

Ealing Homecare Limited

Ealing Homecare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ealing Homecare is a domiciliary care service providing personal care and support for people in their own homes. The majority of people receiving support had their care funded by the local authority. At the time of the inspection the service provided support for seven people.

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

There were quality assurance processes in place but on a few occasions, these had not been effective. The provider's governance arrangements had not identified that they were not always following their own recruitment procedures when recruiting staff. Since the inspection they have addressed this. Care plans recorded people's health needs, but they lacked information on what was important to people. At the time of our inspection the provider was not asking people about their end of life wishes.

People told us they felt safe. The provider had procedures in place to help protect people from abuse. The service was supporting three people with medicines administration and staff had received training. Measures were in place to prevent the risk of infection. Individual risks to people and the environment had been identified and risk assessments were in place to help minimise the risk of harm occurring.

People's needs were assessed prior to commencing with the service, this included needs relating to equality and diversity. People told us they were involved in the planning of their care.

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 our inspection the provider had received no complaints. However, the provider had systems for handling complaints and responding to incidents and accidents which they said they would follow if these occurred.

The provider and the registered manager were meeting people regularly and encouraged people and their relatives to share their views. The provider held staff meetings. Staff received supervision in line with the providers policy.

Rating at last inspection

This service was registered with us on 10 October 2018 and this is the first inspection.

Why we inspected

We inspect newly registered services within one year of them starting to provide a regulated activity.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Ealing Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The service was inspected 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 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.

This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the provider and the registered manager. We reviewed a range of records. This included four people's care records and two people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider had recruitment procedures in place. However, they were not always following these procedures robustly because they did not have a record to show the full employment histories for three staff. Other recruitment checks were completed. We spoke with the registered manager about this and they responded immediately during and after the inspection by obtaining this information about the missing employment histories of the applicants and forwarding this to us.
- There were enough staff to support people in line with their assessed needs. When people's needs changed the registered manager had reviewed their care plans and increased staffing levels to ensure people's needs were safely met.
- The majority of people received their calls on time. When staff were running late, relatives told us they were informed. The registered manager told us they tried to match carers near to where they lived to help with time keeping.
- The provider was developing a new electronic call monitoring application which would go live in the New Year which they told us would help monitor time keeping.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. There was a safeguarding policy in place and staff understood the principles of safeguarding. One staff member told us, "I would log all information in my daily log and I would contact the manager and if the manager didn't do anything I would contact social services."
- Staff received safeguarding training as part of their induction and the service was planning annual refresher training.
- The provider had not raised any safeguarding alerts since they started to operate the service however they were aware of their responsibility to inform the local authority and the Care Quality Commission (CQC) of any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people had been considered, assessed and planned for. Within people's files we saw risk assessments were completed for people who were at risk of falling. These risk assessments provided staff with the information to help minimise the risk.
- People told us they felt safe and staff knew how to support them. One person told us, "I feel safe."
- Environmental risks assessments had also been completed and these detailed how to keep staff and people safe. When concerns were identified the registered manager worked with relatives to address concerns.

Using medicines safely

- Medicines where been administered in accordance with the provider's policy. At the time of our inspection the provider was supporting three people with their medicines. There was a medicines policy in place and staff had been trained to administer medicines.
- During our inspection we reviewed two people's Medicine Administration Records (MAR)charts and they were completely accurately.
- The provider ensured the medicines policy was stored at people's homes within their care plan. The provider completed monthly medicines audits with staff to check they were following the policy.

Preventing and controlling infection

- People were protected from the risk of infection. Staff received training as part of their induction. The registered manager told us, "We provide them with the equipment and our supervisor also carries out spot checks. We check their work and we ensure they are maintaining our standard."
- People and staff told us they had access to personal protective equipment (PPE) for example gloves, and shoe covers to use when providing care.

Learning lessons when things go wrong

- The provider had processes for the reporting, recording and investigation of incidents and accidents which helped ensure they could learn from incidents. Staff knew how to report any concerns if they occurred.
- The registered manager had changed their referral process after identifying gaps in the process when they first started working with local partners. The registered manager told us, "We are learning every day so open communication with staff is important".

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.

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 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. 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 registered manager told us two people's relatives had a Power of Attorney (POA). A power of attorney is a legal document which gives a named person authority to make decisions on a person's behalf. The registered manager had not checked the POA document to evidence it was in place. However, since the inspection the registered manager has provided the appropriate information.
- People's consent to care as agreed was recorded within their support plans
- We found that the provider had incorporated the principles of the MCA into policies within the service and staff had received training on the MCA. Staff understood the principles of the MCA and staff understood people had the right to make their own decisions.

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

- People's nutritional needs and preferences were identified in their care plans. Care plans listed food options people may like prepared for them. At the time of the inspection staff were supporting people with the preparation of food and they were recording all information within their daily logs.
- For people who had specific dietary requirements based on their belief or culture this was recorded.

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

- People's needs were assessed prior to care been agreed. These assessments were carried out in people's home or at hospital. People's interests and aspirations were considered as part of the assessment. From reading people's care plans we were able to see information about their past, upbringing, and hobbies. People told us they were assessed and happy with the process.
- When people's care needs changed the registered manager told us they had updated people's support plan and made staff aware of the changes.

Staff support: induction, training, skills and experience

- Staff knew people well. Staff received three days of training before they started work. After they had completed their induction staff started to complete shadow shifts. The registered manager told us it depended on staff experience on the number of shadow shifts they did.
- Staff received supervision every three months. Alongside this, senior staff carried out on-site competencies checks on staff which looked at their day to day work. If staff had concern they could contact the registered manager for support. Staff confirmed they were able to seek support from the registered manager when required.
- People and their relatives told us that staff understood their needs and were competent in their role. One relative told us "The staff are well trained and experienced. "
- Records showed that staff had not yet been working for the service long enough to have an appraisal but their performance on the job was regularly checked to ensure they were fulfilling their role expectations.

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

- The agency worked effectively with other professionals to ensure people's healthcare needs were met, such as GPs, and pharmacists. One person needed a referral for a specialist aid, the registered manager had made a referral which resulted in the person receiving the equipment they needed. This had improved the quality of the person's day to day life.
- People's support plans recorded their health needs. People's files had the relevant contact details for healthcare professionals in case staff needed to contact services.
- Within people's care plan the provider had ensured care workers understood people's oral hygiene.

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

- Equality and diversity policies were in place and staff had received training around this. People's care records detailed their support needs as well as reflecting on their social history and cultural needs.
- Relatives told us the staff were caring and kind. One person said, "The care is good, and they are really nice people and they are caring."
- Relatives told us the service was reliable and dependable and this helped to reassure them people were receiving good care and support.

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

- People were able to express their views and opinions and relatives told us people were involved in the decision around the support provided and with reviews. One relative told us, "I'm involved in the reviews."
- The registered manager told us they would contact advocacy agencies if people needed specific support and advice for people.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful. Staff told us it was important to keep people independent by supporting them to pick their own clothes and plan how they wanted care provided to them. One staff member told us it was important to record if people were not as independent as they once were as this could be a sign of people becoming unwell.
- One relative told us the service was keeping their relative independent as without their support this would have had a negative impact on the person's wellbeing.
- Staff understood key principles in relation to maintaining confidentiality and protecting people's personal information.
- Records were stored securely, and the registered manager was aware of the need to protect people's personal information.

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 as requires improvement. People's needs were not always met.

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

- Care plans recorded information about people's personal care, medical histories and health care requirements but they needed further developing to support the staff team. There was not enough information about people's preferences and how best to deliver care and support to meet people's identified needs. For example, one person was receiving support to exercise but there was no information recorded on what type of exercise the person enjoyed doing. Therefore staff might not have had the necessary information to carry out these exercises with the person.

We recommend the provider consider current best practice when developing care plans and take action to update their practice accordingly.

- People spoke well of the service and felt it supported them to live as independently as possible. People's care plans provided information on their backgrounds, interests, which helped staff to start to build relationships. In one person's file we read how one person enjoyed playing bridge.
- People and their relatives all told us the service was responsive to their needs. For example, when people needed to change their care due to an appointment this was accommodated. Care plans were reviewed monthly or in response to changing needs.

End of life care and support

- The service had an end of life policy and staff had received training in this area. However, the service was not asking people about their end of life wishes. We spoke to the registered manager about this and they assured us they would amend their paperwork to reflect this.

We recommend the provider consider current best practice when considering people's end of life wishes and take action to update their practice accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Within people's care plans we saw evidence of people's communication needs. The registered manager told us if people wanted information in a different format this would be accommodated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us it was important care workers spent time talking to people and getting to know them. The service was committed to improving the quality of people's well wellbeing, the registered manager told us "They would help to bring people to activities or outings in the local community."

Improving care quality in response to complaints or concerns

- There was a complaints policy and relatives told us they knew how to make a complaint. The provider had clear process in place to deal with complaints should they arise. To date the service had received no formal complaints. One relative told us, "I make a call if I am concerned about anything".

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 as requires improvement. This meant the service management and leadership was inconsistent.

Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had quality assurance systems to monitor service delivery. However, on a few occasions they had not identified the issues and concerns we found at the inspection, so they could take action to make the necessary improvements. For example, the provider's checks on staff recruitment were not robust to identify concerns we found in people's employment histories.
- Where people had an LPA, the provider had not also ensured that a copy was kept as evidence that other people had the legal right to make decisions on a person's behalf. The provider's arrangements to check care plans had also not identified that these did not have detailed information about meeting people's identified needs including their end of life needs while taking into account their wishes and preferences.
- The provider started to make improvements when we pointed the issues we found during the inspection. We will check at our next inspection that the improvements have been made.
- People and staff told us the registered manager visited people in their homes to regularly monitor the service. We saw evidence of these visits.
- Information related to people and staff was stored securely and treated in line with data protection laws.

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

- The service was currently developing and growing, and people spoke well of the management team.
- There was a clear vision focused on supporting people to remain living in their own home and providing good care and support.
- Staff told us they felt listened to and that the management team was approachable.
- Staff told us they were happy in their role. They received regular supervision and were positive about the registered manager.

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 understood the importance of being open and transparent when things went wrong. They were aware of the process to notify CQC and the local authority about any notifiable incidents or accidents should they arise.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and their relatives were happy with the service they received. People felt the registered manager was approachable and addressed any issues they may have. The registered manager and the provider provided care to the people who used the service which meant they knew people well.
- As the service was only new, the provider had not yet sent out satisfaction surveys to stakeholders but was planning to do this every six months.

Continuous learning and improving care; Working in partnership with others

- The provider had kept up to date with changes in best practice by signing up to newsletters from many social care resources and was continuing to develop partnerships within the local area.
- The service liaised with other health care professionals to ensure that people's needs were met.
- There were systems in place for undertaking checks of the service and the care provided. This included undertaking audits of daily logs and MAR charts.