Ethicare (Durham) Ltd

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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 undertook an announced inspection of the Ethicare (Durham) Ltd on 29 October 2015. We gave the provider 48 hours' notice of our visit because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available. Ethicare (Durham) Ltd was registered by CQC on 28 October 2014 and this was our first inspection of the service.

Ethicare (Durham) Ltd is a small domiciliary care agency which provides personal care services. At the time of our inspection the service was providing 24 hour personal care and support to three people sharing a home in the community. The people were funding their own care through a direct payment.

People who used the service were complimentary about the standard of care and support provided by Ethicare (Durham) Ltd.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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 was accessible and approachable. Staff and people who used the service felt able to speak with the registered manager and provided feedback on the service.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments as requested by the people who used the service or their relatives.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff received regular training and were knowledgeable about their roles and responsibilities. Staff had the skills, knowledge and experience required to support people with their care and support needs.

Staff received regular supervision and appraisal which meant that staff were properly supported to provide care to people who used the service.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Care plans were written in a person centred way and were reviewed monthly or when people's needs changed.

Staff supported people to help them maintain their independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

There were appropriate staffing levels to meet the needs of people who used the service.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs and received regular training, supervision and appraisal.

The registered manager and the staff had an accurate understanding of the Mental Capacity Act 2005 and engaged people in decision making.

People were asked for their consent before they received any care or support.

Good

Is the service caring?
The service was caring.

Staff were respectful of people's privacy and dignity.

People who used the service were involved in making decisions about their care and the support they received.

People were encouraged to maintain their independence.

Good

Is the service responsive?
The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's interests and preferences in order to provide a personalised service.

Staff supported people to access the community and reduce the risk of them becoming socially isolated.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good

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

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Good

Summary of findings

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

People who used the service felt the staff and the registered manager were approachable and there were regular opportunities to feedback about the service.

Ethicare (Durham) Ltd

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 29 October 2015 and was announced. We gave the provider 48 hours' notice of our visit. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available. The inspection was carried out by an adult social care inspector and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the agency we checked the information we held about this location and the service provider, for example we looked at safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding. No concerns were raised by any of these professionals.

During our inspection we visited and spoke to the three people who used the service and looked at their personal care or treatment records. We also spoke with the registered manager, a director and three support workers. We looked at the personnel files for three members of staff and records relating to the management of the service, such as audits, surveys and policies.

We spoke with the registered manager about what was good about their service and any improvements they intended to make.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. People told us, ”I think it is safe cos it is outstanding here” and ”Yes, I do think it’s safe, I love it”.

We saw a copy of the provider’s safeguarding adult’s policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. Staff had received training in safeguarding vulnerable adults. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The registered manager informed us that any concerns regarding the safety of a person would be discussed with their social worker or external services, including the police and CQC, as required. We looked at the safeguarding file and saw there had been no incidents recorded relating to people who used the services of Ethicare (Durham) Ltd.

There were arrangements in place to help protect people from financial abuse. We looked at the records where care staff supported the people to manage their daily finances. We found the service kept a log book and receipts for each transaction. People told us, ”My money is kept in the safe. I just ask for it and keep it in my wallet”, "Monies in locked tin in safe” and "I have my own bank card. I know the number. I go to the cashpoint with staff and get it out and then it goes in the safe. I always have money in my wallet to pay for things”. This meant that people were protected from the risk of abuse.

We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home of the people receiving care from Ethicare (Durham) Ltd. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We discussed staffing levels with the registered manager and looked at documentation. There were sufficient numbers of staff available to keep people safe. The registered manager told us that the staffing levels working at the home of the people receiving care from Ethicare (Durham) Ltd

were determined by the number of people who used the service and their needs. Staffing levels could be adjusted according to the needs of the people who used the service and we saw that the number of staff could be increased if required. One person told us the names of all the staff employed by the service, including the directors, and another person told us, "There is always staff for us”.

The registered manager informed us the service had not had any missed appointments. If staff were unable to attend an appointment they informed the registered manager and cover was arranged so that people received the support they required. Staff told us, "There is always enough staff on, definitely” and "We always have plenty of time to deliver care, over and above really”.

The service had risk assessments in place, which contained detailed information on particular hazards and how to manage risks. Examples of these risk assessments included lone working and accessing the community. We observed staff signatures on these documents to confirm that staff had read them. Staff supported the people to undertake regular fire drills and each person had a Personal Emergency Evacuation Plan (PEEP) in place. Staff were trained in fire safety and first aid. We looked at the provider’s accident reporting policy and procedures, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. We saw there were procedures in place for recording accidents and incidents. This meant the service had arrangements in place to protect people from harm or unsafe care.

We looked at the provider’s management of medicines policy. The policy covered all key aspects of medicines management. We discussed the medicines procedures with the registered manager and care staff. We saw medicines were stored in a locked cabinet and were appropriately secured. We looked at the medicines administration charts (MAR) for the three people who used the service and found no omissions. Records were kept for medicines received and disposed of. The registered manager and the other staff members had been trained in

Good

Is the service safe?

the administration of medicines. People who used the service told us, “I have ear drops and skin lotion. It’s kept locked up and staff give it to me. I rub the lotion on myself. If I have a headache or don’t feel well I can go back to bed or take paracetamol” and “My medicine is locked away and staff give it to me with a glass of water. I know why I take it”.

Staff told us, “We have done medicine training” and “We let them have their medicine individually wherever they want it that day, in their bedrooms if they wish”. This meant that the provider stored, administered, managed and disposed of medication safely.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs.

We looked at the records for four members of staff and we saw that they all had received an induction. The records contained certificates, which showed they had completed mandatory training in, for example, moving and handling, medicines, infection control, health and safety, safeguarding, equality and diversity and dignity. Records showed that nearly all staff had completed a Level 2 or Level 3 National Vocational Qualification in Social Care. In addition staff had completed more specialised training in for example diabetes, Mental Capacity Act 2005, epilepsy, person centred care, end of life, loss and bereavement, challenging behaviour, autistic spectrum disorders and communication. Staff files contained a record of when training was completed and when renewals were due. Staff told us "All my mandatory training is up to date", "We do training on lone working and no secrets", "We are trained in risk management" and "We have good access to training".

We saw staff received regular supervisions and annual appraisals dates were planned. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff records contained evidence of a "pregnant worker" risk assessment which included hazards and control measures. Staff told us "We have regular supervisions but you don't have to wait for them, you can speak when you want. It's not like work, you feel your opinions are valued" and "Training is offered at supervision and if I saw anything relevant that I was interested in they would support me". This meant that staff were supported to provide care to people who used the service.

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.

The registered manager and the staff we spoke with were aware of the Mental Capacity Act 2005 and told us they treated each person as having capacity to make their own decisions. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they would work with the local authority to ensure appropriate capacity assessments were undertaken. At the time of our inspection, all the people who received personal care from the service had capacity to make their own decisions.

People were asked for their consent before they received any care or support. Staff acted in accordance with their wishes. For example, one person told us how they had a mobility car and how the other people in the house used the car to get about. They told us, "They can only go if I say". Staff explained that the car was used with the person's permission and the other people contributed to the cost of the petrol per mile. This was recorded and the vehicle wasn't used if they weren't present. The other people used their bus passes or staff cars instead.

Staff supported people to plan their meals. We observed the people's lunch time experience. People told us how they would normally have been out at activities and would have prepared packed lunches the day before but they had stayed in to talk with us. They discussed food options and thought they might like sausage or bacon sandwiches but these were not available. The staff member said they could walk over to the local shop and buy some but they looked in the cupboard and decided to have beans on toast instead. One person said they would rather have spaghetti hoops. They then all made their lunches with help from the staff. It was obvious that they were used to choosing and making their own meals. From the staff records we looked at, we saw all of them had completed training in food hygiene and nutrition. The registered manager told us how the service was supporting the people to work with Friends Action North East (FANE), a service which supports people with learning disabilities to make and keep friends, on an initiative to visit local restaurants and pubs and review their experiences.

The service had handover arrangements in place for staff to pass on information between shifts which included a communication log to record daily household duties, social activities, visitors and appointments. This meant staff were able to communicate effectively with each other to support the delivery of people's care.

Good

Is the service effective?

We saw people who used the service were supported to access healthcare services and received ongoing healthcare support. Care records contained evidence of contact with external specialists including GP, practice nurse, audiologist, optician, speech and language therapist, dentist which meant the service ensured people's wider healthcare needs were being met through partnership working.

Good

Is the service caring?

Our findings

People who used the service were complimentary about how caring the staff were. They told us, “All the time the staff are nice. We can always talk to them. They join in with our activities and have a laugh”, “Staff are nice they don’t shout”, “Very nice staff” and “It was my fiftieth birthday and the staff organised a big party at the cricket club, loads of my friends came”.

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care but ensured they were nearby to maintain the person’s safety. One member of staff told us, “We make sure they have personal care in a private space of their choice. In the bathroom or their bedroom”.

People who used the service told us, “Staff always ask if it’s alright to do things. We can go where we want outside and sometimes staff come with us. On Wednesdays we have a home day and we do our washing and tidy up. We go shopping for food. We choose menus and the staff cook it but we choose what we like”, "We have our own space and rules. If you want to go in someone’s bedroom you have to knock and wait. If they say ‘no’ you can’t go in. We go out, all of us, and sometimes on our own but staff always come. We get our own drinks” and “We have a weigh in on Wednesdays and talk about healthy food, salads, vegetables and drinking water”.

All of the care records we looked at contained a “my story” which had been developed with the person. The profile provided a short introduction to a person, which captured key information and detailed what was important to that person including people’s social history and lifestyle preferences. The registered manager told us how the service had supported one of the people to work in a local kitchen/bathroom showroom, helping with the designs and how they had supported another person to attend Everton FC matches. This meant the service enabled staff to see the person as an individual and deliver person-centred care that was tailored specifically to their individual’s needs.

We saw staff talking with people in a polite and respectful manner. Staff interacted with people at every opportunity in a very caring way. They knew the people well and all had a good relationship with them. Staff had a good understanding of people’s communication needs. We observed one member of staff assist a person to answer questions by repeating and re-phrasing them and looking at him and talking clearly as he used hearing aids.

People we spoke with said they felt involved in their care and support. The people who used the service showed us around their home. All their bedrooms were individually decorated with football momentous and family photographs. One person showed us the yard/garden area and told us how they liked gardening in the summer. They also told us about the recycling and how they put the bins out on Mondays. Another person told us how they supported their local food bank.

Staff knew about the needs, choices and preferences of the people they worked with. For example, a member of staff told us how one person often preferred to stay in when the other two people went out and how they also now shopped at the corner shop as the big supermarkets were tiring for them. Another member of staff told us, “(Name) no longer likes big meals so when the people have their main meal we ask them if they would like a small portion or something lighter like an omelette and encourage choice in everything”.

Staff focussed on the service user’s needs. Staff we spoke with told us, “I listen to them. I only discuss personal things with them. I make sure they understand and are comfortable with anything we are doing with them. I make sure they have time to themselves and I respect their individual needs”. The registered manager told us how the service had supported all the people to ‘cut their own CD’, how one person had been supported to purchase tickets for their family to see the ‘Jersey Boys’ At the Sunderland Empire and another person had been supported to design their funeral plan.

People were encouraged to maintain their independence and make their own decisions. For example, the people who used the service told us how they would have normally been out on the day of our visit however they wanted to stay in to meet us and show us their home.

Where appropriate staff prompted people to undertake certain tasks, for example taking medicines and undertaking their own personal care. Staff told us, “It is satisfying to think you are helping people to live independently and gain a full life”, "I encourage them to be independent every day. I provide choices for everything but

Good

Is the service caring?

keep an eye on the risk. If they need additional or different care I adapt myself to that level", "I explain tasks and encourage them to do as much as possible. "I ask if they need support and if so ask what support they want. If they need additional or different care I speak to management", "We always look out for helping people be independent but keeping them safe" and "I talk to them and encourage them to keep their skills".

The service also provided people with information on staff profile, keyworkers, personal choices, confidentiality, fire safety, privacy and dignity, risk taking and complaints in their service user guide. The registered manager told us how the service was working with the People's Parliament County Durham, which comprised of people who have an interest in the issues affecting people with a learning disability, to develop a more 'easy read' version of their complaints, safeguarding and advocacy policies and their service user guide.

Good

Is the service responsive?

Our findings

We found care records were person-centred and reflective of people's needs. We looked at care records for the three people who used the service. People's needs were assessed. Care and support was planned and delivered in line with their individual care plan.

Each care record contained the contact details and personal information for the person including the next of kin and G.P. This meant the service knew who to contact in the event of an emergency.

Support plans were in place detailing how people wished to be supported. Plans identified 'what support do I need', 'what is important for me', 'what is important to me' and what 'other people are involved in my care'. Support plans were reviewed monthly or when people's needs changed. This meant people were not placed at risk of receiving care which was inappropriate or unsafe.

Each support plan had a risk assessment in place. For example assessments were in place for personal care, sporting activities, healthy living, use of mobility car, finances, communication, accessing the community and personal safety. Risk assessments contained control measures and recommendations from professionals. This meant risks were identified and minimised to keep people safe.

We saw people had given their written consent to the care and support they received and to sharing their information. Each care record contained a 'hospital passport'. The aim of the hospital passport is to assist people to provide hospital staff with important information about them and their health when they are admitted to hospital.

We looked at support plans and daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. Support plans recorded how people who used the service were involved in making decisions about their care for example, "I like support to budget and save", "It's important for me to feel involved and consulted at all times" and "I need to feel safe and secure".

The staff we spoke with had a good understanding of people's needs to ensure effective care was being delivered. Records were kept securely and could be located when needed. People who used the service told us, "Our care plans are in the cupboard. The cupboard where they are kept is locked as they are private. We get them out and talk about them" and "Care plans are in files". Staff told us support plans are reviewed with the people's permission and involvement. This meant people's personal information could only be viewed by those who were authorised to look at records.

People were encouraged and supported to maintain their relationships with their friends and relatives. People told us, "I go home on a Saturday afternoon and stay over but this week I'm not cos I have lots of Halloween parties to go too", "I see my sister and brother. "I get dropped off at my brothers on a Wednesday night and it's my choice to see him" and "On a Sunday I see my mam, sister and her kids. When my mam comes here I make her a cup of tea".

Staff supported people to access the community and minimise the risk of them becoming socially isolated. A member of staff told us, "They do loads of activities, anything they fancy. We follow it up and support them to do that activity". The people told us they went on holiday each year and had recently been to Scarborough. They also told us they had planned a weekend in Blackpool in November. People told us, "I work at MIND the charity shop 3 days a week and on a Friday I go to the day centre. On a night I go to the snooker club, the Jovial Monk. I go to the cinema and to football matches. I used to go to the special Olympics. I've been all over the world and met lots of famous people", "I play CDs and watch DVDs. I love the soaps. I like to stay in. I don't like to go to the big Tesco to shop it makes my legs tired" and "I go to Tinarts, a semi-professional dramatic dance company, 3 days a week. I watch sport on TV. I go to the pub and the snooker club. I lunch out on Sundays".

We looked at the provider's complaints policy and we saw that the service's complaints process was included in information given to people when they started receiving care. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local government ombudsman and the CQC, if the complainant was unhappy with the outcome. At the time of our inspection the service had not received any complaints. The people who used the service were aware of the service's complaints procedure. A person who used the service told us "I have no complaints, I'm just happy". This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the agency had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 4 November 2014.

Staff we spoke with were clear about their role and responsibility. They told us the registered manager was approachable and kept them informed of any changes to the service provided or the needs of the people they supported. Staff told us "The management team are very approachable. This is the best company I have ever worked for. It is a pleasure to come to work. Everyone respects each other. There is excellent team work and everyone works really well together", "Here they have the same values as I have. I really enjoy it" and "The management team are lovely, very approachable. They take ideas on board and it is very well run. I'm proud to be part of this company".

The service had good links within the community. The registered manager told us how the service had developed a good relationship with the local community support officers and how staff had supported people to attend a 'cuppa with a coppa' and a sports day event. The service also supported people to attend the football coaching sessions at Sunderland Football Club's, Foundation of Light.

The registered manager told us about some of the plans she had to ensure the service kept abreast of the latest sector developments and best practice. For example, to sign up to the Learning Disabilities Health Charter, a charity led (voluntary organisations disability group) approach designed to support social care providers to improve the health and well-being of people with learning disabilities and improve their quality of life. To appoint champions in health and dignity. To volunteer as an 'I Care Ambassador' to raise people's awareness of working in social care and to sign up to the Social Care Commitment, which is a Department of Health initiative to increase public confidence in the care sector and raise workforce quality in adult social care.

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We looked at the provider's audit file, which included audits of care plans, personal and household finances, infection control, environment and medicines. All of these were up to date and included action plans for any identified issues.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook regular spot checks to review the quality of the service provided. The registered manager informed us that due to the small number of people the service supported she was able to keep in regular contact with them through phone calls and face to face meetings to obtain feedback.

Staff supported people to hold tenants meetings. We saw the pictorial and written record of the tenants meeting dated 12 October 2015. A person who used the service told us, "We have meetings on a Monday, all three of us. They are good fun as well". Discussion items included

meals, emptying the bins, social nights, health and finances. People's comments included 'I like this house', 'I am very happy', I don't like gardening' and 'I don't like big Tesco'. The record was signed by all the people who used the service.

We saw the results of a 'quality assurance survey' from October 2015. Questionnaires were given and sent out to people who used the service, their relatives, staff and professionals. Questions for the people who used the service included 'what do you think of the service', 'are you involved in making decisions', 'do you have choice and control over what you do', 'are you supported you're your health needs', 'do you know how to make a complaint' and 'is there anything you would like to try'. Responses from the people who used the service were very positive. One person said they would like to 'see the new James Bond film' and we saw from their support plan that this had been actioned.

Questions for people's relatives and professionals included 'are people treated with kindness and compassion', 'is support planned around the service user and are you involved' and 'are staff well led and supportive'. Responses were very positive. Relatives comments included 'person-centred, very caring', 'excellent communication with staff', 'I have peace of mind that (Name) lives there and is well looked after', 'fully involved', 'very supportive', 'lovely staff', 'good links with home maintained' and 'fantastic service'. Professional social care staff described the service

Good

Is the service well-led?

as 'very professional and efficient', 'It's clear when visiting, that the people who use the service are extremely happy and at ease in their surroundings. Well run', 'Work flexibly to meet needs', 'staff are very caring', 'excellent communication' and 'management and staff are very approachable and supportive'. Comments from staff included how they felt 'involved in running the service', 'able to approach management with concerns' and how the service was 'well led' and 'supportive'.

Staff meetings were held regularly. We saw a record of a staff meeting dated 22 October 2015. Discussion items included the people who used the service, staffing, practice issues, safeguarding, policies and procedures, training and forthcoming events. Eight staff attended. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's medicine's policy referred to the NICE guidelines 2014 and the equality and diversity policy referred to the Equality Act 2010. The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice". The staff we spoke with and the records we saw supported this.