Elect Care Consultants Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
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

The inspection took place on 2 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults; we needed to be sure that someone would be in. Elect Care Consultants Limited provides personal care to adults in their own homes in East London. At the time of the inspection there were four people receiving personal care from the service.

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.

We found that people were not protected from the risk of potential harm because staff could not identify different types of abuse and the related policy was not fit for purpose. Robust risk assessments were not in place to guide staff about how to manage risks to people. People were at risk of not living the way they chose because the registered manager had not embedded the principles of the Mental Capacity Act 2005 at the service.

Medicines were not well managed because there was not sufficient managerial oversight of staff practice. The provider could not be assured that staff were fit for work because criminal record checks and references were not always obtained. The provider was not meeting the requirements of the Mental Capacity Act 2005.

The service was not organised in a way that always promoted safe care through effective quality monitoring because audits were either not in place or were not fit for purpose.

There were enough staff to meet people's needs and they developed caring relationships with people using the service. Staff used a range of communication methods to support people to express their views about their care. People and their relatives were involved in planning their care and care records included information about people's likes and dislikes and promoting their independence

Staff supported people to eat and drink enough and to obtain treatment from health and social care professionals.

There was a positive and open culture at the service. Relatives felt confident that they could raise concerns and their complaints would be taken seriously.

We found six breaches of regulations relating to safeguarding service users from abuse, medicines, risk management, consent, fit and proper persons employed, and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe. Staff could not identify different forms of abuse and were unaware of their reporting responsibilities.

Risks to people's health and wellbeing were not managed appropriately.

Medicines were not managed safely.

The provider did not have a robust recruitment procedure.

There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement

Aspects of the service were not effective. The provider had not embedded the Mental Capacity Act 2005 into the delivery of the service.

Staff received support from the registered manager and felt well supported..

People were supported to get enough to eat and drink and access healthcare services.

Is the service caring?

Good

The service was caring. Staff developed caring relationships with people using the service and promoted their dignity, diversity and independence.

People were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive. People were involved in planning their own care.

Care staff provided care that was tailored to the individual concerned.

There was an appropriate process in place for managing

complaints and relatives felt able to raise complaints should the need arise.

Is the service well-led?

Requires Improvement

The service was not well led in part. Monitoring systems were not always effective and did not drive forward improvements in service delivery.

There was an open culture at the service.

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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 took place on 2 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff were are often out during the day; we needed to be sure that someone would be in.

The inspection was conducted by a single inspector. Before the inspection we reviewed the information we held about the service and statutory notifications received. During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spoke with the registered manager and the Director of the service.

We looked at three people's care records, and three staff files, as well as records relating to the management of the service. Subsequent to the inspection we made telephone calls to two people's relatives and one member of care staff. People using the service were not able to talk to us on the telephone or were unavailable

Inadequate

Is the service safe?

Our findings

Relatives we spoke with told us, "It's very good. I can trust [the care staff]. Yes, it's safe" and "Yes, I can do what I need to do. I can go and do the shopping. I don't worry that they are hurting [my relative]." Despite these positive comments people were not protected from the risk of unsafe and inappropriate care because the provider did not have systems to mitigate the risk of potential abuse. We could not be assured that staff would identify and report all safeguarding concerns in order to protect people from abuse because staff we spoke with were not able to identify different forms of abuse and were not clear on reporting procedures. Staff told us they received training on safeguarding adults from abuse but there were no records of this in staff files to evidence this. The safeguarding policy was unclear and did not provide staff with a straight forward procedure to follow. Staff were not aware of who they could escalate poor practice to if this was not dealt with internally.

The issues above relate to a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected from risks to their health and wellbeing because risk assessments to guide staff were inconsistent and did not always provide sufficient detail about how to manage specific risks. For example, one person had been identified by the local authority as at risk of developing pressure ulcers; however there was no associated risk assessment to guide staff about to prevent them.

The issues above relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not managed safely. The registered manager told us that care staff did not administer medicines to any person using the service. However, relatives and staff we spoke with told us that staff did administer medicines. This meant there was insufficient managerial oversight of staff practice. Relatives told us that they were present during administration and had no concerns and we noted that staff had received medicines training. However, there were no records to demonstrate that the provider had discharged their duty and assessed staff competency. Relatives and care staff told us that staff made a record of the medicines they administered but these records were not brought back to the service in order for the provider to assess their accuracy.

The issues above relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not kept safe as the provider's recruitment procedure was not robust, contrary to the provider's own service plan. We found that criminal record checks and references had not been completed for one member of staff. We spoke with the registered manager about this who said that the member of staff in question would not be permitted to work alone until this documentation had been obtained. We found that staff member's the references had not been verified by the provider to assure that they were written by an employee of the organisation stated.

The issues above relate to a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to meet people's needs. The provider ensured that people were supported by a consistent care staff and any absences were covered by other care staff or office staff to ensure people's needs were met. Relatives told us, "They are always on time and always the same staff. If one is sick they get cover" and "They always turn up. If they get stuck in traffic they phone me so I know." Relatives we spoke with explained that staff were flexible with their time to meet their family members' needs, such as attending an appointment, "If I want them to come early for an appointment they are there." Staff were aware who to contact for support when providing care outside of normal working hours.

Requires Improvement

Is the service effective?

Our findings

Relatives we spoke with thought that staff had the right skills to support their family members, "Oh yes, they are well trained" and "I appreciate everything they are doing. I see and they do everything perfect. They are doing a good job."

Despite these positive comments, we found the provider was inconsistent in ensuring that staff had adequate knowledge of the Mental Capacity Act 2005 (MCA) and their responsibilities under the Act to protect people's rights. 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. The application procedures for this in domiciliary care agencies are to be made to the Court of Protection.

People were sometimes at risk of not being supported to live their lives in the way they chose. Care staff did not have a good basic understanding of the MCA however, in practice they sought consent to complete daily care tasks. Mental capacity assessments had not been carried out where there may have been reason to do so and the related policy was not fit for purpose. The registered manager was unaware of her responsibilities under the MCA and associated legislation and guidance for example ascertaining who had legal authority to make decisions in a person's best interests where they lacked capacity to do so for themselves.

The issues above relate to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did receive other support to carry out their roles. The staff files we reviewed demonstrated that staff had access to supervision sessions to discuss their work. Relatives told us that new staff received an induction period to learn how to care for their family members, "They get two weeks' training. They have to shadow more experienced staff. Then [senior staff member] comes and works with them and supervises them."

People were supported to eat and drink enough. The majority of people were assisted by relatives with their meals. Support from care staff was clearly defined in care plans which placed an emphasis on offering people a choice in what they ate. Relatives told us that food was given in line with recommendations from dietitians, such as providing a soft diet. Daily logs demonstrated that staff frequently prepared meals and fluids in line with care plans.

People were supported to maintain their optimum health. There was evidence in people's care records that the provider worked collaboratively with healthcare professionals. Relatives informed us that the provider told them if they had concerns about their family member's ill health in order for the person to receive care from healthcare professionals in a timely manner. A relative told us, "Yes, they tell me if he's not well. They

will call me and they did." Care plans provided guidance for staff about how to monitor for signs of ill health and relatives told us staff were effective at doing so even where their family member could not express pain or distress they experienced in words.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. Relatives told us, "[My family member] has a good laugh them. The carers are brilliant, I can't fault them" and "They are always chatting, talking and making [my family member] happy." The provider ensured consistency in care staff, for example one member of staff had been supporting someone for six years. This meant that staff knew people well and spoke kindly about them. Staff reported that they were able to spend time talking with people and getting to know them, "I don't rush I laugh and joke with [the person]." Questionnaires about the service that relatives completed contained positive comments about the carers referring to them as "patient" and "caring".

Staff supported people to express their views and involved them in day-to-day decisions about their daily lives and support. Care records contained guidance about how to communicate with people who could not express themselves using words. There was also a clear emphasis placed on offering people choices about care tasks that were to be performed. Relatives we spoke with were very satisfied with how staff carried this out in practice and told us that staff used a range of communication methods to understand what people's wishes were, "They listen to [my family member] and that is very important. They use communication aides. The [care staff] will sit down and ask what do you what you want for dinner?" In the questionnaires we reviewed, people and relatives stated that they were always offered choices. We noted that care staff recorded this in people's daily logs, for example, between different types of personal care, clothes and food.

People's diversity was respected and their background and religion was captured in their care records. Relatives told us that staff were respectful of their family members religion.
Furthermore, the provider promoted people's privacy and dignity. Care records contained instructions to staff in order to protect people's confidentiality and the terminology used promoted dignity and respect. Staff told us how they conducted care tasks with sensitivity and relatives reported that their family members' dignity was respected. For example, "They show dignity when they wash [my family member], [they are] well covered."

Good

Is the service responsive?

Our findings

People were involved in planning their own care. Referrals from the local authority formed the basis of the care documentation we reviewed and were subsequently tailored to each individual based on input from people and those close to them. Each person's care plan had a document to be used to indicate who had been involved in the preparation of the plan and who had given consent for the planned care. Relatives told us, "[My family member] feels he is in control of his care. That's the beauty of it all. That's vital as there are things I don't know as a [relative]." Involvement in care planning can help some people to feel more in control of their care arrangements and it can also help staff to understand an individual's priorities.

The care documentation had been reviewed when the service moved location in November 2015 with dates set for review in six months. People and relatives were involved in reviewing care on an ongoing basis and in response to a change in a person's needs. A relative told us, "They change [the care plans] every year or something else is added as time goes by and he needs anything extra." However, the care documentation was not clear because they did not follow a logical order. For example, one file contained three versions of the person's care plan and each was undated so it was not clear which staff were to use. However, staff told us that the latest version was available in people's homes.

Care was tailored to people's needs, likes and dislikes. Details in care records about how people wished to be supported were personalised and provided clear information to enable staff to provide appropriate and effective support. A typical example was personal care preferences such as when people would prefer to have a shower. A relative told us "They know [my family] well." A member of care staff we spoke with explained how they responded promptly to a particular issue a person was facing. The provider promoted people's independence. Care records contained detailed and specific instruction about how staff could encourage people to carry out tasks that they were able to do with staff support. Relatives told us, "They help with independence. They say, 'can you take the plate?' One day they will wash a spoon, one day a saucer to keep [my family member's] mind occupied and going." People who had returned questionnaires stated that their independence was respected, "They are very respectful and encourage me to do my cooking."

The provider gave opportunities for people to feedback about the service. We noted that the registered manager conducted telephone check ins and home visits on a regular basis. People's relatives felt able to raise concerns and had confidence they would be dealt with promptly. However, it was noted that an easy read complaints procedure was not available at the service which may provide further support to people when raising a complaint.

Requires Improvement

Is the service well-led?

Our findings

The service was not organised in a way that always promoted safe care through effective quality monitoring; The provider did not operate a robust system of audits to assess the care being provided and had not identified the issues we found during the inspection. For example, medicine and training audits were not conducted. The policies and procedures that were in place to guide staff to provide safe care in line with best practice were not user friendly or fit for purpose. For example, the safeguarding adults from abuse policy did not contain a procedure for staff to follow. There was not a system whereby health and social care professionals were asked for their views of the service in order to drive forward improvements.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Comprehensive annual questionnaires were sent to people and their families. The responses to the wide range of categories were overwhelmingly positive and the registered manager drew up yearly reports about the direction of the service based on these. Staff performance was effectively monitored by the registered manager visiting people's homes while care staff were present. Relatives told us that any required improvements were made quickly and that these spot checks were effective, "She just turns up to see exactly what that care worker is doing" and "She tells me but tells me don't tell [the staff] that I'm coming so she can check. It's good." Staff told us that the registered manager provided feedback about their work after these sessions, however, these were not recorded so we could not assess the effectiveness of the tool.

There was an open and positive culture at the service. The service was run by a registered manager who received office support from a Director. Relatives were positive about the management team. For example, one relative told us, "I can't fault her." The registered manager was approachable and relatives reported that they felt like their family members mattered and were consulted about the care provided and one said, "She calls me up if she hasn't heard from me for a week. Just to check that everything is alright and with [my family member]. I'm happy." The member of staff we spoke with felt supported by the management team, "I'm happy to work there. If I have any problems I can contact the manager. She always supports us. She's a good manager." The provider enabled such support and communication by holding team meetings and supervision sessions.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured they acted in accordance with the Mental Capacity Act 2005 to ensure that care was only provided with the consent of the relevant person. Regulation 11(3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the proper and safe management of medicines. Regulation 12(2)(g) The provider did not assess all risks to the safety of service users and did not do all that was reasonably practicable to mitigate all risks. Regulation 12(2)(a) and (b)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not effectively established and operated systems and processes to prevent abuse of service users. Regulation 13 (2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

	Systems were not established or operated effectively to assess, monitor and improve the quality and safety of the services provided nor did they assess and mitigate the risks relating the safety and welfare of service users. Regulation 17(2)(a) and (b)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that the persons employed for the purposes of carrying on a regulated activity were of good character, had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Recruitment procedures did not establish that information in Schedule 3 was available. Regulation 19 (1) (a) (b) and (3) (a)