

EcoClean Community Care Limited

EcoClean Community Care

Inspection report

The Welcome In Community Centre
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

EcoClean is a domiciliary care agency providing care and support to 32 people at the time of the inspection. Of these, 20 received regulated activity.

Not everyone who used the service received personal care. The Care Quality Commission (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

Although we found there had been improvements in the service, shortfalls remained in the governance of the service. Quality assurance checks had not been effective enough to identify and address concerns, to drive all the necessary improvements forward in a timely way.

Risks to people were assessed but actions for staff to take were unclear and risk assessments were not always in place.

The provider did not conduct mental capacity assessments or best interests decisions for people who may lack the capacity to make decisions about their care and support. Therefore, people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Care plans we saw contained good person centred detail about their routines, preferences and how staff were to support them. However, records did not always contain consistent information.

People received their medicines as prescribed, and staff had sufficient training and support to meet people's needs. There were enough staff deployed to meet people's needs.

Care plans took into account people's diverse characteristics and backgrounds. Staff promoted people's dignity and independence.

There was a complaints policy in place and complaints were managed in line with the service's policies and procedures.

We made a recommendation with regards to risk assessment.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published

September 2018) and there were three breaches of the regulations identified. 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 that although some improvements had been made and was no longer in breach of some regulations, the provider was still in breach of regulation 17 and a new breach of regulation was identified (regulation 11).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

EcoClean Community Care

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

This 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 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. 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 spoke with one person and four relatives about their experience of the care provided. We spoke with

three members of staff including the registered manager and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four 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.

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 requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were not always used effectively to identify and reduce risks to people. The provider was not always following their policy on risk assessments. The use of risk assessments was not always consistent across different care plans, some people did not have risk assessments in place for areas such as their home environment.
- Some risk assessments we saw defined the risk and factors that caused the risk to the person, however, there was no guidance for staff on how to use this information to reduce the risk.
- One person was identified in their care plan as being at risk of choking, however, there was no risk assessment in place or information from health professionals around this. The risk was being managed through the person's care plan.
- We did see some evidence of person centred risk assessments linked to people's behaviours that may present a risk.

We recommend the provider review their systems and processes around risk assessment.

- Following the inspection, the provider had introduced new risk assessment documentation and was in the process of completing the documentation for all people who used the service.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had a good awareness of safeguarding systems and processes. There was a safeguarding investigations file and referrals were made appropriately.
- Staff had training in safeguarding and understood how to protect people from different types of abuse. There was a safeguarding policy and procedure in place.
- There was clear information in care plans on how to ensure access to people's properties was safe, for example the location of key safes and personalised information on accessing and exiting the property.
- We case tracked one example where staff had followed the policy in raising a safeguarding concern and how this was followed up, investigated by the registered manager and communicated to the safeguarding authority.

Staffing and recruitment

- There were enough staff deployed effectively to meet people's needs. We reviewed rotas and checks of

staff timeliness which showed staffing levels were appropriate.

- One person said, "Yes they (staff) are generally on time, there is the odd occasion they are a bit late".
- One relative said, "Staff are on time and always let me know if there are any issues or necessary changes for sickness I am made aware beforehand of what's happening. No complaints, no issues."
- A member of staff said, "Staffing levels, you know staff aren't leaving, and they've employed more staff as well."
- Candidates for care work were interviewed, their identity and background checked and professional references were required.

Using medicines safely

- People received their medicines as prescribed by their GP. Medicines administration records (MARs) contained good detailed information on what medicines people took, and topical MARs showed visually where creams and other topical medicines were to be applied.
- One person we spoke with said, "I have a lot of tablets in the morning, they always ensure I have those".
- Staff received training in medicines administration and had their competency assessed by senior staff, following national best practice guidelines.
- MARs were audited by senior staff to ensure there were no mistakes and records were accurate.

Preventing and controlling infection

- Staff received training in infection control, and staff were provided with personal protective equipment such as gloves and aprons when delivering personal care.
- One member of staff said, "Always have enough gloves and aprons I have them in my boot every time. Always got enough gloves and aprons when we are doing creams and making meals and things like that."

Learning lessons when things go wrong

- There was a clear accident and incident policy with a process in place to investigate any accidents or incidents that occurred. We saw that this process was used effectively to investigate and ensure appropriate actions were taken.

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 remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider had failed to ensure staff received appropriate training and support. 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 the provider had made improvements and were no longer in breach of this regulation, however, we found a breach of Regulation 11 (need for consent).

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA

- Mental capacity assessments for people who were considered to lack the capacity to make decisions about their care and support were not in place.
- One person's care plan stated they lacked capacity to make decisions. However, there was no decision specific mental capacity assessment in their care plan, and it was not clear how this impacted on their care or whether any best interests decisions had been made on their behalf.
- Where somebody was authorised to act on their behalf (for example holding lasting power of attorney or

LPA), we found in five of the seven care plans we reviewed that evidence of this authority such as a certificate was not present. Where one person was described as lacking capacity to make decisions, they had signed their own consent form despite a named individual holding LPA.

The service was not acting within the legal framework of the MCA in ensuring capacity assessments and best interests processes were undertaken. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were assessed before using the service. This included gathering information about people's health needs, personal routines and preferences, and key social and healthcare networks. One relative said, "Staff were all professional, they came out and did the assessments".
- Where the person had been assessed by the local authority before using the service, this information was used to help write people's care plans.

Staff support: induction, training, skills and experience

- Staff received an induction before starting work which involved a package of training the provider considered mandatory, orientation and shadowing senior staff on care visits.
- Staff received regular supervisions and appraisals where performance was discussed. Where a person had made a medicines error, there was support, extra training and encouragement offered to the member of staff.
- One member of staff said, "We get enough training yes for example we did moving and handling, medication, food hygiene, I did those as I started. We do follow ups as well, just done harassment at work. I feel I have enough support."

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

- Care plans contained information about people's food and drink preferences, who purchased their food, and personalised information about portion size and where they wanted to eat.
- Staff had written in people's notes what they had to eat and if there was any further monitoring required by health and social care professionals. These instructions were carried out by staff.

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

- Daily notes and care plans evidenced staff provided consistent care and supported people to access healthcare services. We saw one example where a member of staff had rung out of hours GP services, action had been taken, and there were follow up entries logged which evidenced staff had monitored the person's health until they recovered.
- Staff enabled people to attend appointments as part of their care plans and we saw evidence of this in their daily notes.

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 and relatives we spoke with said staff were caring and kind. They said, "It really feels like part of the family, they have to be like that so it blends in, especially if there are two people to go from one to the other. [Name] is quite comfortable with them. I'm really pleased. The care is very individual and consistent", "Staff very polite and respectful. Engaged very well with my parents and have put them at ease", "most staff I have come across have been very friendly and cheerful, they try and cheer [Name] up", "Yes excellent, we have a good relationship. [Staff name] is kind and caring towards me".
- Care plans contained information about people's personalities, for example what topics they liked to discuss, what made them anxious and how to help them remain comfortable.
- Care plans also contained information about people's religious and cultural needs and what help they needed from staff in respecting their diverse needs.

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

- Staff supported people to be involved in their care. One member of staff said, "We get people to take things like medicines for themselves if they can, some are independent so they will take it themselves so I just get them a drink of their choice. One lady has it on her trolley and will take it by herself. You get consistent clients so you get to know what they like".
- Care plans contained information signposting people to external organisations providing advocacy services, CQC and the local authority.

Respecting and promoting people's privacy, dignity and independence

- The language of care plans prompted staff to be respectful of people's privacy, dignity and independence, detailing what people could do for themselves as well as what they needed help to accomplish. For example, using language such as 'when I want to get up'.
- One relative said, "Yea privacy and dignity, they listen to the person's preferences and its very good staff use humour to help with personal care as it can be difficult but staff use different techniques".
- A person said, "[Staff name] knows when to help me if I've not quite dressed but usually I have done this myself".
- A member of staff said, "People seem happy to see us, I make a cup of tea ask what they want me to do and what they want to do. They like to keep their independence as much as they can. If they need showering I let them do as much as they can for themselves. I have a lady on a morning I help her shower, she likes to

be independent so I do as little as I can as I don't want to take over and help where I can".

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.

At our last inspection we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because care plans did not always reflect people's needs and information on people's communication needs was not always complete. At this inspection we found the provider had made improvements and was no longer in breach of the regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained good, person centred information with a good level of detail around people's routines and preferences. Care plans contained profiles about the person, their life history, gender identity and preferred mode of address. Where people had support to eat or drink, this detail included for example, people's favourite cup for their morning hot drink and how much sugar they wanted, and where they wanted their meals served in their own home.
- Instructions for care staff were clear, with tasks linked to objectives the person wanted to achieve.
- Care plans were regularly reviewed in response to people's changing wishes and needs.

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 plans contained information on how people communicated and whether there were any impairments to communication between people and their carers. This included any communication aids they used, and person-centred information around this, for example, 'Yes, I have hearing aids but I am not keen on wearing them, gently remind me'.
- This was followed up by guidance for staff on how to ensure people's communication needs were met.

Improving care quality in response to complaints or concerns

- There was a clear complaints process and policy in place. We reviewed the service's complaints file and found complaints were responded to in line with the provider's policy. A person we spoke with said, "Office staff are helpful on the few occasions when I want to ring them. But no complaints". A relative we spoke with said, "Never had to complain, I would complain to them if I needed to".
- Information on how to make a complaint was available in people's care plans.

End of life care and support

- There was a clear end of life policy in place with delegation of responsibility for staff, clear aims of the policy in working with other health and social care agencies and an emphasis on ensuring the person was as comfortable as possible.
- There was no one receiving end of life care at the time of the inspection. People had end of life care plans to include their wishes prior to and after their death.

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 requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person centred care.

At the last inspection we found the provider was in breach of Regulation 17 (good governance) of the health and social care act 2008 (Regulated Activities) Regulations 2014 because robust systems and processes were not in place and there was a failure to maintain accurate records. At this inspection we found the service continued to breach the regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- We found that some improvements had been made since the last inspection for example in supporting staff with supervisions and improving person centred care plans, however, areas we highlighted at this inspection such as risk assessments and assessing mental capacity had not been identified.
- We found that there were internal inconsistencies in some care plans which had not been identified by the provider through audits or checks, for example there was conflicting information regarding whether a person was prescribed drink thickener, with some areas stating this was to be given and others not mentioning this. It was clear from daily notes and MAR records that the care delivered was consistent, however, the records we reviewed represented a risk.
- We found that the provider's policy on recruitment was not always followed or adapted to meet the service's needs. Where one potential staff member returned information on their Disclosure and Barring Service (DBS) check, the policy we saw stated that the application should have been terminated. We saw that the candidate provided a statement about this information and this was questioned by staff and the discussion recorded on their file. The registered manager said they had assessed the risk and the person's circumstances merited the continuation of their application, however, this process was not formalised in a risk assessment, and the policy did not reflect the service's needs.

These concerns constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

- During the inspection the policy around DBS checks was altered and we saw this had been used effectively in one example we were shown.
- The registered manager had organised an external quality assurance consultant to help make improvements to the service, and was working with the local authority to complete an action plan based on their visit.

- There were plans in place to make improvements which had not yet been implemented or were not fully embedded. These included the procurement of electronic monitoring and care planning systems and new audit tools which the registered manager stated would resolve quality issues. The registered manager had informed staff and had begun training on these systems.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had clear values for staff to follow and this was included in service user guides which were issued to people using the service.
- One member of staff said, "The registered manager is good, there is a friendly atmosphere, will go out her way to help you. If I ever need any help she is always there to help It's really good."
- One relative said, "You can always ring the office, I have no qualms I just text the manager and she will ring me. If there is anything I need I can get in touch with her. She would text me back or ring or get someone to ring. Good rapid response and I can't say I have any issues".

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

- There was some engagement of people using the service taking place. There was a survey conducted in 2018 however, there was no action plan as a result to demonstrate how people's feedback had been used to improve the service.
- Staff meetings took place. They were not always frequent, however, the registered manager used other means of communication to ensure staff were engaged and involved. At the last staff meeting, staff discussed staffing levels, mock CQC inspections, feedback from clients and new electronic systems that were being implemented.
- One member of staff said, "We had a team meeting last Wednesday around 7pm it's a good time when everyone has finished evening calls and things like that. It was a good meeting."
- The registered manager was working positively with community organisations to provide people with links to things that might be relevant to them, for example staff facilitated access to community centres and activities.

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

- There was a duty of candour policy in place and the registered manager understood their responsibility to be open and honest when something went wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not conduct mental capacity assessments or best interest decisions for people who may lack the capacity to make decisions about their care and support.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems and processes in place to identify areas of improvement and respond to risk effectively.</p>