preferences and choices of people were recorded in their care records and the staff we spoke with demonstrated a good awareness of their individual needs. The relatives we spoke with told us that care staff understood people's needs and their preferences and always acted in their best interest.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They told us they always provided care and support in line with the agreed care plan.

The agency had a policy on maintaining confidentiality which confirmed that the sharing of information would be restricted to staff within Estio Healthcare and other relevant professionals if required. We saw information about confidentiality was included in the Service User Guide for the agency which was made available to people who used the service.

The relatives we spoke with told us they were confident staff maintained confidentiality and never discussed people's personal information inappropriately. They said that maintaining confidentiality at all times was an important part of establishing a trusting relationship with staff.

Is the service responsive?

Our findings

The relatives we spoke with told us they were provided with sufficient information about the agency and the range of services they offered during the initial assessment visit. One person said "The information I received was informative and allowed me to make an informed decision about the ability of the agency to meet my needs."

The registered manager told us when a person was initially referred to the agency they were always visited by a senior member of the management team before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had. The registered manager confirmed that they would not take on a care package unless they were absolutely certain they could meet the person's needs.

The relatives we spoke with told us the assessment process was thorough and staff had listened to them regarding how they wanted their care and support to be delivered. They told us they were encouraged to ask questions during the initial assessment visit and were given information about the services the agency was able to provide.

Relatives also told us they were involved in planning people's care and support and were pleased with the standard of care they received. One person said, "We have been involved in the care planning from day one and staff always provide care and support in line with the support plan in place." This demonstrated to us that the service was providing care and supported in line with people's needs and preferences.

We looked at three support plans and found they were person centred and provided staff with the information they required to make sure people received appropriate care and support. We saw support plans were reviewed at least annually. In addition, records showed the care co-ordinator contacted people on a regular basis and visited them approximately every three months to ensure their support plan was still appropriate to their needs. We were told a copy of the support plan was kept both in the home of the person who used the service and agency's main office. This was confirmed by the relatives and staff we spoke with.

The staff we spoke with told us they used the support plans as working documents and had sufficient time to read them during their visit. They also told us they completed and read the daily reports at each visit and if they had any issues or concerns, these were reported to the registered manager or a member of the senior management team. Staff felt any issues were responded to quickly by the registered manager and said a member of the management team was always on call outside of normal office hours to provide support in case of any unforeseeable events or emergencies. The relatives we spoke with confirmed that staff always read the care documentation when they visited and completed the daily report sheets.

The provider had a complaints procedure in place. The registered manager told us no complaints had been received since the last inspection. However, they confirmed that if a complaint was received it would be acknowledged and responded to within set timescales and a thorough investigation would always be carried out. The registered manager told us they had a proactive approach to managing complaints and

they were always available to talk to people and deal with any concerns as soon as they arose.

Is the service well-led?

Our findings

The relatives we spoke with told us the registered manager and care co-ordinator were approachable and they were always able to contact them if they had a problem. One person said "I have spoken with the manager and care co-ordinator on a number of occasions and would have no problems contacting them if I had any concerns."

We saw there was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision. We saw the registered manager audited people's support plans and risk assessments, the daily reports completed by staff and the accident and incident log on a regular basis so that action could be taken quickly to address any areas of concern. We saw the registered manager also audited the staff files and checked the staff training matrix on a routine basis to make sure they provided accurate and up to date information.

The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The registered manager told us senior staff also carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan.

The relatives we spoke with told us they were contacted by the registered manager or care co-ordinator on a regular basis and were kept fully informed of any events that might impact on service delivery. They also told us they were asked to complete questionnaires about the quality of the service provided and were fully involved in people's care and support.

The registered manager told us that no staff meetings were held specifically for the home care staff although they were always invited to attend the staff meeting held for the recruitment service operated by the same provider. However, the staff we spoke with told us they were kept informed any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received. They also told us there were clear lines of communication and accountability within the agency and they were supported through a planned programme of supervision and training.