EAM Homecare Limited

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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

Summary of findings

Overall summary

We inspected EAM Homecare Limited (EAM Homecare) on 11th April 2017. This was an announced inspection which meant we gave the provider 24 hours notice of our visit because the service is a small domiciliary care agency and we wanted to be certain there would be someone available to facilitate our inspection. The inspection team consisted of one adult social care inspector.

EAM Homecare provides care and support to people with complex health needs including learning and physical disabilities within their own homes. At the time of this inspection the service provided care and support to two people. This was the first inspection since the service registered in October 2015.

The service had a manager who had been registered with the Care Quality Commission (CQC) since July 2011. 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.

We spoke with people's relatives because people using the service were unable to communicate with us verbally.

Relatives told us they felt safe with the care and support they received. They said continuity of staff providing support and care reinforced safety. All staff had been trained in safeguarding principles and knew what to do if they suspected abuse was occurring. People were protected from unsafe care and treatment because there were effective systems in place to review and monitor people's safety.

There were risk assessments in place for people using the service. These provided clear direction to support staff to manage risk appropriately to meet people's specific needs.

The service implemented safe recruitment processes to help ensure care staff were fit for the job they were recruited to do. This should help to ensure people were kept safe from harm.

There were systems in place to ensure medicines were administered safely and appropriately recorded. The competence of staff to administer medicines had to be validated before they were able to do so.

Staff were knowledgeable in good infection control practices which should help to ensure people were protected from risk of infection.

Relatives of people receiving support told us they felt staff were competent and did a good job. There was a good induction process in place and all new staff had to complete mandatory training such as health and safety, safeguarding awareness, infection control, and moving and handling. Staff told us they were supported in their roles and received additional role-specific training. Records showed that staff had regular

supervisions and an annual appraisal of their performance with their line manager. Professional support and development opportunities should help staff to be effective in their roles.

The service worked within the principles of the Mental Capacity Act 2005 (MCA) to ensure that care provided had been authorised in the correct manner.

Relatives told us both care staff and management at EAM Homecare were kind and caring. Staff and management knew the people they supported well and demonstrated this by telling us about people and their preferences.

Staff were able to demonstrate how they treated people with dignity and respect and relatives gave us examples to confirm this practice.

Care plans were detailed and person-centred and showed that relatives were involved in making decisions about what affected people, and that their views and opinions were listened to and acted upon.

The service had not received any complaints from people's relatives. Relatives told us they were aware of the provider's complaint's process but had never had the need to do so.

The provider undertook an annual satisfaction survey and we saw that people and relatives responded positively. There were appropriate forums for both people using the service and staff to discuss ideas for improving the service and feeding this back to management.

Relatives had confidence in the staff and management of EAM Homecare. Relatives and staff told us the service "ran like clockwork". Staff told us there was an open door policy and that management was very approachable and proactive.

Appropriate quality checks were in place which helped the provider to monitor and identify any issues that would affect the quality of service provided.

The provider participated in quality improvement schemes such as the Investors in People (IIP) accreditation and currently held the Silver award. This meant the provider understood the importance of leading and supporting staff well in order to maintain continued improvement in providing effective care and support services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe with the service provided. The care staff providing the service were consistent.

Robust recruitment processes were in place and care staff employed had undergone all necessary pre-employment checks to ensure their suitability to work with vulnerable people had been completed. There were sufficient staff to help ensure a reliable and consistent service

Detailed and specific risk assessments were in place and provided clear direction to support staff to manage identified risks and meet people's individual needs.

Is the service effective?

Good

The service was effective.

Relatives told us they had confidence in their care staff's skills and knowledge and felt they did a good job.

Staff told us they felt supported in their role. The provider ensured all care staff undertook and induction and mandatory training and that on-going training was provided.

The service worked within the Mental Capacity Act ensuring that consent to care was sought appropriately and that relevant documentation was in place.

Is the service caring?

Good

The service was caring.

Relatives told us staff were caring and treated people with kindness. Relatives told us their relations had developed good relationships with the care staff and thought of them as friends.

Staff demonstrated good knowledge of the people they supported and were able give examples of their preferences and interests.

Relatives told us they were able to express their opinions and that they felt the service listened to what they had to say.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and person-centred containing information about people's history, preferences and interests; this should help care staff to understand people's needs and deliver safe and effective care.

Relatives told us they knew how to make a complaint. However no one had had reason to do so.

The service sent out an annual client questionnaire to get people's feedback on the service they received which, when applicable, was used to identify improvements.

Is the service well-led?

Good

The service was well led.

Robust systems in place were effective in monitoring the safety and quality of the service.

Relatives we spoke with said the service was well managed and that the registered manager and care staff were approachable and helpful.

The registered manager participated in professional organisations and local forum groups to share and development knowledge and best practice.

EAM Homecare Limited

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 11 April 2017 and was announced. This meant we gave the provider 24 hours notice of our visit because the service is a small domiciliary care agency and we wanted to be certain there would be someone available to facilitate our inspection. The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted social care professionals and organisations that had involvement with this service such as social workers, local authorities and clinical commissioning groups.

Due to people's limited verbal communication we spoke with their relatives. With their consent, we visited one relative in their home and spoke with another on the telephone about the care provided. We visited the office and spoke with the registered manager and a company director. We also spoke with two care assistants and reviewed records relating to the service, including the service's statement of purpose, people's care records, three staff recruitment files, policies and procedures and quality assurance records.

Good

Is the service safe?

Our findings

We asked relatives if they found the service provided was safe. One relative told us, "Because [Name] has regular carers that helps keep (them) safe."

The registered manager told us there was a core team of ten care staff who provided home care support. They added this team was able to provide good continuity of care and there had never been any instances of a missed call. The registered manager said staff consistency helped to build rapport and respect, and promoted dignity, which was something they felt strongly about. Relatives we spoke with confirmed the service had never missed a visit. They said they felt reassured that there was sufficient and consistent staff to effectively support their relatives.

We saw there were appropriate policies and procedures in place to ensure safe recruitment. We looked at three staff personnel files; these contained a completed application form, record of interviews, photographic identification, written references and confirmation of Disclosure and Barring Service (DBS) checks. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups. This meant the recruitment process provided assurances that pre-employment checks had been satisfactorily done and appropriate staff employed.

We looked at two care plans to see what considerations had been made for assessing risks. Risk assessments should provide clear guidance to staff and ensure that control measures are in place to manage the risks a person may experience. We saw identified risks and actions to be taken to reduce these risks were recorded in people's care plans. Examples of risk assessments included areas such as manual handling, eating and drinking, medicines administration and health risks. We saw staff had to complete 'read and sign' sheets for each assessment form. Staff we spoke with confirmed they did this. This practice should help to ensure all staff were always aware of risks associated with providing care and support.

Staff we spoke with demonstrated they knew how to keep people safe and gave us examples of how they did this, such as making sure the person's environment was free from trip hazards and that doors were closed and locked appropriately. Staff told us they had done safeguarding training and we reviewed the service's training matrix which confirmed this. Staff we spoke with were able to give examples of the types of abuse and knew what steps to take to report any allegations of abuse. We saw that the provider had an up-to-date safeguarding policy in place and we noted safeguarding was discussed at monthly team meetings.

Relatives told us people were supported appropriately with taking their medicines and that they had no concerns with the service's systems. We saw from medicines administration records (MARs) that care staff recorded what medicines had been given. In one person's care records we saw appropriate protocols were in place to help ensure staff knew how and when they should administer PRN or 'as required' medication. This meant there were appropriate systems in place to help support people to take their medication safely.

Relatives confirmed care staff demonstrated good hygiene practices and used personal protective

equipment such as gloves and aprons and washing their hands as appropriate. One relative told us, "Yes staff wash their hands and wear gloves. [Name] is such a poorly (person) you can't take any chances." We were assured the service had systems in place that promoted good and effective infection control practice within the service.

Good

Is the service effective?

Our findings

We asked relatives if they felt the care staff were competent and trained to do their role. One relative told us, "Staff know what they're doing. They are good." Another told us, "I have a lot of confidence in the carers. They tend to deal with things so I don't have much contact with the manager."

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.

We looked at two care records and saw consent documents were in place and signed by relatives who had appropriate authority to do so. This would help to ensure care and treatment provided was done so in the person's best interest at all times.

The provider had developed its own materials for induction and mandatory training which were detailed and comprehensive. Topics included record keeping, safeguarding awareness, infection control, moving and handling and fire safety. Additional service specific training was also provided in areas such as Oral Suction, Gastrostomy (artificial external opening into the stomach for nutritional support) and Epilepsy and Buccal Midazolam administration. Buccal Midazolam is an emergency rescue medication for the control of prolonged or continuous epileptic seizures. Staff told us and their training records confirmed their competency in these areas had to be checked before they were allowed to work with people. From the service's training matrix and training schedule for 2017, we saw these training areas were reinforced by external training being undertaken as required. This meant staff were equipped with the right training and skills to meet the complex health needs of the people supported by the service.

We saw the provider had formal systems in place for staff support and professional development including one-to-one supervision meetings and appraisals between staff and their line manager. We saw a supervision chart which recorded when monthly supervisions and appraisals took place. Supervision is a system that helps to ensure staff have the necessary support and opportunity to discuss any issues or concerns they may have. Appraisals give staff the opportunity to discuss their previous year's performance and identify any training and development needs. Staff we spoke with confirmed they were provided with regular supervision meetings. They told us they felt supported and listened to. We saw examples of staff supervision records.

Relatives told us care staff would support them to access any medical attention, if needed. One staff member gave us an example of a relative seeking their advice on contacting a GP and added they would contact relevant health care professionals with the person's consent, where possible, if they felt that this was necessary. In one person's care records, we saw an example of staff observing a change in that person, recording their observations and informing the relative and the relevant health care professional for advice. This showed the service was proactive in making sure people received the right health care when they needed to.

Good

Is the service caring?

Our findings

Relatives were complimentary about the quality of care and support from the care workers. They said, "[Name] always seems happy and is cared for well by EAM" and "Thanks again for the way you care for [Name]." One relative told us staff show that they care in the way they speak with the person. They added, "You can just tell the way they are (with [Name]) they show that they care. They are like part of the family."

Staff told us told us they had been supporting the same two people for many years so they felt they knew them well and were knowledgeable about their likes, dislikes and individual support needs. For example, staff could explain in detail how each person communicated and gave us examples of when people were having a good day or a bad one. We saw an example of staff's knowledge of a person described in a thank you card from a relative. This showed people were cared for and supported by staff who knew them well and understood their needs, helping to ensure their wellbeing needs were met.

Staff also said they would raise any concerns they had with the registered manager to ensure care plans were kept up to date. This practice provided assurances that people's care was managed in a responsive and caring way and that people were supported according to their individual needs.

Relatives told us they were involved in planning their care and support. They said information about what they required was gathered during their initial assessment. Care records we looked at confirmed this. This meant people receiving support and their relatives felt included and were consulted in making decisions about the care they received.

Relatives said staff always sought permission and informed the person receiving support what they were going to do before undertaking the task. Staff were able to give examples of how they treated people with dignity and respect. For example, they ensured they knocked and announced themselves before going into people's bedrooms. They checked doors were closed and curtains drawn before undertaking personal care needs. Relatives confirmed what staff told us. We concluded that staff sufficiently demonstrated they understood how to maintain people's dignity in a caring and respectful way.

Good

Is the service responsive?

Our findings

Relatives told us the care they received was responsive to their needs. Relatives said, "(I) can't fault the staff, they do what they should (in the care plan)" and "They (the service) are very flexible; they fit into our needs and what we need at the time."

Relatives and the registered manager told us EAM House, one of the provider's other services, provided respite care to their family member. This provision helped to ensure support was joined-up and responsive to people's needs. Feedback received from a community professional also supported this conclusion. They told us, "From my experience, they (EAM Homecare) are flexible and supportive in times of difficulty. The family also accesses respite through EAM and appreciate the continuity of care as they are able to accommodate carers that are familiar with the person and know (their) needs and communication style in both the home and respite environment."

We looked at care plans for two people that EAM Homecare supported. We saw these care plans were reviewed annually or sooner if there was a change in their care needs. We found these plans were detailed and person-centred. Care staff had a good understanding of what person centred care meant. One staff member said, "It's about that person – they are at the centre of the care provided…and you do what's best for the person."

We saw plans included personal histories, interests, likes and dislikes, including hobbies and interests. Care plans clearly identified the support required according to the person's needs and also indicated any known triggers for behaviours and how these should be managed. We saw staff completed evaluation sheets which provided a daily record of the care provided and observations made. These also served as a written handover to staff. This meant care staff had clear and specific information which ensured that they knew how best to support the person. They were also able to monitor people's response to support, thus helping to ensure responsive care was provided at all times.

Relatives told us they knew about the service's complaints procedure and how to raise concerns or make a complaint if required. However, no one had had reason to make a complaint. One relative told us they had raised a concern about three years before and that they were satisfied with how the registered manager had dealt with the issue at the time. We saw there was an updated complaints procedure in place which identified how the service would address any issues raised.

We saw the service asked relatives to complete a "parent audit" which provided the opportunity to give feedback on the care provided. We noted a positive response from one relative had been received recently (April 2017). No improvements had been identified in this response. One of the comments made was, "They will go the extra mile to help us out." This meant people's relatives had the opportunity to identify any areas of concern and so help the service improve the quality of care provided.

Good

Is the service well-led?

Our findings

We asked relatives if they felt the service was well-led. Relatives told us they were very satisfied with the care and support provided and were complimentary about the owner and the care staff. Comments included: "Everything works like clockwork" and "Things run so smoothly".

One relative told us they would happily recommend this service to others and had done so recently.

Staff spoke highly of the management of the service. They said that there was an open door policy and the registered manager was approachable and proactive. Staff felt management trusted them to do their roles effectively without micromanaging them.

We received feedback from a community professional who had involvement with one of the people receiving support from EAM Homecare. They said, "The staff have been very cooperative with me in terms of information sharing, considering suggestions and contacting me with any concerns. The family have fed back to me that they trust this agency."

We checked our records and found the registered manager had fulfilled their legal responsibilities in submitting appropriate notifications to the Care Quality Commission (CQC).

The registered manager ,who was also the registered provider and owner, said the homecare service benefited from the knowledge and experience of the other services within the group which provided residential and nursing care. They said care staff who provided homecare support also worked within the residential care setting which helped to ensure people using the service had the best care suited to their individual needs.

The provider had strengthened its audit processes and we saw there were systems in place to help ensure the quality of service provided was monitored and improvements made when and where required. For example, we saw evidence of care plan and medicines administration records audits had been undertaken. This should help to ensure people were kept safe from harm as the registered manager was able to effectively monitor that the care and support provided was of a good quality.

We saw the registered provider had a wide range of policies and procedures in place to provide guidance and support to staff in carrying out their caring role; these included safeguarding, training and development, medication management and fire safety. We noted these were up to date and all care staff had to demonstrate they had read and understood these policies and procedures. We noted key policies such, as safeguarding, or any new or revised policies were discussed in supervision or at staff meetings. This would help to reinforce operational practice within the service.

Staff we spoke with told us they felt the registered provider had good staff support systems in place, including training and regular staff meetings that helped to ensure they were always kept up to date on the young people using the service and any other aspects they needed to know about. This meant staff had

appropriate resources and motivation to develop and drive the improvement of services, thus creating better outcomes for the children and young people using the service.

The registered manager spoke passionately about their involvement with the Royal College of Nursing (RCN) and chairing a working group forum looking at community care for children and young people. They said involvement with the RCN and the forum provided opportunities for their own professional development and sharing best practice. They, and care staff registered with the RCN, also got the opportunity to attend annual conferences organised by the professional body. The registered manager told us they attended quarterly providers meetings which had helped them identify and source training opportunities for staff. These should help to ensure the service kept up to date with developments in and share best practice within the care sector.

The registered provider participated in quality improvement schemes such as the Investors in People (IIP) accreditation and currently held the Silver award. IIP provides a best practice people management standard, offering accreditation to organisations that adhere to the IIP framework. This meant the registered provider understood the importance of leading, supporting and managing staff well in order to maintain the company's success and continued improvement in providing care and support services.