

EcoClean Community Care Limited

# EcoClean Community Care

## Inspection report

The Welcome In Community Centre  
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29 June 2017

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 26 and 29 June 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services and we needed to be sure that someone would be available to assist us with the inspection. We contacted people who used the service and staff by telephone on 27 and 30 June 2017 to ask for their views.

EcoClean Community Care is a domiciliary care service that provides personal care to people in their own homes within the Leeds area. EcoClean Community Care was registered with the Care Quality Commission in June 2016 and this was the first inspection of the service. The service provides care for older people and people living with dementia. At the time of our inspection there were four people using this service.

The service has 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 that they liked the culture of the service as they were listened to and were supported by the registered manager. However, we found there were no processes in place to monitor and improve the quality of the service provided. The registered manager was not aware of the issues we found during this inspection in relation to supervisions and appraisals for staff to develop their skills and knowledge. No audits or surveys had been completed which meant that the registered manager could not identify areas for improvement and whether people were satisfied with the care provided.

People we spoke with told us they felt safe. Staff received training in how to protect people from abuse and how to respond if they suspected abuse was taking place. Safeguarding concerns had been appropriately managed.

Procedures were in place to guide staff on the safe administration of medicines and staff had received medicines training. Medicines were managed safely, although we found two errors which had not been identified or reported to management. We have made a recommendation about this.

Risk assessments had been developed and were in place for people who needed them. They had been regularly reviewed and updated when required to ensure they contained the most up to date information. Risks regarding people's home environment had been identified and appropriate risk assessments were in place.

Staffing numbers were sufficient to meet people's needs. The most recently recruited staff files demonstrated that the provider's policy regarding recruitment had been followed. Previous records were missing documentation such as references.

People using the service were mostly independent with their dietary needs. Staff encouraged and promoted healthy options and fluid intake during visits.

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. People were clear about how they could get access to their own GP and other professionals and staff at the service arranged this for them when required.

Staff received the support and training they needed to give them the skills and knowledge to meet people's needs. They were provided with an induction programme at the start of their employment. Staff understood how to support people in line with the Mental Capacity Act 2005 and were aware of the procedures to follow if they suspected a person lacked capacity to make decisions.

Staff supervisions and appraisals were informal and not documented in line with the provider's policy. The registered manager was informed of this on the first day of inspection and had started completing appraisals at the second day of inspection.

Staff were caring, had positive relationships with people using the service and communicated well. Staff treated people with dignity and respect and were supported to be independent.

People received personalised care and support. They and the people that mattered to them had been involved in identifying their needs, choices and preferences and how these should be met. The registered manager ensured people's care plans were up to date so information was consistent for staff to follow. People were supported to do activities to avoid social isolation and promote wellbeing. People usually consented to their care and support from staff by verbally agreeing to this. People told us they and their relatives were actively involved in the planning and reviewing of their care.

A complaints procedure was in place for the registered manager to follow in responding to any complaints and people using the service knew who to contact.

The service had a positive ethos and culture. Staff members worked hard to ensure people's needs were met and they were motivated to perform their roles. People and staff knew who the registered manager was and felt well supported by them. Staff told us any concerns could be raised with the manager and they also had team meetings.

We identified a breach of the Health and Social Care Act (Regulated Activities). You can see what action we told the provider to take at the end of the full version of the report.

## 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 we spoke with told us they felt safe. Staff received training in how to protect people from abuse and how to respond if they suspected abuse was taking place.

Medicines were managed safely, although we did find two errors which had not been reported.

Risk assessments were in place for people who needed them and were specific to people's needs and their home environment.

Staffing numbers were sufficient to meet people's needs. The most recently recruited staff files were in line with the provider's policy.

### Is the service effective?

Good ●

The service was effective.

People were supported to maintain their health and supported to access professionals, when needed. .

Staff received the support and training they needed to give them the skills and knowledge to meet people's needs. Staff understood how to support people in line with the Mental Capacity Act 2005.

Staff supervisions and appraisals were completed but not formally documented.

### Is the service caring?

Good ●

The service was caring.

People told us staff were caring. Positive relationships had been built with people using the service and staff.

Staff were knowledgeable about the likes, dislikes and

preferences of people who used the service.

Staff treated people with dignity and respect and were supported to be independent.

**Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care and support. They and the people that mattered to them had been involved in identifying their needs, choices and preferences and how these should be met.

People were supported to do activities to avoid social isolation and promote wellbeing.

A complaints procedure was in place which had been followed. People using the service knew who to contact.

**Is the service well-led?**

**Requires Improvement** ●

The service was not always well led.

People told us that they liked the culture of the service and felt that the manager was supportive.

There were no processes to monitor the quality of the service provided and understand the experiences of people who used the service and plan on-going improvements.

Feedback from people who used the service was not sought.

# EcoClean Community Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 26, 27 and 29 June 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service providing support to people in their own homes. We needed to be sure that someone would be available at the office. This inspection was carried out by one adult social care inspector.

Before this inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). Statutory notifications are notifications of certain events and incidents that the provider has to inform the CQC by law. The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make. We also contacted the Local Authority, local safeguarding team and Health watch. They advised us that they had no concerns about the provider. We used this information to help plan the inspection.

During the inspection we spoke with three people who used the service, three relatives, the registered manager and three care workers. We looked at a range of records including five staff files relating to recruitment, supervision, appraisal and training. We also looked at four people's care records which included care planning documentation and daily records. We viewed records relating to the management of the service and policies and procedures.

# Is the service safe?

## Our findings

People using the service told us that they felt safe when staff attended their homes. One person said, "Yes, I'm very satisfied when they come." Staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any concerns. They were aware of the procedures to follow if they suspected abuse was taking place. One member of staff told us, "I will contact the office, raise concerns, assess person in the home and write everything down. We would report it to CQC and the local authority. We have training on safeguarding and have information on this in our handbooks."

Staff clearly identified the whistleblowing process and there was a policy in place for this. The registered manager told us that in recent times they had not dealt with any safeguarding matters but were clear about the process that would be followed. The registered manager told us, "Staff would contact me, an investigation would be completed and appropriate organisations such as the local authority, safeguarding and police would be contacted if needed to protect the individual."

People's health and well-being risks were managed well. Staff were knowledgeable about risks to people and how they should be managed to reduce the risk of harm. Records showed risks had been initially assessed, were reviewed every six months and updated when required. One risk assessment identified that a person was at risk of forgetting to take their medicines. As a result a care plan had been developed which documented the level of support the person required to ensure they took their medicines as prescribed.

Staff told us accidents and incidents were monitored during visits. One staff member said, "I would always discuss this with the manager straight away". There were systems in place to make sure any accidents, incidents or emergencies were reported to the registered manager. However, whilst there was a policy in place for incidents and emergencies the registered manager confirmed there was no documentation recording incidents such as a falls and what actions had been taken. The registered manager acknowledged the importance of recording any accidents and incidents and identifying trends. They told us they would take action to address this.

Some staff recruitment records showed appropriate checks were undertaken before staff began work. Checks included application forms, interview notes, confirmation of identity, two references and a disclosure and barring check (DBS). DBS checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. We looked at five staff files. We found that three staff files were missing criteria set out in the recruitment policy. For example, one staff file did not have picture identification and another did not document any references received. The registered manager told us that new processes were now in place to ensure all of the required documents are included in staff recruitment files. We looked at two recruitment files of staff who had been recruited after the new process had been implemented. We found these contained all the required documentation and the registered manager told us, they planned to check all files to ensure they had the relevant criteria.

Staffing levels were adequate and flexible to meet people's needs. The registered manager employed eight

staff, working on a part time basis to provide personal care to four people using the service. The registered manager completed staff rotas on a weekly basis. The rota showed people using services had the same carer where possible and times of visits were consistent. Travel time was also allocated.

There were processes in place should there be any staff shortages. The registered manager told us, "other staff would cover" and on occasions the registered manager would cover any outstanding visits. No on call service was provided during the night but the registered manager was contactable at any time for support. Staff told us that they would contact the registered manager if they were not able to attend a visit or required any support.

We looked at medicines management and found that they were organised, clear and contained person-centred information regarding administration. Medications were ordered by the person's general practitioner and delivered by the person's local pharmacy. All medications were provided in blister packs for staff to administer when required. Blister packs contain designated sealed compartments, or spaces for medicines to be taken at particular times of the day. They can help people to keep track of their medicines.

During the inspection we looked at a sample of medicine administration records (MARs.) We could see that these records contained the required information to enable staff to administer medicines safely. Staff also included medication details within the daily notes. For example, "Administered eye drops." A medication report was completed by care staff, documenting any as and when needed (PRN) medications given, any changes to a person's medicines, any physical health concerns and any medication errors. The form also stated actions to be taken, for example "new eye drops to be ordered."

We did see two occasions when medicines should have been administered but the MAR had not been signed by staff. There were no recordings of this within the medicines report to show that this had been identified as an error or any clarification whether the medication had been given and that the signatures were not recorded. This meant no action had been taken to avoid this happening again and no safeguarding referrals had been completed. The registered manager was made aware of this at the inspection. We recommended that the service consider current NICE guidance on medication management to update their practice accordingly.



## Is the service effective?

### Our findings

People told us that staff were provided with the relevant training to provide effective care. One person told us, "The last person I had was trained well."

New staff were provided with an induction which consisted of a 12 week programme. During this time new staff were able to shadow experienced members of the team to gain knowledge of the care provided. The induction training included areas such as safeguarding, moving and handling and food safety. Staff were also provided with work hand books which included information on the providers policies and procedures for staff to follow. The registered manager told us that following completion of the induction, staff completed annual refresher training. We saw a training matrix which confirmed the majority of staff had completed training and this was up to date.

Staff confirmed they completed mandatory training and had opportunities for further educational development. Mandatory training is educational courses or classroom based training which is essential for safe and efficient practice in order to reduce risks and comply with policies, Staff had been provided with additional training to support them in their role when required. For example, some staff had recently started training in dementia awareness after acknowledgment that some people they look after may require support for dementia in the future.

We looked at the support staff received from management. There were no records of supervisions within staff files and no other evidence to document that these had taken place. Prior to the first day of inspection, no appraisals had been completed. This did not reflect the provider's policy which stated staff were to be provided with annual appraisals and a minimum of six supervisions per year. We asked staff if they received supervision from management. One member of staff told us they had regular meetings with the manager and felt confident to contact them for support. Another member of staff told us, "I can phone the manager anytime, I get enough support."

We discussed the lack of records to demonstrate support that was provided to staff. The registered manager told us that supervision meetings did take place but these were not documented. They acknowledged the need to do this. On the second day of inspection the registered manager had begun to complete annual appraisals. We recommend that the service finds out more about monitoring staff and quality control with up to date current 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.

Mental capacity assessment records we looked at provided evidence that where necessary, assessment had been undertaken of people's capacity to make particular decisions. We saw this assessment had been

completed in accordance with the principles of the MCA. This meant people's rights had been protected as unnecessary restrictions had not been placed on them.

All of the care plans identified capacity status. For example, within a care plan it stated that the person has capacity to consent to their personal care. The registered manager told us that should there be concerns regarding a person's capacity, staff would inform the manager and ask the memory clinic to complete an assessment. No best interest's decisions had been made as all people using the service at the time of inspection had capacity. However, the registered manager and staff confirmed that they understood the process when these were in place.

People consented to care and support from staff by verbally agreeing to it. Staff confirmed they discussed care and support with people and asked them if they understood and were happy with what they were doing. We found people had been involved in planning their care and had signed their care plans. People had access to their care records. One person told us, "Yes I've seen the care plan and I'm very happy with it."

People using the service were mostly independent with their dietary needs. Staff told us that they would offer refreshments upon visits and people confirmed this stating, "They provide a snack and drinks when they come" and another person said, "They offer me a cup of tea."

Staff told us, "People are active about choosing their foods and have meal plans. We can see if the food plan is healthy, they always use fresh foods and if someone was having microwavable meals daily we would discuss healthy options with them." Another staff member said, "When it's hot we ensure that people get enough fluids and add this to their daily notes to encourage staff to offer more drinks. We have advised people to get water based items when it's hot such as ice creams to make sure they are getting fluids."

Six members of staff had received appropriate training in food hygiene. Training records we looked at confirmed this. This meant people could be supported with food and nutrition, where necessary.

If there were any concerns with a person's diet staff told us that they would discuss this with the person's relative and general practitioner to get further advice.

People using the service told us staff had helped them to get the health care they needed. A relative we spoke to said, "They were marvellous when [person's name] had some problems. They contacted the GP for further advice and the emergency services. It was a great help as I wasn't there." One person using the service told us, "They helped me to get a new adapted bathroom which I needed." Staff we spoke with were in regular contact with people's health professionals, these included contacting people's GPs, district nurses and care managers.

## Is the service caring?

### Our findings

We asked people if they found the service provided at EcoClean Community Care to be caring. One person told us, "Yes very satisfied with the care" whilst another person commented, "They are very honest, I feel comfortable with [member of staff's name] and they do a good job. They tell me when they are coming."

Staff had developed positive relationships with people. One person said, "We get on well and have a good laugh together. We get on like a house on fire." Another person told us they enjoyed talking to their carer about farming and animals which they both had an interest in.

The registered manager told us, "We are a very caring organisation, approachable and go beyond what is required of us. For example, after a person was hospitalised they no longer required home support, however staff visited the person in hospital as they did not have any relatives to support them." A relative told us, "They were flexible and adapted to [person's name]'s needs as they changed over time."

People we spoke with said they were treated with dignity and respect at all times. Many of the people using the service required personal care for example, showering. The registered manager told us, "We had a person who walked through from the bathroom to the bedroom and so we discussed with the person's wife about getting him a dressing gown to protect his privacy." Another staff member said, "We make sure people are not uncomfortable with anything we are doing. If a person had an accident and someone else was in the home we would offer the person to go to another room to assist to change. We wouldn't speak about this loudly in the room to respect the person." One person using the service commented, "I've never felt embarrassed when they support me, I feel safe."

The majority of people using the service were independent. Staff told us, "We would always assess to see what a person can do first." One example included a person zipping up their jacket. The staff said usually the person would need some time to do this and staff would wait rather than to do it for them. This showed that staff were patient with people, which allowed them to be independent and ask for support when required rather than to assume.

At the time of inspection no-one using the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us that they could be arranged for people who wished to have one, and was able to explain how this would be done.

Information about people was kept securely in the office and locked in a cupboard at all times. Staff told us they were aware of keeping personal information confidential and knew how to access this information.

The registered manager told us they did not support anyone on end of life care.

## Is the service responsive?

### Our findings

People told us they thought their care was centred on them. Initial assessments were undertaken to identify people's support needs to ensure a person's needs could be met. During the inspection we looked at four care plans. We saw these included background information centred on the individual. We also noted that records included information on the person's next of kin, other contacts such as GP's and information on any allergies.

Care plans identified people's daily care needs and were person-centred. For example, one person's personal care plan detailed the assistance they required with washing and dressing. It directed staff to support the person with mobility difficulties, to prompt the person to use grab rails and a swivel stool to reduce the risk of falls.

We saw care plans also contained personal information that was not associated with a person's care needs. This included details about people's previous jobs, their likes and dislikes. One person commented on their previous hobbies and how they enjoyed playing cricket and golf. Staff told us how they could use this information to engage in conversation and they found it very useful. Although this information was not required for staff to provide personalised support it was clearly an important aspect of the person's life which had been considered when the care plans had been developed.

Staff knew people's individual communication skills, abilities and preferences. One person told us, "They don't talk at me, they talk with me, it's worth having somebody to get in touch with and they spend time with me." All care plans we looked at identified preferences, whether this was verbal communication, pictures, symbols and whether a person required support.

People using the service said they were given choices. Staff told us, "We would always ask the person what they want us to do and make sure they are happy. Some days the person may not want to shower and that's okay. I might suggest doing something else and offer them a wash instead."

People's care plans were reviewed on a regular basis or sooner if their needs changed. People and their relatives confirmed that they had been involved in the reviewing process and care plans were signed by individuals. A relative told us, "I'm involved with the annual updates and any reviews." People we spoke with confirmed that they understood their care plan and knew where it was stored.

People were supported to participate in activities to avoid social isolation and promote wellbeing. One person told us they had visited 'Tropical World' with support from staff which reminded the person of their past experiences in another country. One staff member said, "We speak to clients about the day services on offer in the area and offer to make a referral if it is something they are interested in. Some people like us to take them shopping, or go to Roundhay Park for a walk and some just want to chat or go through their pictures for companionship."

The registered manager explained people could access "Opal," a community day service that provided

lunches, activities and exercises for people. People were offered to attend events and the registered manager told us that they worked closely in partnership to promote independence and meaningful activities.

People felt able to complain if needed and a complaints policy was in place for staff to follow. Staff told us, "If a person complained I would inform the manager and arrange to have a meeting to discuss it with them." People using the service also felt that they could raise a complaint, one person told us that they had all of the numbers to contact which were in their folder if they needed to complain.

The registered manager also recorded compliments from people using the service and their relatives. One relative told us, "I have nothing but praise for this company they identified things before they became an issue in a very professional way, communication was also first class." Another relative said, "There was good continuity so you can get to know the carers well – very important in forging good relationships and understanding of the person they are caring for."

# Is the service well-led?

## Our findings

The registered manager had registered with CQC in June 2016. They had a good understanding of their role and responsibilities. However, the provider did not have sufficient systems in place to assess, monitor and improve the quality and safety of the service being provided.

We asked to view any quality assurance audits that had been completed. The registered manager confirmed no audits had been completed for the service. They stated they had recently looked to employ an external person to complete audits for the service. Quality assurance audits are important as they show how a service is performing, if there are any concerns and actions that may be required in order to improve the quality of care provided.

The registered manager explained they regularly worked as a member of care staff to ensure that people's needs were met. This meant they were not always able to ensure that management tasks were completed in full. We also saw that there was no other management support at the service, such as a deputy manager, team leader or senior staff. This further increased the pressure on the registered manager and meant there was a lack of cover for these tasks in their absence.

People using the service confirmed there had not been any questionnaires or surveys sent out about the service they received and whether the service was being well led. This showed people were not provided with the opportunity to voice their opinions anonymously, that they were not involved in the development of the service and the provider was unable to show whether people were satisfied with the care they received.

Staff supervisions, appraisals and staff recruitment paperwork did not reflect their policies. For example, supervisions and appraisals had not been documented by the registered manager. This meant that there was no formal quality control in regard to these documents.

The provider had a number of policies and procedures in place which we reviewed during the inspection process. Although policies were in place they were not dated and no review dates were in place. This showed that people would not be able to identify whether the information had been updated to reflect current practices. The registered manager was informed of this at the inspection and planned to include dates.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. The provider had failed to submit these notifications to CQC when required. For example, a recent death had not been reported nor any previous incidents such as falls. The inspector discussed this with the registered manager who took immediate action and completed the appropriate

notifications. Notifications allow the CQC to monitor any concerns and that this must be completed by law. We have also written to the provider separately about this matter.

People we spoke with all knew the registered manager and gave positive feedback about the culture of the service. Staff told us, "I feel supported, I can tell [registered manager] about any issues and [registered manager] will try to help. I feel listened to and [registered manager] is caring to staff and the customers. I like that it's a small service and we can give our all to customers." Another person said, "The registered manager goes above and beyond, has the right attitude and talks kindly about people. The service has a good reputation."

Staff told us that team meetings took place. The last team meeting was held in February 2016 and the registered manager confirmed that another meeting was due to take place. The registered manager told us, team meetings had not taken place recently but planned to increase the amount of staff meetings currently being provided. We looked at the minutes from the meeting which showed staff were provided with update training on safeguarding and moving and handling. Staff told us they attended the meetings and felt able to express their opinions.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have sufficient systems in place to assess, monitor and improve the quality and safety of the service being provided.</p>