

Easy Living Care Limited

Easy Living Care Limited

Inspection report

Unit 4a Oaklands Court
Tiverton Business Park
Tiverton
Devon
EX16 6TG

Tel: 01884255897

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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

Easy Living Care Limited is a domiciliary care agency. At the time of our inspection, the service provided personal care and support to 68 people who lived in their own homes. 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, medicines management and eating. Where they do we also consider any wider social care provided. The service covers the main towns of Tiverton, Cullompton and the surrounding villages.

People's experience of using this service and what we found

People received support from caring, committed and compassionate staff. A strong caring ethos was promoted by the registered manager and company directors, which ensured the staff team kept people at the heart of the service.

People who used the service, and their relatives, described a reliable service. They confirmed visits were not missed and staff arrived when expected. They said the service was safe and they were complimentary about the standard of care provided. Comments included, "Staff are so sweet; we trust them, they know their job. They are very professional but friendly at the same time" and "I am happy with everything. they are all marvellous".

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. Risks to people's health, safety and well-being were assessed, and measures put in place to reduce the risks. People's medicines were managed safely. People were supported by staff who had been safely recruited.

Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable.

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

Staff knew people well and ensured their preferred routines were met. People were involved with planning and reviewing their care. Care records were written in a sensitive and person centred way.

A complaints procedure was in place, which people confirmed they were aware of. People's concerns and complaints were listened to, addressed in a timely manner and resolved quickly.

People said the service was well managed. There were effective systems in place to monitor the safety and quality of the service. Regular feedback about the quality of the service people received had been sought.

Where improvements had been identified there were on-going plans for improving people's experience of the service.

Rating at last inspection - The last rating for this service was Good (published 06 February 2017).

Why we inspected - This was a planned inspection based on the previous rating.

Follow up - We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Easy Living 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 carried out 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 and flats.

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited three people living in their home with their permission and observed staff as they supported people and spent time with them. We spoke with 12 people who used the service and four relatives about

their experience of the care provided. We spoke with ten members of staff including the providers, registered manager, administrator and care workers.

We reviewed a range of records. This included four people's care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two professionals who regularly work with the service.

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 Good. At this inspection this key question remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. People and their relatives said they had confidence in the staff visiting and trusted them. Comments included, "I know all the staff visiting me and I feel safe with them"; "Staff are gentle with me and never rush" and "I am perfectly safe with the girls. I have known them for so long".
- The provider had policies and procedures regarding safeguarding in place and staff had received safeguarding training to ensure they understood what to do should they have any concerns.
- The registered manager and staff were aware of their responsibility to report any concerns and had worked in the past with the local authority to ensure any concerns were fully investigated. The registered manager had reported two safeguarding concerns since the last inspection. Both had been resolved.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed, and measures were in place to reduce the risks. One relative said, "Safety, that is the main thing and (person) is safe with them. They use the hoist safely and (person) has no pressure sores; that is amazing". They added this was because of the good standard of care their relative received.
- Risk assessments considered people's capacity and respected their right to make decisions, which enabled them to be as independent as possible. For example, where people had been prescribed a certain diet but chose not to follow that advice.
- Arrangements were in place to provide an on-call out of hours service to ensure people and staff received support in the event of an emergency. Emergency procedures were in place to ensure visits were prioritised for events such as poor weather, flooding or staff sickness.

Staffing and recruitment

- Staff were deployed effectively to ensure people received the care and support they required. Staff confirmed they had enough time to deliver people's preferred care and they usually had sufficient time to travel between visits.
- People said the service was reliable and that they had never experienced a missed visit. Comments included, "We've never had a missed visit in all these years. They always come; if they are going to be late they call. They always stay for the correct time" and "I am very satisfied with the service. They never let me down and they come three times a day".
- The registered manager explained there had been a rare missed visit due to an allocation error, however, there was no formal way to capture this information. By the end of the inspection, the registered manager

had implemented a monitoring record for any future missed visits to ensure they had accurate information.

- The provider had robust recruitment procedures and checks to ensure staff were suitable to work at the service.

Using medicines safely

- People were happy with the support they received with their medicine's management. One person said, "They are spot on with it all".
- Staff responsible for assisting people with their medicines received training in the safe administration of medicines. Their competency had been assessed to ensure their practice was safe.
- The registered manager ensured regular medicines audits were completed. They demonstrated that where errors had occurred, for example, staff not signing for administering a medicine, these were identified and dealt with quickly.
- There were comprehensive policies in place to guide staff practice, which included the collection and disposal of medicines. The registered manager had developed a form to ensure any returned medicines had been agreed with the person and received by the pharmacist.

Preventing and controlling infection

- Staff were provided with training and personal protective equipment (PPE) such as gloves and aprons to help promote effective infection control. People and their relatives said staff promoted good hygiene practices. One commented, "(Person) is prone to infections. The girls are very careful with hygiene. I know she is safe".
- Senior staff checked whether staff complied with good infection control processes during regular 'spot checks' and observational supervision. For example, ensuring staff were washing their hands and using PPE equipment.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately.
- The registered manager shared learning from incidents with the staff team to try to avoid similar reoccurrences. For example, following safeguarding investigations or where a person's personal information was inadvertently misplaced.

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 Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs continued to be assessed prior to receiving care and support from the agency. A senior member of staff undertook assessments with the input from the person and where appropriate their relative. Additional information was also sought from commissioners and professionals during this initial period.
- The assessments detailed the support people required and preferred to maintain their diverse health and wellbeing. People said they had been able to discuss their needs and preference at length with senior staff. One person said, "I feel they listen to me and this means I get the service I want"; another said, "We couldn't manage without them; they are a god send for me".

Staff support: induction, training, skills and experience

- Staff were supported with the appropriate training and supervision needed to carry out their roles. People expressed their confidence in staff's skills and knowledge. Comments included, "They know their job. They are very professional but friendly at the same time"; "The staff are well trained; we trust them" and "I was scared when I had to use the hoist first, but not anymore. The girls are brilliant and don't rush me."
- Staff said the training and support they received was good and enabled them to work safely. Staff had completed the provider's mandatory training and refreshers as needed. Additional specialist training was provided to ensure staff could meet people's diverse needs. For example, continence; hydration and nutrition and the management of PEG tubes (commonly used to provide a means of feeding when oral intake is not adequate).
- Staff were also supported to obtain a nationally recognised care qualification. 65% of staff had achieved a national care qualification.
- Newly employed staff received an induction which included training and shadowing more experienced colleagues. New staff, with no previous experience in care, were supported to complete the Care Certificate. This is a set of induction standards that care workers should be working to. The registered manager explained the in-house core training provided to all staff resembled many of the core modules with the Care Certificate. They planned to cross reference these to reduce any duplication for staff and encourage staff to complete the Care Certificate in a timely way.
- Staff received supervision and competency observations to help ensure they had the knowledge to perform their roles effectively.

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

- People needed different levels of support with maintaining a balanced diet and their dietary requirements and preferences were identified in their care plans. Staff had a good understanding of how to support people with these. During visits to people's homes, we observed staff offering choices and involving people with their mealtime.
- Some people required their nutrition to be delivered via a special tube (PEG). Community dieticians and other specialist had been involved in the people's care and supported staff with training. Professionals confirmed staff had engaged well with the training and no concerns were raised about the management of PEG regimes.

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

- People were supported with their health needs. If someone became unwell, staff would arrange a GP appointment and would support people to medical appointments if appropriate.
- Staff knew people well and would alert relatives, where appropriate, if they were concerned for someone's wellbeing.
- The service worked in partnership with other professionals and people were referred promptly to external healthcare services where needed. Staff followed guidance provided by those professionals. For example, staff had worked with the speech and language therapist (SALT); community dieticians and occupational therapist and followed their advice when delivering care and support to promote people's safety. During a home visit we observed staff supporting one person to complete a set of exercises recommended by the physiotherapist.

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

- Staff sought people's consent before providing any care and treatment. People confirmed staff always involved them in their preferred daily routine. One person said, "They never assume, they always ask. They are so very respectful with us".
- People's capacity was considered when planning each aspect of care and people's consent was sought and recorded.
- Staff had completed training in relation to the MCA and understood the importance of ensuring people made their choices about their lives.

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 Good. At this inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we contacted spoke highly of staff, describing them as respectful; caring and friendly. Comments included, "They are very respectful and caring; they are part of the family"; "I love them all to bits..." and "Staff are respectful 100%".
- Staff provided a service which treated people with kindness, and promoted well-being and happiness. They had built up positive and caring relationships with people they supported. Staff had supported one person to celebrate their birthday at a local pub with a 'mocktail' and birthday cake, which the person enjoyed greatly. When another person celebrated a milestone birthday, staff took them flowers and a balloon. The person's long-standing care team were invited to join them and their family to celebrate the special occasion. Staff had given up their own time in order to attend these events.
- The service worked to promote a good understanding within the staff team of the experience of people living with dementia. One of the directors was the dementia champion for the service, and all staff were "dementia friends". Dementia Friends is a national initiative that aims to change the way we think, act and talk about dementia. Dementia Friends aim to make a positive difference to people living with dementia and we saw this during the inspection. For example, during a visit to a person living with dementia, a staff member demonstrated a great deal of compassion and ensured the conversation was relevant to the person and at their pace. The interaction showed a depth of understanding, which had a very positive impact on the person's visible well-being. Staff chatted with the person about their family, to their obvious delight. It showed a long standing professional and caring relationship which had been developed.
- Staff took time to assist people to get involved during festive times. For example, staff helped people to decorate their own Christmas tree during their visits. The registered manager shared photos of smiling people with their Christmas trees.
- People's care plans included information about their diverse backgrounds, likes and dislikes and staff were knowledgeable about these. For example, during a home visit staff played a person's favourite music and they could be heard laughing and joking with staff. Another person explained, "I like the people that come to me; we all get on. I can speak with them about my interests."
- People and their relatives explained how important the service was in enabling them to live in their own home. One said, "I am house bound, so the visits enable me to stay at home. It's a great support". A relative said, "We both benefit from this service".

Respecting and promoting people's privacy, dignity and independence

- Staff showed a willingness to empower people to push their boundaries to achieve their goals and regain their independence. A relative described the improvement to their loved one by saying, "(Person) wasn't

walking much when he came home, but with their help and encouragement he is walking and using the stairs now". People were supported to move independently where possible with staff ensuring they had any necessary equipment to keep them safe.

- Staff paid attention to people's personal appearance which promoted their dignity and well-being. They ensured people were dressed in their preferred outfits and included jewellery and other accessories. Staff assisted one person to dye their hair, which was particularly important to them as they could not easily visit a hairdresser.
- People received care and support from staff who were mindful of their privacy and dignity. Personal care was discreetly managed by staff. During visits to people's homes staff offered them time alone in the bathroom if needed.

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

- People were consulted about the care they required and were supported to make choices about their daily care. For example, their preferred routine and what they ate at mealtimes. Comments included, "They are doing what I need. I cannot fault them" and "There is nothing they wouldn't do to help us. They are very caring".
- People received a rota each week to tell them who would be supporting them the following week. This meant people knew which care worker to expect. People had a team of regular staff. This meant they were cared for by staff who were familiar with their needs and were able to build good relationships.
- Information about the service and what to expect was shared with people. Each person received a 'service users' guide'; information about the complaint's procedure; office contact details and the emergency 'out of hours' contact details. This ensured they knew how to contact the service should they have any queries or concerns.

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 Good. At this inspection this key question has remained the same.

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

- People confirmed they received care which meet their individual needs and preferences. One person said, "They help me in every way. I enjoy their company; they are lively and happy girl."; "I feel they listen to me and this means I get the service I want" and "They (staff) are wonderful..." A relative explained, "I am confident they (staff) are doing a good job. They (relatives) are in good hands". Another relative explained how they valued the service as it supported them in their caring role. They added, "We both benefit from this service. I don't want (person) to go into care, so they have made a great difference to me..."
- The service was responsive to people's different needs. For example, two people required specialist support with their nutrition. The registered manager had sourced training for staff and worked with other health care professionals to ensure they could meet the people's needs safely.
- Staff knew people well and were very responsive to their changing needs. For example, they alerted relatives, where appropriate, if they were concerned for someone's wellbeing. One relative said, "They recognise if (person) is brewing an infection or if she is unwell. I feel we all work as a team..." Staff's quick response meant the person was able to access medical treatment before they experienced any uncomfortable symptoms.
- People's care records demonstrated that their needs and preferences were assessed, planned for and met. Care records were kept under review and updated when changes were needed. People confirmed they could look at their care records at any time and said the information in them was accurate. One person said, "I have my records; the girls write in them every day. I have no cause for concern as they know what I need".

End of life care and support

- The registered manager and provider were passionate about supporting people at the end of their life and ensured they supported people where possible to leave hospital and return home if that was their wish. The registered manager told us, "We have the privilege of being invited into people's homes to support them through what can be the hardest parts of their life."
- The staff team supported people at the end of their life according to their wishes and preferences, to enable them to stay in their own home if they chose to do so.
- One person was being supported with end of life care and staff worked alongside the local hospice staff and the community nursing team to support them while living at home.
- We saw many thank you cards from family and friends expressing gratitude for the care and support from staff.

- The registered manager had developed a memory board at the office to commemorate the people they cared for. The board enabled staff to write messages and share memories of people.

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.

- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication. For example, where they used a hearing aid.
- The registered manager confirmed documentation, such as the complaints procedure was available in other formats, such as larger print, if requested.

Improving care quality in response to complaints or concerns

- Each person was given a copy of the complaints process and all those we spoke with knew how to raise a concern or complaint. People said they found office staff, the registered manager and company directors approachable. Comments included, "I have never had a complaint, but I would speak with (the registered manager) if I did" and "I had one (concern) a long time ago and it was dealt with immediately".
- The service had received four complaints since the last inspection. Any concerns or complaints were logged and investigated promptly, and feedback given. All complaints had been resolved.
- The service was proactive in obtaining and acting on feedback from people. Regular phone calls were used to check that people were happy with the service. The registered manager explained this was a way of enabling people to share feedback when they may not have raised an issue through a formal satisfaction survey. A phone call to one person recognised the person was starting to become confused. As a result, their condition was monitored, referrals were made to external professionals and the person received a diagnosis. This meant meaningful amendments could be made to their care package to ensure their changing needs continued to be met.
- The provider and registered manager shared any learning from complaints with staff to ensure improvements were made.

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 Good. At this inspection this key question has remained the same.

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

- The registered manager and provider had developed a person-centred culture at the service. They had a good understanding of their legal responsibilities towards the people they supported and were committed to delivering person-centred care.
- People using the service, relatives and professionals said they felt the service was well managed. They said they would recommend the service to others. Comments included, "They are a small company, so you don't get lost with them. It is personal and they all know us"; "We would highly recommend the service, it's been wonderful for us" and "I feel they listen to me and this means I get the service I want".
- People described how the service also provided social interaction which reduced isolation. One relative described the improvement to their loved one's wellbeing and added, "It gets him meeting people from outside, chatting about the local community. So, visits are sociable which is important. They talk to him and he trusts them and likes them all."
- Staff felt supported by the management team. The registered manager and provider showed staff they were valued, by implementing a staff member of month award. Staff's birthdays and Christmas was acknowledged by giving gifts and cards and the provider treated staff to their Christmas meal. Many staff continued to work in the deep snow; when they were unable to drive, they walked. The provider said thank you to staff by giving them vouchers for massages.

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

- The service had an experienced registered manager in post, who had a good understanding of their role and responsibilities. The registered manager and company directors had obtained relevant health and social care management qualifications. The registered manager was a semi-finalist for the outstanding manager award within Devon and Cornwall in 2018.
- The two directors of the company were finalist for the "Contribution to care" award. They had been nominated by relatives who recognised the high standard of care delivered to their love one.
- The registered manager and provider had a good understanding of their service and the support needs of people using the service. People knew them well and said they were very approachable.
- Staff were motivated and enthusiastic about their work. They worked well together and told us how much they enjoyed their work. One staff member said, "We work well as a team, we communicate really well and

help each other out. There are good systems for reporting any concerns". Another said, "I think it is a good company and I love my job".

- There were systems in place to monitor and assess the service provided, which helped the registered manager to identify and address any shortfalls.
- The registered manager and provider completed a range of audits which included, medicine records, care records and daily reports, and incidents and accidents. Records showed if shortfalls were identified action was taken to prevent a reoccurrence. For example, staff were spoken with if a medicine recording error had been identified.
- Senior staff completed spot check visits, observing staff and speaking with people using the service. These visits enabled staff to receive feedback regarding their working practice, and enabled people to share their experience of the service.

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

- The registered manager and provider understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.
- Where incidents had occurred, these were investigated, and apologies given where the service was found to be at fault. Any learning from incidents was shared with staff to reduce the risk of reoccurrence.
- The registered manager also informed the CQC about significant events within their service using the appropriate notifications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were asked to share their views about the service through care review meetings, regular phone calls and the use of six-monthly satisfaction surveys. 'Spot checks' were also carried out. During spot checks the registered manager or supervisor observed staff practice and approach, to ensure they worked safely and displayed a respectful attitude.
- Questionnaires were regularly sent out to people who used the service and their relatives. We reviewed the results of the most recent satisfaction survey, completed in June 2019, which showed a good satisfaction rate. Comments included, "Easy Living has helped me to be more independent and confident for the future"; "Very helpful and friendly. Always ask what needs doing and carries out with a smile"; Great service, with a fantastic team, delivering an impossible task..." and Thank you to all...you are brilliant. Never stop doing what you are doing". Where comments had been made about the timing of some visits, the registered manager had reviewed the scheduling and allocation of the rota and letters had been sent to people apologising.
- Staff also had an opportunity to share their views about the service, through meetings and staff surveys.
- Feedback from professionals showed the service worked in partnership to ensure the best outcomes for people.
- The registered manager had developed close links with external agencies and the staff team worked in partnership with health care professionals to promote people's health and wellbeing.
- The registered manager and staff helped to promote the "Proud to Care Devon" campaign, which aimed to raise awareness and recruitment of the role of care and support workers.