

Ease Healthcare 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 ●

Summary of findings

Overall summary

Ease Healthcare Limited is a domiciliary care agency registered to provide personal care. The agency provides support with personal care, domestic tasks and companionship. The agency office is based in Barnsley. Support is currently provided to people living in their own homes in North West Sheffield. At the time of this inspection nine people were receiving support and eleven staff were employed.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Ease Healthcare was registered with CQC in June 2017. The registered manager told us the service started supporting people in April 2018. This was the service's first inspection.

People spoke very positively about the support provided to them. They told us they felt safe and their support workers were respectful and kind. People told us they received a consistent and reliable service that met their needs.

We found there were systems in place to protect people from the risk of harm. Staff we spoke with were able to explain the procedures to follow should an allegation of abuse be made.

Assessments identified risks to people, and management plans to reduce the risks were in place to ensure people's safety.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from Ease Healthcare.

Visit times were flexible to support people's needs and people said support was provided from staff they knew.

People were supported to maintain a healthy diet, which took into account their culture, needs and preferences, so their health was promoted and choices could be respected.

Staff knew the people they supported well. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

People said they could speak with their support workers or the registered manager if they had any worries or concerns and they would be listened to.

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. Staff were aware of their responsibilities in keeping people safe. The staff recruitment procedures in place promoted people's safety.

Appropriate arrangements were in place for the safe administration of medicines.

Staffing levels were sufficient and flexible to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff were provided with relevant training to ensure they had the skills needed to support people.

Staff were provided with supervision for development and support.

People had consented to the support provided by Ease Healthcare.

Is the service caring?

Good ●

The service was caring.

People told us their care workers were caring and kind.

People were treated with dignity and felt respected.

Staff knew the people they supported well.

Is the service responsive?

Good ●

The service was responsive.

People's support plans contained relevant details and were reviewed and updated as required.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

The service was well-led.

People said the registered manager was approachable and supportive.

There were quality assurance and audit processes in place to make sure the service was running safely.

The service had a full range of policies and procedures available for staff, so they had access to important information.

Good ●

Ease Healthcare 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 31 July 2018 and 1 August 2018 and was announced. We gave the service short notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure staff would be present in the office. The inspection was carried out by one adult social care inspector.

At the time of this inspection, nine people were receiving support and nine support workers were employed. The registered manager and a field manager also undertook some care visits to people's homes.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received, and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority to obtain their views of the service. All the comments and feedback received were reviewed and used to assist and inform our inspection.

On 31 July 2018, we visited three people who received support at their homes to ask their opinions of the service and to check their care files. We telephoned a further two people and a relative of a person receiving support to obtain their views.

On 1 August 2018, we visited the service's office to see and speak with the registered manager and four staff employed by the agency.

We reviewed a range of records, which included care records for three people, three staff training, support and employment records and other records relating to the management of the domiciliary care agency.

Is the service safe?

Our findings

People receiving support said they felt safe with their support workers. Comments included, "I feel very safe when carers visit", "I have no worries at all" and "I trust them (care staff) all".

Relatives of people receiving support also felt their family member was safe with their support workers. Comments included, "The staff are very trustworthy" and "The last agency staff I had no faith in. But these are so good, I feel [name of relative] is so safe with all the staff".

The registered manager was very clear of their responsibility to report safeguarding incidents as required and in line with safe procedures.

All the staff spoken with confirmed they had been provided with safeguarding training. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistle blowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

The registered manager informed us that, at the time of this inspection, the service did not support people with shopping and did not handle the money of any person receiving support.

We checked the procedures for the safe administration of medicines. We found the service had a policy on the safe administration of medicines and worked in accordance with the local authority policy.

People spoke positively about the support they got with their medicines. Comments included, "Staff always make sure I get my medicine on time" and "They (staff) seem to know what they are doing with my medicines, I have never missed any".

The three people's care records we checked held clear detail of the support required with medicines. Two people visited at their home had support with medicines. We checked their medicines administration record (MAR) and the medicines held at the home and found all details corresponded. The MAR had been fully completed. We found systems were in place to monitor safe medicines administration. Each month completed MARs were returned to the office and audited for gaps and errors. We checked four MARs held at the office and found all had been fully completed. This showed safe procedures had been followed by staff.

Staff confirmed they had been provided with training in the safe administration of medicines and had been

observed to make sure they were competent. The training records we checked showed all staff had undertaken medicines training. This showed safe procedures were promoted. Staff said, "[Named field manager] has worked with me and checked on a couple of occasions that I am safe to give out tablets. This has given me confidence rather than feel I was being checked up on".

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We checked the procedures for recruiting staff. We looked at three staff recruitment records. Each contained all the information required by legislation. They included proof of identity, an application form detailing employment history and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. Each of the three files contained two written references. We found a policy on staff recruitment was in place to support and inform these procedures.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection, nine people received a service and nine support workers were employed. Staff told us they had regular schedules and most calls were carried out by two staff. People receiving support told us staff stayed for the agreed length of time. People said, "Staff always stay the right amount of time, in fact sometimes they stay over", "The staff always ask if there is anything else they need to do before going, or they will stay for a chat, they are really good" and "Staff never rush off they are very good". This showed sufficient levels of staff were provided to meet people's identified support needs.

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with Personal Protective Equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures. People receiving support did not have any concerns about infection control. They confirmed support workers always used gloves and other appropriate protective wear. Staff said they were supplied with sufficient amount of PPE. Staff said, "We never run out the managers are good at making sure we have plenty of gloves and aprons".

Is the service effective?

Our findings

People told us the service was very reliable and staff stayed as long as they should. People told us they had regular staff and had never had a missed visit. This showed the service provided good continuity of care because people usually saw the same staff. Comments included, "The staff are really good they are always on time, well within ten to fifteen minutes of when we agreed they visit", "Staff have never ever missed a visit, they are very good", "I always know which staff are coming, I have regulars, they will say 'see you tomorrow[name]' it is reassuring to know who will be coming through my door".

Staff told us they were provided with a regular schedule of visits, so they got to know the people they were supporting. Staff said most of time they worked in pairs alongside another support worker. Staff said their schedule allowed for travel time between visits, so they did not run late. Staff confirmed they were always introduced to the person using the service before they started supporting them.

Stakeholders we contacted prior to the inspection were very positive about Ease Healthcare and said, "There is a very holistic person-centred approach with Ease Healthcare. They are very much into joint working".

People receiving support and their relatives told us support workers knew what support was needed and had the skills to do their jobs effectively. Comments included, "Staff are very well trained, you can tell. Even the new ones are tuned in" and "I have to say the staff are trained brilliantly".

We checked the staff training matrix, which showed staff were provided with relevant training, so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as food hygiene, basic life support, safe handling of medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills was also undertaken, for example, training in dementia awareness and person-centred planning. This meant all staff had appropriate skills and knowledge to support people.

Staff told us new staff shadowed a manager and a senior member of staff as part of the registered provider's induction procedures. Staff spoken with said they were up to date with all aspects of training.

We checked records of staff supervisions. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. These are important to ensure staff are supported in their role. The records showed support workers had been provided with regular supervision for development and support. All the staff spoken with said they received formal supervisions and could approach management at any time for informal discussions if needed. This showed staff were appropriately supported.

People told us visit times were flexible and did not hinder or restrict access to health care. People's care plans we checked held clear information on health and the staff actions required to support specific conditions.

The care plans we checked showed people's dietary needs had been assessed and any support people required with their meals was documented.

Every person spoken with said they had good communication with the registered manager, field manager and their support workers. Comments included, "Any problems you can easily get hold of [named registered manager]. She is always in contact with me" and "[Named registered and field manager] always get back to you straight away if you leave a message. They are really good and easy to get hold of".

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding the MCA, so staff had access to important information. We found the service was working within the principles of the MCA.

People told us they felt consulted and staff always asked for consent. The care plans we checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support. People said, "Staff always ask before doing" and "Staff always ask and offer choices even down to whether I want the curtains drawing or opening".

The registered provider produced and distributed a monthly newsletter to staff and people who used the service. It was positive to see the newsletter give information about the MCA and consent and how it applied to them.

Is the service caring?

Our findings

People made very positive comments about the care and the support they received from Ease Healthcare. Comments included, "The staff, all of them, are caring wonderful people", " I look forward to their visit, they make my day", "I would be lost without them" "They are like family to me", " I have used other agencies in the past but Ease is in a different league" and "The carers and managers are wonderful, they have helped me so much on my road to recovery".

Relatives we spoke with were equally positive and said, "The staff who support [name of relative] and the managers are all excellent. I cannot fault them in any way".

Stakeholders we spoke with said, "It is heartening to work with a company that truly has the service user at the centre of all they do".

People receiving support told us staff were always respectful and maintained their privacy. One person told us, "They are very respectful." Another person said, "They [support workers] always make sure my privacy is kept, they make sure my curtains are drawn even though I am not overlooked".

Relatives of people receiving support also told us they found support workers respectful. They told us, "Staff are very respectful to both me and [named person receiving care]" and "The staff are really nice and polite, yes very respectful".

People told us they were involved in writing their care plan and they told us someone from the office had visited them to talk about their support needs. They told us they felt involved in all decisions about their support.

Each care plan contained details of the person's care and support needs and how they would like to receive this. The plans gave details of people's preferences, so these could be respected by support workers. The plans also detailed what was significant to the person, including their religious and cultural needs so these could be respected.

The service had relevant policies and procedures in place to advise staff on confidentiality and data protection. All of the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. People receiving support and their relatives told us their support workers never discussed anyone else they were visiting with them and confidentiality was respected. This showed people's rights were upheld.

We saw there was a system in place to make sure people's confidential information was only seen by the appropriate people and only limited information regarding visit times and people they would be visiting was sent to staff via their phones. This promoted people's privacy.

Is the service responsive?

Our findings

People receiving support and their relatives were aware they had a care plan and felt they were involved with their care and support. People spoken with said the registered manager or field manager had visited them in their home to discuss their care needs and agree their care plan before support was provided. People told us they had been consulted by the registered manager or field manager in subsequent reviews of their care plans. Comments included, "Oh yes [name of registered manager] came to see me. We discussed what I needed help with etc. That's what the staff do for me" and "[Named registered manager] came to see me and arranged how long each visit will last and what staff do. They asked me things like how I like my tea made, what time I get up etc. Very good because that is what staff do now".

We checked three people's care plans. We found the care plans seen contained information about the care and support identified as needed. They contained some information about the person's life history, culture, health and support needs. The plans were individual to the person. They were regularly reviewed and updated in line with the person's changing needs.

The care plans we checked contained information on relevant health conditions and details of the actions required of staff to support any specific medical conditions, so that staff were aware of important information. This showed this aspect of people's individual and diverse needs were known and met.

All staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs, which enabled them to provide a personalised service.

We saw how the service was responsive to individual needs in an innovative way. For each person the service were supporting staff and the person discussed "out of the box thinking" to promote wellbeing. Staff discussed with the person or observed a situation and came up with a solution to promote wellbeing. Examples were where a person's table had been made higher, so their wheelchair could fit under it to enable them to be closer to the window and so see their garden more easily. One person we spoke with said how much they enjoyed having breakfast in the garden which staff had organised for them.

Stakeholders were equally positive about this initiative and said, "The service have spent an inordinate amount of time with this service user to improve the situation and wellbeing".

People were supported to discuss their wishes in respect of end of life care with the involvement of anyone else they wished to be present such as their family, friends or advocate.

People receiving support and their relatives we spoke with all said they could talk to the registered manager and staff at any time if they had any worries or concerns. People said, "I have absolutely no worries about my care but if I did I would speak with [named registered manager]".

We looked at the registered provider's complaints policy and procedure. It included information about how

and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service. We found copies of the 'Service User Guide' in the care files kept at people's homes. This showed people were provided with important information to promote their rights.

The registered manager informed us the service had no complaints.

Is the service well-led?

Our findings

The manager was registered with CQC. There was a clear management structure including a registered manager and field manager who had been in post since the service began operating.

Without exception people using the service, their relatives, stakeholders and staff all spoke very highly of the registered manager and service.

People receiving support and their relatives told us they knew the registered manager and found them very supportive and approachable. Comments included, "[Named registered manager] is excellent she visits me and my relative regularly to check everything is OK", "The manager rings me regularly and keeps me updated", "Both managers make sure things are right", "The managers lead by example, that's why things are good" and "A brilliant company they are like a breath of fresh air".

Staff were equally very positive about the management of the service. There was evidence of an open and inclusive culture that reflected the values of the service. Every member of staff said they felt valued by the registered manager. Their comments included, "The management are easily approachable and any problems, however small, are handled with professionalism, confidentiality and are sorted quickly", "Total support is given as and when its needed", "This is the best care company I have worked for", "The support I have received is 1000 times better than in any other job I have worked" and "[Named registered and field manager] are wonderful, they work alongside us. They support us though work and personal issues too".

Staff told us, and records showed monthly staff meetings were held to share information. All the staff said communication was excellent and they were encouraged to contribute to meetings.

The service had an out of hours on call system so any emergencies could be dealt with. Staff confirmed there was always someone available to give advice when needed.

Stakeholders were positive about how the service was managed and commented, "The registered manager is visible and approachable. She is always looking to improve, research and implementing best practice and reflective practice".

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. Records seen showed the registered manager and field manager undertook regular audits to make sure full procedures were followed. Those seen included audits of care plans, MARs and daily records.

As part of the quality assurance procedures, we found the managers undertook regular spot checks to people's homes to check people were being provided with relevant and appropriate support. We checked the spot checks undertaken in the last two months and found positive comments from people receiving support had been recorded on the spot check forms.

During our visits to people's homes all the people we spoke with confirmed the managers observed staff. One person said, "The managers carry out regular checks on care staff to make sure they are doing things as they should."

We found the service sent out monthly feedback forms to people to obtain and act on people's views. The service also sent out a monthly newsletter. The newsletter contained useful information for people about the agency and topics such as sun safety.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.