

East Of England Homecare C.I.C

East of England Homecare CIC

Inspection report

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Tel: 01473228877

Date of inspection visit:

16 February 2016

19 February 2016

22 February 2016

Date of publication:

11 March 2016

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

This inspection took place on 16, 19 and 22 January and was unannounced. The service was providing care and support to ten people in Ipswich and surrounding area.

There was a registered manager in place. 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 were treated well by staff and felt safe with them. Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

People told us that staff came at the time they were supposed to or they would phone to say they were running a bit late.

The service was following robust recruitment procedures to make sure that only suitable staff were employed at the service.

People and their relatives were positive about the staff and told us they had confidence in their abilities. Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves.

People confirmed that they were involved in the planning of their care and support. Care plans included the views of people using the service and their relatives. People and their relatives told us that the management and staff were quick to respond to any changes in their needs. Care plans reflected how people were supported to receive care and treatment in accordance with their current needs and preferences.

People told us they had no complaints about the service. However, they felt they were able to raise any concerns should they need to.

The service had a number of quality monitoring systems including regular care plan reviews. We saw the recent quality assurance survey which was positive.

The registered manager was passionate about providing high quality care and support. This extended to establishing the business as a community interest company with plans to plough back profit to improve the quality of life of people using the service.

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 told us they felt safe and trusted the staff who supported them.

Where any risks to people's safety had been identified, these had been assessed and actions put in place to mitigate risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Is the service effective?

Good ●

The service was effective.

People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005).

Staff were provided with training in the areas they needed in order to support people effectively.

Is the service caring?

Good ●

The service was caring.

People told us the staff treated them with compassion and kindness.

People were positive about the relationship they had developed with staff and staff were enthusiastic about their role.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good ●

The service was responsive.

People using were able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People were happy to raise any concerns they had and that the agency would take action.

Care plans included an up to date and detailed account of all aspects of people's care needs, including personal and medical history, likes and dislikes and treatment and the involvement of family members.

Is the service well-led?

Good ●

The service was well-led.

The management team promoted strong values and a person centred culture.

Staff had a clear understanding of the meaning of person centred care and supported people within this ethos.

The were procedures in place to check the quality of the service people were receiving.

East of England Homecare CIC

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 16, 19 and 22 February and was announced. The provider was given 24 hours' notice because the service is a small domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

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 improvement they plan to make. We sent out questionnaires to people about their experience of the service, and received seven replies.

We reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During our inspection we visited the offices of East of England Homecare CIC where we looked at the care records of four people, training and recruitment records of four staff members and records relating to the management of the service. We visited three people in their own home accompanied by the registered manager. We spoke with the registered manager, a supervisor and two care staff.

Is the service safe?

Our findings

People told us they were treated well by staff and felt safe with them. One person told us, "They are all wonderful people." Relatives told us they had no concerns about safety and that they trusted the staff who supported their relatives. All of the people who had replied to our survey said they felt safe from abuse and or harm from their care and support worker.

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations. Contacted details for the local safeguarding authority were displayed in the office.

Before people were offered a service, an assessment was undertaken by the registered manager or office supervisor. One person told us, "[Manager] came to see us before they [service] started." Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility, falls, nutrition and medicine administration if applicable. Where risks had been identified action had been taken to mitigate the risk as far as possible.

Risk assessments were reviewed on a regular basis and information was updated as needed. People and their relatives confirmed that risks to their safety had been discussed with them. The registered manager told us all staff were informed of any changes in a person's care needs or risks and staff confirmed they were kept updated.

People told us that staff came at the time they were supposed to or they would phone to say they were running a bit late. One person said, "Wonderful, the carers are on time but if they get held up they let us know."

Staff told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete tasks. One staff member gave us an example of when they had recently brought to requested more time for a client and this had been addressed. The service paid staff travel time and allowed time in the rota for staff to travel between clients. Staff told us that this meant they were able to provide care without being rushed.

We checked staff files to see if the service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. Staff confirmed that they were not allowed to start work at the agency until satisfactory references and criminal record checks had been received.

Most people supported by the service managed their own medicines. However, staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what

they should and should not do when supporting people or prompting people with their medicines. The management team undertook spot checks on staff at the person's home. These spot checks included medicine audits.

Is the service effective?

Our findings

People who used the service and their relatives told us they had confidence in the staff who supported them. One person and their relative gave us an example of a personal care activity which staff carried out particularly well.

Staff were positive about the support they received in relation to training. One staff member commented, "Could not ask for better training." Staff described their induction part of which included shadowing an experienced member of staff. Staff told us they were provided with training in the areas they needed in order to support people effectively and safely. They told us that this covered safeguarding adults, food hygiene, moving and handling, infection control and the management of medicines. In addition to the mandatory training, staff told us that they were encouraged to undertake national vocational training.

Staff told us that they received regular supervision sessions with the regular manager where they discussed, "what's going on and how you are getting on." They said that supervision sessions were constructive and supported them to provide a good standard of care to people.

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

Staff had received training in the MCA and were able to explain how they allowed people to make their own decisions when providing care. People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. The registered manager told us that at the moment they did not accept new clients living with dementia however they would be considering this in the future.

There was information incorporated into people's care plans so that the food they received was to their preference. Where appropriate and when this was part of a person's care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan, which included likes and dislikes on food and if they needed any support with eating and drinking.

The registered manager told us that the health care needs of most of the people they supported were managed by the individual or a relative. Where people had specific condition, such as diabetes, specific guidance had been provided to staff about how to support people to remain healthy. The registered manager also told us that as people had regular care staff any change in a person's condition would be noticed and dealt with quickly. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a

person's health including emergency contacts.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. One person told us, "They take time to do the little things properly." Another person told us about an interest they had in common with the staff that supported them. All of the people who responded to our survey told us that staff were kind and treated them with respect and dignity.

People said they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views and preferences of people as to how they wanted their care delivered. There were processes in place to regularly review people's care and ensure it was meeting their needs and wishes. One person told us that the registered manager visited them regularly and discussed their care and support needs.

Staff we spoke with were enthusiastic about their role. They knew the people they were supporting and how to meet their needs. A relative said, "So far as I am concerned everything is done well. They even think of me as well." They then went on to explain what staff did that helped them.

People were positive about the care they received and spoke highly of staff. They confirmed that staff treated them with respect and their privacy and dignity was maintained. This included closing doors and curtains were closed and ensuring people were covered when providing personal care. One person gave us an example of how their relative looked forward to staff supporting them and carrying out aspects of their personal care.

Is the service responsive?

Our findings

People and their relatives told us that the registered manager and staff responded to any change in their needs. Staff told us they were updated promptly with any changes to people's care by both telephone contact and an updated care plan in the person's home.

Each person had a care plan that was tailored to meet their individual needs. Care plans reflected how people were supported to receive care and support in accordance with their needs and preferences.

Care plans contained an assessment which was carried out by the manager or supervisor before the service began providing care and support. People confirmed that a representative of the service had visited them. One person said, "We had a lengthy discussion with [registered manager] before they started coming." These assessments ensured that agency could meet the needs of people before agreeing to provide care and support.

People were introduced to the member of staff who would be providing their care by the member of the management team who had carried out their assessment. This member of the management team also explained and demonstrated the care routine when introducing staff to the person they would be supporting. People said this gave them a sense of security knowing who would be visiting them to provide their care.

People's needs were regularly reviewed by the service. Records showed that a review was carried out eight weeks after a person had begun receiving care or support and yearly thereafter to ensure their needs were being met and they were satisfied with the care being provided. The manager told us and records confirmed that reviews were carried out more often if a person's needs changed. A relative gave us an example of when the care had been changed in response to a change in their relatives condition..

Care plans included a detailed account of all aspects of people's care, including personal and medical history, likes and dislikes, recent care and the involvement of family members. Care staff told us that the care plans provided them with sufficient detail to meet a person's needs in the manner they preferred.

People told us they had not complaints about the service but said they felt able to raise any concerns should they need to. When we asked people how they would complain they told us they would phone the office and that they had no doubt that any concerns raised would be taken seriously and addressed. When asked about making a complaint one person replied, "Why would I complain, I could not want for better."

The registered manager told us there had been two complaints since the service started. We saw that these had been dealt with in accordance with the service policy. We also saw a number of positive compliments that had been sent in to the service.

Is the service well-led?

Our findings

The registered manager of East of England Homecare CIC (community interest company) was also the provider. We discussed with them their vision for the service and what it meant to them that the service was registered as a community interest company. They discussed their vision for the service with passion and enthusiasm describing how a community interest company was required to plough a proportion of profit back into the community. They described how they would be using any profit from the previous year to improve the quality of life of people using the service. For example taking them on outings which the service would fund.

The manager, the supervisor and care staff spoke of the importance of effective communication across the service. This was achieved with staff receiving regular support from the management via supervision and appraisal. Staff also told us that if they had any queries they had no hesitation in contact the office for support. As this was a small service the management team also sometimes provided care and support to people and were able to keep under review the values and behaviours of staff due to regular contact with people using the service.

It was clear from the feedback we received from people and their relatives and staff that the managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which the registered manager reported as being central to the service, such as compassion, respect and caring were put into practice on a day to day basis. The manager spoke of the importance of motivating and supporting staff to promote these values through training supervision and leadership.

A quality assurance survey had recently been carried out by the service. All the surveys had been returned and all were positive containing comments such as, 'The ladies are lovely and always ask if there is anything else that can be done. Also good to see [manager] and [supervisor] on a regular basis, a very hands on company,' and, 'The service [name] has received over these last few months has been excellent. They all go above and beyond to help us.'

The registered manager was aware of their responsibility to keep their knowledge up to date and provided us with examples of how they did this. For example, attending a recent care conference.