EBS Instant Care Limited

EBS Instant Care

Inspection report

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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

Overall summary

We carried out an announced inspection of the service on 30 April 2015. There were breaches of legal requirements at our last inspection in February 2014 and we had been assured by the provider that improvements were made. During this visit we found improvements were maintained.

EBS Instant Care provides personal care and support to people in the Nottingham area. There were five people receiving care in their own homes at the time of our visit.

There was a manager registered with the Care Quality Commission (CQC). 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.

People told us they felt safe with the staff that cared for them. The provider had suitable arrangements in place to

Summary of findings

identify the possibility of abuse and to reduce the risk of people experiencing abuse. Staff were knowledgeable about how to recognise abuse and confirmed they had completed relevant safeguarding training.

People's needs had been assessed and assessments were in place that identified potential risks for people. People's home environment was assessed as safe and secure for staff to attend to people's needs.

People felt supported by appropriately skilled and trained staff because the provider had a robust recruitment process in place. There were sufficient numbers of staff to cover calls in an effective and caring way.

People were supported to make informed choices and staff had awareness of the Mental Capacity (MCA) Act 2005. The Mental Capacity Act 2005 is designed to protect people who do not have the mental capacity to make certain important decisions for themselves. We found that the MCA was being adhered to.

People were supported to receive sufficient to eat and drink. Care plans contained individual information relevant to the person. People were encouraged to be independent and received relevant information on how the service was run. People felt that they could express their views about the service that they received.

People knew how to raise any concerns, they knew who they should contact and raise the concern with.

People received care which met their needs. They were treated with respect and the staff cared for people in a caring way.

Complaints and concerns were logged and monitored to ensure they were dealt with in a timely manner. Outcomes were reviewed to improve the practise and to reduce the risk of reoccurrence.

The service was monitored regularly by the registered manager to make sure a quality service was provided.

Summary of findings

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.

People told us they felt safe with the staff that cared for them. There were suitable arrangements in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

People were cared for by sufficient numbers of staff who had the right skills and competencies to provide care in a safe way.

People received their medicines in a safe way and as prescribed.

Good

Is the service effective?
The service was effective.

Staff obtained people's permission before they provided care and support. Staff had awareness of the Mental Capacity Act and how it was relevant to people who used the service.

People were encouraged to be independent and where necessary they were supported to have sufficient to eat and drink.

People received care from staff that were knowledgeable about their needs.

Good

Is the service caring?
The service was caring.

People were happy with the care they received. People spoke positively about the staff and the way they were treated.

People were treated with respect, compassion and in a dignified way at all times by the staff who cared for them.

Good

Is the service responsive?
The service was responsive.

Staff understood what people's needs were and how to respond to their changing needs.

People and their relatives were aware of the complaint procedure. People felt that the provider would respond quickly and professionally to any concerns raised.

People's care plans were reviewed on a regular basis to ensure they received personal care relevant to them.

Good

Is the service well-led?
The service was well-led.

Procedures were in place to monitor and improve the quality of the service provided. This included logging and monitoring complaints and safeguarding.

Appropriate policy and procedures associated with the running of the service were in place.

Good

Summary of findings

Staff were fully supported by management to provide good care and share best practice to ensure people received good care that met their needs.

EBS Instant Care

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.

This inspection took place on 30 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to.

The inspection team consisted of one inspector.

Before we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We looked at the Provider Information Return (PIR). The PIR 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. Questionnaires were also sent out to people who used the service.

During our visit we spoke with two people who used the service, one relative, two care staff, one care co-ordinator and the registered manager.

We looked at the care plans for four people, the staff training and induction records for staff, two people's medicine records and the quality assurance audits that the registered manager completed.

Good

Is the service safe?

Our findings

During our previous inspection on February 2014 we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. There was a risk to people's safety, as staff had not received training in safeguarding adults. The safeguarding policy did not reflect how staff should manage and report safeguarding issues. Staff did not have a good understanding of how to recognise abuse. The provider sent us an action plan which contained details of how they planned to make the required improvements.

During this inspection we found improvements had been made. We saw policy and procedures had been updated. Staff had received training in safeguarding adults and the induction process also included training in this area. Staff confirmed they had completed safeguarding training. The manager told us safeguarding processes and procedures had been discussed in team meetings. Additionally, systems were in place to identify that staff had read the policies and were aware of the reporting process. One staff member described what actions they would take to ensure people were safe. They said they would monitor the situation and environment where they were working. Watch the person's body language and acquire help and support from their manager if they need to report any concerns.

People told us they felt safe with the staff that cared for them. One person said, "I feel safe and well looked after." Another person said, "I am happy with the care I receive. I get the same staff member every day and they make me feel comfortable."

During our previous inspection on February 2014 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. No care plan reviews or risk assessments had taken place.

During this inspection we saw risks had been identified at the pre-assessment before people received a homecare package. We saw all care needs had been assessed and appropriate risk assessments for each person had been completed, such as, falls assessments and risk and hazards in the person home. The Provider Information Record (PIR) stated during the assessments people and their families were involved in discussions that involved choices and risks. We saw on care files we looked at that risks were documented and managed appropriately. For example, one person was at risk of their medicine not being effective with certain types of food. We saw a risk assessment was in place, which identified what foods should be avoided to ensure the medicine was safe and effective.

Staff told us they always made sure people's homes were secure before they left. There were processes in place to assess and manage risks associated with the environment. Staff followed procedures and contacted the office if they had any concerns.

During our previous inspection on February 2014 we found the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Medication Administration Records (MAR) were not completed correctly.

During this inspection we saw improvements had been made. The MAR sheets we looked at were completed with no gaps. Appropriate codes were used and there was a system in place to monitor the MAR's on a monthly basis. The care coordinator told us each month new MAR sheets were updated with the relevant medicines and witnessed by the manager. This showed people's records of when they received their medicines were accurate.

People told us they received their medicines as required. One person said, "I am responsible for my own medicines." Another person said, "The staff prompt me to take my medicine." We saw this documented on the care plans we looked at.

We found staff were following safe processes for ensuring medicines were safely stored and administered. One staff member told us they followed processes to ensure people received their medicine safely. They said, "I always watch over the person when they take their medicines. If for any reason a person refuses to take their medicine I contact the office or the GP for advice." There was a named member of staff responsible for checking and monitoring that people were receiving their medicines as prescribed.

People told us they were contacted should the member of staff supporting them was going to be late to attend their call. There was a system in place for emergencies such as, late or missed calls. There was a procedure that staff confirmed they followed to ensure calls were covered.

Good

Is the service safe?

People felt there were enough staff to support their needs. One person said, “Yes, I think there is enough staff, I get four calls per day.” Staff told us they felt there were enough staff at the moment, but felt the numbers would need to be increased if the service took on more calls. We found the number of staff matched the staff rotas and people received the care they required.

Good

Is the service effective?

Our findings

During our previous inspection on February 2014 we found the provider was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Staff had not received training or support for their role which could impact on the support provided for people.

During this inspection we found improvements had been made. Staff told us they received supervision and appraisals of their work on a regular basis. The manager said staff received the opportunity to develop their skills and knowledge and this was discussed in their supervision. They told us a member of staff was now a trainer/ assessor for medication management. They said this staff member had the responsibility of supporting staff with medicine management. There was a more robust system to monitor and check staff was receiving refresher training to support their roles. Staff told us they felt supported by the management team and had attended team meetings and supervision meetings. Additionally, they were observed when working in the person's home to make sure they were providing effective care.

We saw updated plans for staff had been completed to update their knowledge and complete relevant training. We saw there was an opportunity for staff to do extra training for specific health conditions, such as; strokes, diabetes and dementia. One staff member told us they felt confident to request or suggest training relevant to their role.

People were complimentary about the staff. One person said, "They do what I ask them to do." Another person said, "Overall I am happy with my care."

Everyone we spoke with told us staff asked their permission before providing any care or support. We looked at four care plans and saw people had given their consent by signing documentation to say they agreed to the care and support they received from the staff. We found no one lacked the capacity to consent to their care.

Staff told us they were aware of the Mental Capacity Act (MCA) 2005 and had received training in this area as part of their induction. They also said they were aware that they needed to give people a choice in the way they wanted to live their life. One staff member described how this impacted on people and how it was relevant to their role. They said they always asked the person's permission before they provided any personal care.

People told us the staff provided them with support with eating and drinking. Staff confirmed they usually prepared food and checked the person had eaten enough. They told us they encouraged people to eat more if they found they had not had sufficient that day. One staff member said, "I always make sure they have a drink before I leave." We saw dietary needs were recorded, such as types of food the person could eat.

People experienced positive outcomes regarding their health. We looked at care files and saw the service took action to ensure people were in good health. Referrals were made to external professionals when required. People had their health needs assessed to make sure the service could provide effective care. One person was assessed as being very reluctant to socialise and take part in recreational activities. It was identified the person needed support and encouragement to venture outdoors. Staff we spoke with told us they tried to encourage people where ever possible to improve their health and wellbeing.

Good

Is the service caring?

Our findings

People felt happy with the care provided. They told us they had good relationships with the staff. One person described their care as good. All people felt they were treated with respect and looked forward to the staff visits. One person said, "The staff talk away to me and make me feel comfortable." Another person told us, "I get the same care staff each time and am supported well."

Staff described the people they cared for. They were knowledgeable about what care and support each individual required. They told us they got to know the person well, which helped them understand how they should care for that person.

People received visits from the manager to discuss their views about the service and the care they received. We saw on one document called a 'spot check' which was completed by the service and at the person's home. It had identified if the person had been treated with dignity and respect by staff. It was recorded on the document that staff knocked on doors and asked the person's permission if they could enter a room. This showed the service promoted dignity and respect for people that used the service.

Staff described how they made sure people's documentation was kept private and out of the way. They told us how they ensured people kept their dignity when they provided personal care. They spoke about people in a respectful manner and told us they always made sure people were involved in any decisions relating to their care and support. One staff member said, "I would not do anything the person did not want me to do. I would always respect their wishes."

One person confirmed they had needed to make change the time of their calls. We saw on their care plan it noted that the person had requested to change the time of their calls. We found this had been accommodated by the service. We saw people and their families had been involved in any changes or decision making. The manager told us family members and advocates are updated by staff of any matters arising. The manager told us they had access to advocate services to ensure people could be supported to make the right decisions. We found people were not always aware of this service. We spoke with the manager and they told us they would address this.

Through the PIR the service told us they had plans to improve the service they provided by signing up to quality systems such as gold framework (The gold framework is a training programme that provides the highest possible standard of care for people who may be in the last years of life.) for end of life care to increase staff awareness of compassion and comfort when someone is at the end of their life.

Good

Is the service responsive?

Our findings

People and their families were aware and involved with care plan reviews. One relative discussed the care plan that was kept in the person's home. They said they could look at this at any time and see that staff had provided the care required. One person told us the staff responded well to their needs.

We saw care plans were individualised and all staff described how people received personal and individual care, which ensured their needs were met. We looked at four care plans and found discussions had taken place around the person's life history likes and preferences.

Staff we spoke with had good knowledge of the people they cared for. They told us they encouraged people to be independent and supported them to do things for themselves. When required they supported people with tasks relevant to their care needs.

We found staff had taken appropriate action and responded to people needs. One person's care plan identified the person was prone to falls. The staff had contacted other professionals and involved them in the person's care.

We found appropriate assessments and comprehensive care planning in response to people's assessed needs were in place. The manager gave an example of how a person received effective care and where staff had responded to a person's needs. They completed health assessments for people who used the service. We saw on one assessment that a person's health had improved. It was documented that their health had improved, because the staff had encouraged them to take part in outdoor activities, such as, shopping and walking. This showed people received personalised care that was responsive to their needs.

People received care and support to meet their needs. Care plans we looked at contained information relevant to the person and were individualised to reflect people's needs. Such as, one person required a staff member to support and assist them on a holiday. We saw on the three care files we looked at it was recorded when people's needs or circumstances had changed to ensure the person received the most appropriate care for them.

People told us they knew how to raise a concern and who they should contact if the need arose. Some people we spoke with said they could recall seeing a copy of the complaints procedure and others said they were sure the information had been supplied by the service. We saw copies of the complaints procedure were saved on each person's file. The manager told us each person received a copy of the complaint procedure and contact details for the branch should people require using it.

We saw one complaint had been received and this was logged and action had been taken as per the provider's policy and procedure. The manager told us lessons had been learnt from this complaint as there had been a breakdown in communications with the family. They told us they would in the future use a mediator to support both people and families to ensure information is fully understood.

Good

Is the service well-led?

Our findings

During our previous inspection on February 2014 we found the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as people were not protected against the risk of inappropriate or unsafe care and support, by means of regularly assessing and monitoring the quality of the service provided. We found staff care plans had not all been reviewed. No appropriate audits were in place to ensure the quality of the service was monitored correctly for staff training, medication, care plans and staff files.

During this inspection we found improvements had been made. We looked at audits which were undertaken by the manager. We saw staff checks had taken place on a more regular basis and a more robust system was in place that ensured the service provided was of a good quality and met people needs. The manager told us they were more visible and available for people and staff to contact should they need advice or discuss any issues relating to the care and support. Staff and people who used the service were encouraged and felt able to voice their views and concerns. The manager told us they openly encouraged staff to visit the office. There was also a system in place to gain feedback from people who used the service. Such as, service quality questionnaires That were sent out on a yearly basis.

We saw staff were better supported as supervision and appraisals were taking place on a more regular basis. The manager told us they had received good feedback from staff who had attended staff meetings, as there were opportunities to share concerns and ideas for good practice.

During our previous inspection on February 2014 we found the provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found records were not accurate and staff were not recording daily activities and tasks clearly.

During this inspection we found improvements had been made. We found daily records were more clear and precise. Policy and procedures had been reviewed and were relevant to the service. Medication Administration Records (MAR) were completed clearly and correctly. Staff used appropriate codes to ensure the record was clear what medicines the person had received. There was a more robust system in place to monitor and assess the MAR charts. The manager told us they had a named member of staff who was responsible for ensuring these records were completed and up to date. However, we found there were only one signature on new MAR charts where there should be two to ensure the medicines are given as prescribed. The manager told us they would address this immediately.

There were systems in place to monitor care calls and ensure all calls were met. The care coordinator showed us how the system operated and they said they cross-referenced the times with the staff timesheets. We saw timesheets had been signed by the person they had provided care for this was to show the time and duration of the visit.

There was a registered manager in post and the care coordinator told us the staff team worked well together. All staff we spoke with felt the manager was approachable and listened to their views or concerns.

The manager told us the vision of the service was to promote independent care for people and to make sure people received good quality care that protected their dignity and privacy. They told us they ensured staff signed up to this by completing observation of practice and quality assurance audits. They told us their biggest achievement was the lessons they learned from their last CQC inspection. They said they were more confident in the work they had completed to improve the service. Additionally, they were more aware and embraced change, which impacted on staff and people who used the service in a positive way.