

Edesy Homecare Ltd

Edesy Homecare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Edesy Homecare is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to 33 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. 18 people were being supported with personal care at the time of the inspection.

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

Since our last inspection, we found improvements had been made to the management of people's risks and medicines. Staff now had the information and skills they needed to support people safely. However more time was needed to ensure these improvements were fully embedded and in place for all people.

Staff were aware of their safeguarding responsibilities and to report any concerns or accidents. However, the registered manager had not always notified CQC of any significant events in line with their registration. This meant CQC were unable to monitor incidents which had affected people who use the service and any follow up actions taken by the provider.

The registered manager had made improvements to the systems used to check and monitor the quality of the service. Quality reviews and surveys were carried out to gather information about people's views. Spot checks of staff practices were also completed to ensure the quality of the service was maintained. Relatives and staff reported that they felt the service was well managed and the managers were approachable.

People reported that staff followed infection control guidance and had access and used personal protective equipment when supporting people with their personal hygiene.

The registered manager was aware of safe recruitment practices. Suitable numbers of staff were employed to meet people's needs. A new staff rostering system was being implemented to enhance the registered manager ability to monitor the arrival and departure times of staff.

People and relatives told us they felt the staff were kind and caring. They felt comfortable in raising concerns to staff and the provider. The provider took actions on any feedback and learnt from incidents.

Rating at last inspection

The last rating for this service was requires improvement (published 28 August 2019) and there was a breach of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations from the previous inspection; however a further breach of regulation was found in

relation to notifying CQC of significant incidents.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions 'Is this service safe and Well-led?' which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edesy Homecare on our website at www.cqc.org.uk.

Enforcement

We have identified a breach of regulation in relation to notifying CQC of any significant events. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Edesy Homecare

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 March 2020 and ended on 13 March 2020. We visited the office location on 13 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four members of staff including the registered manager, deputy manager, care coordinator and one support worker.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and spoke to the local authority commissioners. We also spoke with two people and five relatives who use the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management; using medicines safely

At our last inspection, we found effective control measures had not been put into place to manage people's risks placing them at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12; however further time was needed to ensure the management and monitoring of people's risk was consistent for all people.

- Whilst we found that people's care plans had been reviewed and updated to reflect their current support and medicines needs; the registered manager had not ensured that there was a consistent approach in the monitoring and management of some people's risks. For example, staff had not always recorded when they had assisted people to reposition in line with their skin integrity care plan. Staff did not always have access to information about the prescription of people's regular and occasional medicines such as the reasons for the prescription and when occasional medicines should be administered. However, we found no negative on people as they all reported that staff were knowledgeable and supported them to manage their personal risks. One person said, "The carers are very good like that, they always tell me or [a relative] if they see a change in me."
- This was discussed with the registered manager who confirmed further work was still being implemented to ensure people's care and medicine records fully described their support needs and the care provided.
- The registered manager provided assurances that staff had received some additional training and further work was being done to improve people's care and medicines records. This was to ensure staff had the information and skills they needed to support people with their risks.
- Not everyone was supported by staff to take their medicines. Those who received this support said they were happy with how staff provided this. One relative said, "I have no concerns about them [staff] giving [relative] their medicines."
- Medicines administration records were reviewed by the care coordinators and audited monthly by the registered manager to identify any gaps or discrepancies on people's medicine records.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by staff. One person when asked said, "Oh yes, the staff are lovely, very kind and respectful. I have no concerns about my safety."
- Staff knew what to do to reduce the risk of harm to people using the service. They said they would report any concerns to the registered manager, and they were confident these would be dealt with appropriately.
- Staff told us they had been trained in safeguarding and would use the whistleblowing policy and report concerns outside the service should they need to.

Staffing and recruitment

- Sufficient numbers of staff were available to support people. Extra staff had been made available as part of the services contingency plan to manage any staff shortages due to the current public health concerns.
- The current system showed that staff travel times had not always been effectively managed to ensure staff had sufficient time to travel between people's allocated visits. However people and their relatives reported that staff were generally on time and were informed if they were running late.
- The provider was in the process of implementing a new system which enabled the local authority to monitor people's visit times. We were informed that the new staff rosters and travel times would be individually reviewed as part of the implementation of the new rostering system.
- We did not inspect the provider's recruitment process as we were told that no additional staff had been employed since our last inspection. However, the registered manager was able to effectively explain their knowledge of safe recruitment processes.

Preventing and controlling infection

- Action had been taken by the provider to ensure all staff were reminded of good infection control and hand hygiene practices and had access to adequate quantities of Personal Protection Equipment (PPE) during the current public health concerns.
- People and their relatives confirmed that staff used safe infection control practices and used PPE when supporting people.

Learning lessons when things go wrong

- Staff were aware of the importance of reporting and recording any accidents, incidents and near misses. All reports were reviewed by the registered manager to identify trends and make changes to care being provided as required.
- Any lessons learnt or changes to people's support requirements was shared through staff discussions and meetings to enable staff to reflect on the incident and reinforce the actions to be taken to prevent reoccurrences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Accidents and incidents had been managed to ensure people remained safe, the registered manager had informed external agencies of incidents but had not always ensured that they had met their legal obligations to notify CQC of notifiable incidents such as serious injuries and allegations of abuse. This meant CQC were unable to monitor incidents which affected the health, safety and welfare of people who use the service and any follow up actions taken by the provider.

CQC had not been notified of all incidents that affected the health, safety and welfare of people. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- Since our last inspection, registered manager had made progress in improving their quality assurance systems to monitor people's safety and delivery of care. For example, the daily log books had been amended to enable and prompt staff to record how they supported people at each visit. Staff care practices were spot checked by the care coordinators to ensure their care practices were maintained. Systems had been implemented to help the registered manager monitor the frequency of staff training, observations and support. Regular medicine audits were completed. However further time was needed to ensure the systems were fully embedded to continually drive improvements across the service. For example, care plan audits and reviews had not always identified that staff had not consistently recorded the care they provided to assist people in managing their risks.
- The registered manager and senior managers were still to complete advance training in significant courses such as safeguarding and Mental Capacity Act to support them to monitor whether staff were following best practice.
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- People and relatives told us the service was good and the care they received was person-centred and met their support requirements. Records showed that people and relatives were involved in discussions about their needs.
- Staff told us information about people's needs was clear in the care plans and appropriately shared during team meetings, and through secure electronic messages.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager knew about their responsibility to be open and honest when things went wrong. They investigated into incidents when concerns were raised.
- The service had taken action to improve the service and protect people from harm.

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

- Staff felt the service was well managed. They said the registered manager was always approachable and provided effective support to them so that they always supported people well. They worked as a team and often worked alongside the care coordinators and office staff who on occasions provided care to people. This allowed office and senior staff to have a better understanding in people's needs when they arranged visits and reviewed their care needs.
- The registered manager had engaged and received feedback from people and their relatives about their experiences of the care provided through surveys.

Continuous learning and improving care

- The registered manager was responsive to any feedback about the service from people, relatives and stakeholders and was open to learning and improving the service.

Working in partnership with others

- The registered manager told us they worked closely with the local authority commissioners and other health and social care professionals and services to ensure they understood their role and responsibilities when supporting people in their own homes.
- The service was monitored regularly by the local authority to ensure they met their contractual agreements. A new electronic monitoring system was being implemented to monitor the call times of people

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents CQC had not been notified of all incidents that affected the health, safety and welfare of people.