

Ease Healthcare Ltd

Ease Healthcare Wakefield

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

About the service

Ease Healthcare Wakefield is a domiciliary care agency and provides personal care and support to people who require assistance in their own home. At the time of our inspection there were two people being supported by the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Systems and processes were in place to safeguard people from the risk of abuse and staff were aware of how to report concerns. Risks to people were assessed to keep them safe. Staff were recruited safely and people were provided with sufficient staff to meet their needs. Medicines were managed safely and staff were suitably trained to administer medicines.

Care records detailed people's preferences around their care and the service ensured people were happy with their care package prior to providing support. The service worked with other healthcare professionals to ensure people's needs were met. People and relatives felt listened to by the staff team and told us staff were kind.

Staff were complimentary about the management team and felt well supported in their roles. The registered manager understood their duties to be open and honest. Quality assurance systems and regular management meetings took place to ensure service improvement.

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

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Rating at last inspection

This service was registered with us on 06 May 2021 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ease Healthcare Wakefield

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and emails to staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 06 September 2022 and ended 09 September 2022. We spoke with eight staff, including the registered manager, one person who used the service and two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of harm. The service had a safeguarding policy and processes in place to guide staff to protect people.
- Staff completed safeguarding training and understood their responsibilities to protect people from the risk of harm and abuse. Staff told us, "I can report anything such as signs of abuse and or harm, misuse of medication and concerns that service users tell me" and, "Safeguarding is protecting people to live in safety and free from abuse."
- The registered manager was aware of their responsibility to report safeguarding concerns to the local authority and CQC. At the time of our inspection no safeguarding concerns had been raised.
- Relatives told us people were kept safe. One relative said, "I trust the staff to look after [Name]" and, "[Name] is safely cared for."

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- There were systems in place to manage risks for people. Each person had an assessment to identify any risks to their health and well-being, including any environmental risks in the person's home.
- People had individualised care plans in place, which gave clear guidance for staff about how to keep them safe. For example one record detailed how to assist a person to safely mobilise with the use of a frame. A relative told us, "Staff always make sure [name] has their frame, this helps [name] be more independent."
- At the time of our inspection there had been no recorded accidents and incidents. The registered manager told us they had a system in place to record themes and trends, to ensure lessons are learned, should they occur.

Staffing and recruitment

- There were enough staff to meet people's needs. To promote continuity of care, people received support from a team of consistent staff.
- People and their relatives told us there were no concerns relating to missed visits and staff knew them well. One relative said, "I am happy with the care and the staff always ask [name] what they want."
- Staff were recruited safely. Pre-employment checks were in place, including checks from the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were safely managed and people were supported to take their medicines when needed.

- Staff completed records accurately and the registered manager had systems in place to identify any concerns.
- Staff received training and had their competencies assessed prior to administering medicines. One staff said, "I did online and face to face training, I did some shadowing and then I had to be observed before I could give anyone medication."

Preventing and controlling infection

- Policies and procedures were in place to help control and prevent the spread of infection.
- Staff completed infection control training and were knowledgeable about how to safely support people.
- There was an adequate supply of personal protective equipment (PPE) and the registered manager conducted spot checks, to ensure staff were following infection and prevention control procedures.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in detail with them and regularly reviewed. The provider had systems in place to gain people's individual wishes about their care.
- Relatives told us assessments had taken place before people had begun to receive support. One relative told us, "An assessment was done prior to them providing care. [Name] mobility needs have changed, and they [service] now have increased staffing."

Staff support: induction, training, skills and experience

- Staff received a robust induction and training programme. Staff told us they were supported in their roles to enable them to carry out their jobs effectively.
- Systems were in place to provide a range of online and face to face training, alongside competency assessments. One staff said, "My induction covered every area of my work and even other areas outside of work, which helped me to settle and fit into the team. I can ask for support anytime if I need it."
- The registered manager undertook supervisions and appraisals for staff. During these meetings, staff were able to identify any areas for their own professional development.

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

- Staff supported people with their meals and drinks, in line with their preferences.
- Relatives told us choice was offered to people. One relative said, "[Name] is a fussy eater, staff always make them what they want. [Name] sits in the chair where everything is in reach, staff always make sure a drink is there when they leave."

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

- People's specific health needs were documented to ensure all care staff were aware of how to support people.
- Staff were aware of how to monitor people's health and what action to take should someone become unwell.
- Staff worked with district nurses to support and improve people's health.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider understood their responsibilities under the MCA and ensured their staff were working within the principles of the MCA. Consent to care and treatment was sought from people.
- Staff supported people to make their own decisions about their care and support. Staff encouraged people to make choices about their day to day lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated 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 told us staff treated them with kindness and they got on well with staff. One person said, "I have the same staff, I know them and they are very good to me." A relative said, "Staff are kind, [name] is happy and content."
- The registered manager promoted equality and diversity for people. For example, they assessed people's religious or cultural needs, so they could support these needs if required.

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

- People were involved in formulating their care packages and choice was promoted for people.
- Staff told us how they support people to express their views. One staff said, "I give people options and choice to decide what they would like to eat, what they would like to wear, or how they expect things to happen in their own house, it's the small things that count." A professional told us, "Staff are professional and take care when communicating with people about the service they provide."
- The registered manager visited people to ensure they were happy with the care and support they were receiving.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people were treated with dignity and respect. Staff told us they ensured people's confidentiality was maintained. One relative told us, "Staff maintain [name] dignity, they close the door when providing personal care and they always looks clean."
- Staff told us how they always spoke with people before supporting them and talked them through what they were doing.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care needs were assessed by speaking with them, or their family members, prior to care being introduced. This ensured staff were able to plan and provide personalised care.
- People's care plans detailed personal choices and preferences which guided staff to be able to provide individualised support. For example, care plans included what is important to people, hobbies and interests and how to support them with oral care.
- People's care plans were reviewed regularly to ensure they reflected people's current needs. Daily handover records were in place to ensure staff were aware of any changes to people's care needs. One relative said, "[Name] chooses when they want to go to bed and get up, staff listen to [name] and do as they wish."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were taken into consideration at the initial assessment stage and recorded in their care plans.
- People told staff their preferred methods of communication, what their desired outcomes were and how staff could best support them to achieve these outcomes.

Improving care quality in response to complaints or concerns

- The provider had systems and processes in place to deal with complaints. However, people and relatives were not aware of who they needed to make a complaint to if they wished to do so. The registered manager was made aware of this during our inspection and took immediate action to rectify this.
- There had been no complaints raised at the time of inspection.

End of life care and support

- People were not receiving end of life care at the time of our inspection. The registered manager was aware of how to meet people's needs and wishes if end of life care was needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was positive culture in the staff team. Person-centred and inclusive care was promoted by the management team, which helped to ensure good outcomes for people were achieved.
- People and their relatives were positive about how the service operated. Relatives said, "Everything is better than I expected" and, "The service is fine. Staff always turn up on time, are always pleasant and do their job."
- Staff were positive about the work environment and felt supported by the registered manager. Staff said, "The manager is very fair and easy to approach" and, "Ease Healthcare is a great place to work. I feel I have grown in my work ethic and enhanced my knowledge. This has made me more compassionate, and people oriented."

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

- The registered manager and staff understood their roles well. The registered manager understood their responsibilities under duty of candour and the need to be open and honest when things go wrong.
- The registered manager monitored the quality of the service and staff performance. This was done through spot checks, team meetings and quality monitoring.
- Policies and procedures were up to date and communicated to staff. Staff received new guidance electronically and were required to acknowledge they had read and understood them.
- Audits of the service were performed regularly, these included medicine audits and call log audits.

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

- People using the service and their relatives were engaged in the assessment process, care planning and care delivery.
- The registered manager conducted reviews after people had begun to use the service to ensure they were happy with their support. The registered manager told us they intended to implement further reviews to ensure people and their relatives got to know them well and give them further opportunity to raise any concerns they may have.
- The service worked well with health professionals and feedback seen from them was positive. One health professional said, "We work closely with the service, they always liaise with us to provide good patient care."

Continuous learning and improving care

- The management team were keen to continuously improve the service and the care provided.

Improvement plans were in place and included areas for development.

- Systems were in place to seek feedback from people, relatives, staff and professionals. At the time of our inspection no feedback was sought from people or relatives due to length of time they had used the service.