

Educare Staffing Ltd

Educare South Yorkshire

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

About the service:

Educare South Yorkshire is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing care to 30 people.

People's experience of using this service:

People were safe in their home and there were enough staff to fulfil the visits to people.

People received the medicines they needed safely.

Staff understood their responsibilities about keeping people safe.

Risks were identified and managed well. Incidents and accidents were monitored to inform practice and make improvements to the service.

Staff understood their responsibilities to prevent the spread of infection whilst working between people's homes.

Staff had received the training and support they needed to carry out their roles well. People had confidence in the staff and were happy with the care they received.

Care plan information focused on a person-centred method of supporting people. Information contained what support was required and care plans had been signed by people who received a service from Educare South Yorkshire.

Where appropriate, people received the support they needed to have a healthy diet.

People were supported to access health care services when they needed to. Staff described positive working relationships with health care professionals.

Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept securely.

There was a clear management structure that supported staff well.

Governance arrangements were embedded within practice. Regular audits identified any shortfalls in provision of care.

More information is in the full report.

Rating at last inspection: Good (published 21 September 2016).

Why we inspected:

This was a scheduled inspection based on the previous ratings.

Follow up:

We will continue to monitor the service through the information we receive.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our Well-Led findings below.

Educare South Yorkshire

Detailed findings

Background to this inspection

The 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.

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 in the community.

Notice of inspection:

This inspection was announced and took place on 19 March 2019. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback.

What we did:

We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with five people and two relatives to ask about their experience of the care delivered. We spoke with the registered manager, deputy manager and three care staff.

We looked at;

- Care records for six people

- Three staff employment related records
- Records relating to the quality and management of the service.

Details are in the Key Questions below.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk and supporting people to stay safe from harm and abuse.

- People receiving support and family members told us they felt the service was safe. Comments from people included; "I am very safe with them [staff]", "Oh yes, perfectly safe" and "Yes I think [family member] is very safe in their [staff] hands."
- Individual risks to people and the environment had been assessed and were managed appropriately.
- Care records provided clear information around identified risks in order for staff to keep people safe from avoidable harm.
- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
- The service maintained a record for any safeguarding incidents that may occur. No significant incidents had occurred since our previous inspection; however, the registered manager was aware of their responsibility when recording and reporting safeguarding incidents.

Staffing and recruitment

- There were sufficient staff employed to meet people's needs.
- People told us staff generally arrived on time and stayed for the duration of the call. Comments included; "Staff are normally here on time, sometimes they can be held up with traffic but that can't be helped", "They [staff] always stay for the right amount of time" and "I have no complaints at all on that front."
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. Staff had received training in, general and care related health and safety. Their understanding and competency was discussed in one to one supervision meetings with a line manager.

Using medicines safely

- People who received help with their medicines told us they received their medicines on time and as prescribed. One person said, "I do my own medication, but staff are there if I needed any help." Another person told us, "Staff are very good, they get me all my medication ready when I need it."
- Staff were trained and administered medicines safely and the registered manager told us senior staff periodically observed staff practice to ensure they were competent.
- Medicines records were checked by the management team and action taken when any errors, for example, missed signatures, were found.

Preventing and controlling infection

- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control.
- The registered manager ensured infection control procedures were maintained with effective staff training. People we spoke with told us staff consistently washed their hands and used protective equipment before and after providing personal care for them. One person told us, "The staff always wear gloves and aprons, they even wear protective shoe covers. They are all very good."

Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the management team. They detailed the nature of the incident, time and action taken to resolve it. When accidents or near misses occurred, they were reviewed so that lessons could be learnt and to reduce the risk of similar incidents occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Care and support was planned, delivered and monitored in line with people's individual assessed needs.
- Systems were in place to assess people's needs and choices in line with legislation and best practice. The assessments were completed prior to people receiving support to ensure the service and staff could meet people's needs and provide effective support.
- Assessments by the service and those obtained from social care professionals resulted in planned, effective care which also included expected outcomes for people based on their needs and choices.

Staff support; induction, training, skills and experience.

- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. A staff member told us the induction was supportive and included shadowing more experienced staff before they worked independently. They told us, "I had not worked within care before coming here. The training and induction were thorough and gave me confidence." The registered manager told us new staff were expected to complete the care certificate. This is a set of standards that health and social care workers are expected to adhere to.
- People were supported by staff who had ongoing training. Staff were positive about the training provided. The deputy manager undertook competency observations of staff's practice.
- Staff had regular supervision. This was a meeting with their line manager and an opportunity to review their individual work and development needs.
- People told us they found staff to be competent and understood their needs. One person said, "They [staff] all seem to know what they are doing. If there is someone new they always come with someone else who has more experience."

Supporting people to eat and drink enough with choice in a balanced diet

- Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- People we spoke with told us they were happy with the support they received with their meal preparation. One person told us, "I like to prepare things myself but staff always ask if I need any help." Another said, "They [staff] ask me what I want to eat and drink, and then do it for me, no problem."
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation and always checked food use by dates.

Staff providing consistent, effective, timely care within and across organisations

- Where people received additional support from healthcare professionals this was recorded within the care records.
- People were supported by staff to attend medical appointments when needed.
- Staff were able to tell us of the healthcare needs of the people they supported, and were aware of the processes they should follow if a person required support from any health care professionals.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

Ensuring consent to care and treatment in line with law and 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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. People living in their homes can only be deprived of their liberty through a Court of Protection order.
- At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- People were supported by staff that knew the principles of The Mental Capacity Act 2005 and recognised the importance of people consenting to their care.
- People told us they were in control of their support. Comments from people included, "Things are always done the way I prefer them", and "Staff always ask, and I always choose what I want to eat, drink and wear."
- Staff described to us the approaches they took when supporting people. These discussions demonstrated that people were involved and encouraged to make their own decisions that staff listened to and respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People told us, and family members confirmed, that they were treated with kindness and were positive about the caring attitudes of staff. Comments included, "They [staff] are all very caring", "The staff laugh and joke but are very professional and get the job done. They are like friends and family to us" and "I really enjoy them coming. They are all lovely."
- Staff received training in equality and diversity and people's cultural and spiritual needs were respected.
- The provider had systems which ensured staff were monitored to make sure their practice was kind and caring.
- People told us staff were respectful of them and their belongings. One person said, "They are very respectful of me and my home."

Respecting and promoting people's privacy, dignity and independence.

- People told us staff treated them with dignity and respect. One person said, "I get good care from nice people, it's that simple."
- People's dignity was maintained when staff provided personal care in privacy. Staff told us how they ensured they were sensitive to people's needs and people were comfortable with the care provided. Staff explained how they knocked on doors and waited for a response before entering people's homes, bedrooms and bathrooms. One person commented, "I am treated in a very dignified manner."
- People told us they were given choice and control over their day to day lives and supported to maintain their independence wherever possible. One person told us, "They [staff] always ask if I am up to doing something myself."

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in their care and were encouraged to make choices about how they wanted their care provided. One person said, "Care is always given just how I want it done."
- Care plans contained individual guidance for staff to follow when supporting people to express their views.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's individual care needs had been identified. Care plans had been developed with the involvement of the person and their family members where appropriate. One person told us, "I have a care plan and it is kept up to date if anything changes."

- Care plans were person centred; they took account of people's likes, dislikes, wishes and preferences in relation to their daily routines.

- Staff had access to information about people's care needs; care plans detailed all tasks required for each visit and ensured that people received care that was person centred and appropriate to their needs.

- Staff completed a daily record at each visit to ensure that any concerns or identified changes were recorded. This ensured that staff had access to relevant and up-to-date information.

- People told us they received care and support from regular staff who knew their routines well. Comments included, "It is mostly the same staff who come. If there is someone new, then there is always someone more experienced with them to show them the ropes" and "I get regular staff visiting, which I am grateful for."

- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, where people were identified as having hearing difficulties. Accessible Information Standards make sure that people with a disability or sensory loss are given information in a way they can understand.

End of life care and support

- The registered manager told us the service at present does not support people with end of life care. The service had provision for staff training in 'end of life care'.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided accessible ways to do this. One person said, "I get sent a questionnaire asking about my views of the service, I'm happy."

- People told us they knew how to complain about the care if they needed to. Comments included, "I haven't needed to complain but I know how to" and "All the information to complain is in the pack, but I have no reason to complain."

- The registered manager had a complaints policy in place and said they would look at any complaints received to assess if action could be taken to prevent further occurrences.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Continuous learning and improving care:

- Quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement. The registered manager worked to make and sustain improvements to the service.
- Staff felt confident they would be supported with any learning or development needs or wishes and described a culture of learning and development.
- The registered manager, deputy and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management.
- The registered provider's systems for assessing and monitoring the quality and safety of the service were followed and improvements were made. Risks were identified through the quality assurance systems and mitigated in a timely way.
- The registered manager and staff understood their roles and responsibilities. People and family members were confident in the leadership of the service. One person told us, "I know who the manager is. It appears to be a good, well-run company." A relative commented, "I have had a good service, I would recommend them, no problem."

Promotion of person-centred, high-quality care and good outcomes for people:

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members. People and family members felt listened to and involved in the care provided. One person said, "I don't know what I would do without them." Another person regularly sent poems to the office which expressed their happiness with the service they received.
- The comments received from people, family members and staff were positive and showed good outcomes for people's lives.
- Staff understood the service's vision, values and philosophy. They felt respected, valued and well supported. They told us they felt trusted by the registered manager. One staff member told us, "The managers recognise our value to the success and reputation of the company, which is reassuring."

Engaging and involving people using the service, the public and staff. Working in partnership with others:

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.

- The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies such as the local authority.