

(IECC Care) Independent Excel Care Consortium Limited

Office - 1 (Beacon Lodge)

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 ●

Summary of findings

Overall summary

Office 1, Beacon Lodge, IECC Care offers personal care to people in their own homes. At the time of our inspection there were 64 people receiving personal care, 6 of which lived in a supported living environment.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager obtained people's views about the service they received. Audits were used to review the effectiveness of the service and covered most of the key aspects of service delivery. We have made a recommendation about this.

Most staff had access to a range of training to provide them with the level of skills and knowledge to deliver care efficiently and had been provided with an induction which helped them to develop their skills and knowledge. However, we found that despite being trained, a small number of staff told us they would benefit from having additional training to effectively support people who had a percutaneous endoscopic gastrostomy feed. (PEG)

Staff were given an induction when they started and supported to completed higher-level qualifications. Relevant recruitment checks had been carried out before people started work.

Care plans were person centred and detailed. People were involved with care planning and staff knew people well and were aware of their personal histories. Positive relationships had developed between people and the staff that supported them.

Systems and processes were in place to ensure the safe recruitment of staff with sufficient numbers of staff employed to safely meet people's needs.

The registered manager and staff understood their responsibilities in terms of safeguarding people from abuse and managing risk. People were supported with their medicines by staff that were trained and assessed as competent to give medicines safely.

People were supported to eat and drink food of their choice, and had access to health care services that met their individual need.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People were supported to consume food and drink of their choice and staff worked well with people and health care professionals, to ensure people maximised their health and wellbeing.

Information included guidance for staff so they could follow a structured approach to recognise and manage people' health conditions and behaviour.

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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?

Good ●

The service was safe.

People's needs had been assessed and risks to their safety were identified and managed well.

There was a sufficient number of staff to keep people safe, and they had been recruited appropriately. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse.

People received their medicines safely and as prescribed from trained and competent staff.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and supervision.

People's rights were protected and they were supported to make their own decisions wherever possible.

People were supported with nutrition and access to health care services to help them to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were friendly, caring and respectful.

Staff were attentive to people's individual needs and had a good knowledge and understanding of their likes, dislikes and preferences.

Support provided to people was individual and enabled them to lead an independent life with privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in the assessment and review of their care and support arrangements.

People knew how to make a complaint and were confident they would be listened to and any concerns would be acted upon.

Is the service well-led?

Good ●

The service was well led.

Audits were used to review the effectiveness of the service and covered most of the key aspects of service delivery.

People using the service and their relatives were encouraged to give feedback about the service they had received.

Office - 1 (Beacon Lodge)

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 checked 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 over three days, between the 10 and the 14 of August 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection team consisted of one inspector and one expert by experience, who carried out phone calls after the visit to the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at previous inspection records and the intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we visited the agency's office and visited the homes of two people. We spoke with thirteen people and five family members. We also spoke with the service manager and six members of staff.

We looked at six people's care records and eight staff records. We inspected information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints.

Healthcare professionals and local commissioners were approached for comments about the service and any feedback received has been included in the report.

Is the service safe?

Our findings

People told us they felt safe with the staff that visited them, one person said, "Yes I do feel safe. My carers just have that way of making everything okay." Another person told us, "I feel safe with everyone who comes." One person's relative explained "I have a good relationship with mum's carers and I can trust them to make sure she is safe in their care."

Systems were in place to protect people from the risk of harm and staff had received training in how to safeguard adults from abuse. They knew the signs to look for which might tell them that someone was being hurt, or abused and were aware of the reporting process. They told us that if they had any concerns they would report this to the registered manager or to social services.

Risks to people's safety had been assessed and staff knew how to provide support to minimise the risk of harm. Risk assessment included undertaking every day domestic and personal care tasks, risks to their safety at home and in the community and their physical and mental health. A relative told us, "We don't worry so much now, because they are receiving such wonderful care." A person explained, "I am at risk of pressure sores and the staff make sure that I get my position changed when I should."

Staff rotas showed that there were enough staff employed to meet people's needs. Office staff had also been trained to deliver care and provided cover when staff were on annual leave or had called in sick.

People told us they had regular staff and that they usually arrived on time. Some people told us that occasionally staff may be running late and if this occurred that this was usually due to traffic. People told us that the office would always ring them to let them know. One person explained, "My carers stay as long as it takes to do the jobs and they never rush me."

Systems and processes were in place for the safe recruitment of suitable staff. Checks on the recruitment files for four members of staff showed that they had completed an application form, detailing their employment history, photographic proof of identity and satisfactory references. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work to ensure they were not prohibited from working with people who use health and social care services.

Medicine administration records (MAR) showed that people received their medicines as prescribed and in line with the provider's policy and procedure and current professional guidance. Staff who administered medicines were trained to do so and told us they had their competence checked by the registered manager to ensure people received their medicines safely. One person said, "I get my tablets when I am supposed to, my carers get them for me."

We saw that body maps were completed and signed by staff when they had administered creams. Information about different types of drugs people were taking was available for reference. Medicines were given to people as and when they needed and was documented correctly.

Is the service effective?

Our findings

People told us that they were supported by knowledgeable and skilled staff who received training relevant to the needs of the people who used the service.

We received positive feedback from people. They told us they liked the staff that supported them. One person said, "I have had the same carers for ages now, so yes, they really know me very well." Another person said, "I have really good carers I am very happy with what they do." Another person said, "My carers really know what they are doing."

Staff told us that when they started work they had an induction which included a variety of training and that they went on to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One staff member told us, "The training here is very good. I am being supported to complete a higher level qualification."

The provider had a training programme in place which included health and fire safety, learning disability and behaviour which challenges, food hygiene, infection control, equality and diversity and being a lone worker. Training already completed had included mental capacity, safeguarding people from abuse, medicine administration, moving and handling, first aid and epilepsy.

Specialist training was provided to staff which included percutaneous endoscopic gastrostomy feed. (PEG) This is a procedure in which a tube (PEG tube) is passed into a person's stomach to provide a means of feeding). Despite information showing that staff had been trained, one person told us that they were not always confident that staff fully knew what they were doing. The acting manager told us that they would offer the staff that supported this person additional training and support in this area.

Regular supervision was carried out with staff throughout the year, along with an annual appraisal. This gave staff an opportunity to discuss how they felt they were getting on and any development needs they may have. All the staff we spoke with told us that they felt supported and had opportunities to undertake training to enable them to carry out their jobs effectively.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found that it was.

The registered manager had consulted with people who used the service and their families and, where relevant, the local authority and professionals in relation to people's capacity to make decisions about their lives. We saw that people's mental capacity had been assessed which reflected their ability to make specific decisions for themselves and where decisions were being made in people's best interests, these were

correctly documented.

Staff had received training in the MCA and they were able to demonstrate that they understood their responsibilities with regard to seeking consent and supporting people to make their own decisions. Staff were very positive about making sure they gave people information and choices in a way that helped them to understand what they were being asked so that they could make an informed choice and decision.

People were supported to have sufficient food that met their dietary needs and preferences. They were able to choose the food and drink they liked and had support to go shopping, prepare and cook their meals and snacks. One person told us, "I still try and do things for myself, so I prepare some of the food and they come in and help me with the bits I can't do. They are marvellous you can set your watch by them," Another person said, "I always have what I want to eat my carer gets it for me." A family member said, "Mum has everything at hand when the carers leave they always make sure she can reach stuff."

Staff understood people's health care needs and supported them to maintain good health. The records we reviewed showed that people were supported to access health care services such as the GP, hospital appointments and using the nail cutting service. Health action plans (information about people's health needs) had been completed with relevant information which advised professionals about their needs in the event that the person had to go into hospital.

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person described the staff as, "Angels in disguise, that's what they are." Another person said, "The staff are all kind and so patient with me all the time." Another person explained that, "My care is all about me [Staff] and [Staff] really know me well and they do everything I want, all the time."

Staff had an in depth knowledge of the people they were supporting and could describe in detail things that were important to them. We saw that positive and trusting relationships had formed between people and the staff that supported them. Staff understood about the impact their visits made to people's lives. For example, people were involved in decisions about their care and staff helped people to be in control as much as possible. One person said, "I like to prepare some of my dinner, obviously I can't do all of it so I do the bits I can do and they do the rest."

People's privacy and dignity was respected by the staff working with them and we observed staff respecting people's wishes. For example, before they went into people's houses the staff asked if the person wanted them to take their shoes off. One person said, "Yes, I am treated with respect at all times by all the staff." Another person explained, "When I am in the bathroom [Staff Name] always make sure the curtains are drawn and I am kept covered."

All the relatives we spoke with told us that their family members were supported in a respectful manner. One family member said, "I think we have got it about right with dads carers. We have a good mix of staff."

Staff were aware of people's personal preferences. Care plans contained guidance about how to provide person centred care and people told us they had been involved with the care planning process. A relative said, "When [Person] started having care we all sat down with [Name] from the office and filled out [persons] care plan. It's been reviewed about every 6 months since then."

Within the care plans we saw that personal interests, hobbies, likes and dislikes, religious and cultural needs had been explored, along with people's preferences about whether they wanted a male or female carer. One person said, "They gave me a choice of male or female carers or mixed. I like to have men help me because you can have a different sort of banter with them."

At the time of the inspection nobody at the service required the help of an advocate, but the service manager said they would be able to link people with their local service. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on the issues that are important to them.

Is the service responsive?

Our findings

People told us their individual needs were met by responsive staff. One person said, "I don't need to change my call times very often but if I ever have an early appointment at the hospital. [Name] at the office does all they can to change my times so I don't have to rush." One person said, "I am very happy with the all that they do for me it's like being looked after by my friends." A relative said, "My wife has needed care for many years and I think at last we have found a company with staff we are happy with. I want to use them for a long time, nothing is ever too much trouble and my wife is very happy. If she's happy, I am happy."

People and their families were fully involved in developing an appropriate support plan which met their needs. They were able to say what they wanted to do with their time, how they wanted to live, their routines, and the way they wanted their support provided.

A detailed assessment of people's needs had been completed before the service had started and people told us they had been included in the care planning process. Information gathered during the assessment was then used to develop a care plan which outlined what support should be provided to people. People had support plans in their homes and a copy was held in the office.

Staff confirmed there was always a care plan in place before they started caring for people, and this gave them enough information to know how to care for people in the correct way. We found that some staff used complex equipment and there was guidance available for staff to understand how to use this correctly.

People told us staff involved them in their reviewing their care. One person said, "They come around ask me how things are going, if there is anything that needs to be changed. Since they have been coming in here they have helped me get out of the seat, I used to sit there all day long."

Daily records were well written and contained a good level of detail about the care that had been provided and any other issues or key events that happened during the visit. Staff could outline the needs of the people they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit.

Everyone said they had been given information on how to make a complaint to the service and knew how to do so. One person explained, "I wasn't happy with one of the carers I just didn't really like them I don't know what it was but I told them in the office and I had someone else come to me. I was really pleased no problems at all since then."

The service had a policy and procedure for reporting complaints and people were provided with information about how they could raise complaints in information left in their homes. We inspected the way the service recorded complaints and noted that there had been two complaints raised in the last 12 months, and these had been dealt with appropriately. We noted the service had received a number of compliments about the quality of the service. One person said, "If I wasn't happy with anything I would speak to [Name] in the office."

Is the service well-led?

Our findings

People were positive about the registered manager. One person said, "Yes I have met the registered manager. They are a very polite person, the perfect gentleman."

The service had a registered manager, but at the time of the inspection they were on holiday and unable to be present at the inspection. In their absence the service was managed by an acting manager and an office manager, and they assisted and responded to our enquiries effectively.

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.

Audits were used to review the effectiveness of the service and covered most, but not all, of the key aspects of service delivery, such as training, staffing, safeguarding, care and support and activities. However we found that there was a small gap in the providers auditing process because the registered manager did not audit people's medicine records, nor did they have an oversight of how many missed or late visits had taken place.

When we fed this back to the acting manager, they told us that this was an area of the service that they wanted to improve. Before the end of the inspection a framework had been put in place to support the review of these key areas of service delivery. We recommend that the registered manager continues to embed this approach.

People using the service and their relatives were encouraged to give feedback about the service. An annual survey had been completed and positive feedback had been received from staff and relatives. The results had been analysed to consider how to use this information to improve the service moving forwards.

The service was provided and managed by the registered manager with a small supportive staff team, which included a service and an office manager. They were aware of their responsibilities and accountability for the safety and care of people and staff in the service. Staff told us that the registered manager was visible and were available to provide advice and support and showed respect for them and their work.

The culture of the service was person-centred and the acting manager told us they were keen to learn and develop. They worked proactively in partnership with health and social care professionals to seek advice and support for the benefit of the people they supported.

Systems for the quality monitoring of staff practices while working with people were in place. Staff told us their practice had been observed regularly to check if they were working in the correct way. When we checked records, we noted that observations of the carers practice had been carried out frequently and on a range of different aspects specific to the care they were giving.

