

EPOCH HomeCare (EHC) Limited

EPOCH Homecare Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Our inspection took place on 3 March 2017 and was announced. We gave the provider 48 hours notice as they provide a domiciliary care service, and we needed to be sure someone was in. We returned by appointment on 10 March 2017 to give feedback to the provider. This was our first inspection of the service.

Epoch Home Care provides care and support to people living in their own homes. At the time of our inspection there were 53 people using the service. There was a registered manager in post when we inspected. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and staff told us calls were sometimes cut short, as there was not always travel time built into the scheduling. The registered manager was aware of this and had invested in new software to improve their planning of calls.

Recruitment practices were safe, and we saw the provider made checks to ensure staff they employed were not barred from working with vulnerable people. Staff had training in and understood the principles of safeguarding people from abuse, and people told us they felt safe using the service. People's safety was further protected because care plans contained appropriate risk assessments and basic guidance for staff to show how risk should be minimised.

Medicines management practices were safe, and we saw the registered manager had made changes to documentation to ensure medicines administration was recorded consistently.

Formal supervision and appraisal for staff had not always been at a consistent frequency, although staff felt they had adequate opportunity to talk with the registered manager about any issue. The registered manager had recognised supervision and appraisal as an area of improvement, and had begun to take action. Staff received the training they needed in order to be effective in their role, although the registered manager acknowledged their record keeping could improve. The registered manager had a plan in place to deliver update and refresher training.

The provider ensured there was a robust approach to assessing and documenting people's capacity to make decisions, and staff understood the importance of offering people choice and promoting their independence.

People told us they were happy with the support they received with meals, and staff were able to tell us how they could work to promote healthier diets.

We received good feedback about the staff. People told us they had very good relationships with them, and

felt they were well trained. We saw people were involved in the planning and review of their care, and saw their preferences, likes and dislikes were recorded and respected. Care plans were updated when required; staff told us they had time to read people's files, and were told when these had been updated.

People understood how they could raise complaints or concerns, and they told us they had confidence the provider would respond appropriately.

We received good feedback about the registered manager's leadership and presence in the service. They had put systems in place to measure the quality of the service and we saw evidence they had identified opportunities which would help the service continue to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Call scheduling did not always have travel time built in, and both people who used the service and staff said sometimes calls started late or finished early. The registered manager had recognised this as an area for improvement.

People said they felt safe using the service. Background checks were undertaken before staff began to work for the service, risks associated with people's care and support were documented and staff understood how to safeguard people against the risk of abuse.

Medicines were managed safely. We saw improvements had been made to ensure documentation was always completed properly, and investigations had taken place to ensure people always received their medicines.

Is the service effective?

Good 

The service was effective.

Staff received support from the registered manager, and there was a plan in place to ensure that formal supervision and appraisal activities took place at a regular interval.

Staff had training which enabled them to be effective in their role, and we saw there were plans in place to ensure training was updated in a timely way.

People's capacity to make decisions was recorded and managed appropriately. People told us staff offered them choices.

Is the service caring?

Good 

The service was caring.

People told us they had developed friendly relationships with staff, and we saw care plans were written in a person-centred style. We saw people were involved in planning their care.

Staff had good knowledge of how to protect people's privacy and dignity, and promote their independence. People confirmed this happened.

Is the service responsive?

Good ●

The service was responsive.

The provider ensured people's needs could be met before they began to use the service, and we saw people's preferences for how care and support should be given were documented.

Care plans were regularly reviewed, and people told us they were involved in the process. Staff said they were told when care plans had been updated.

There were policies and procedures in place to ensure complaints and concerns were addressed appropriately. People said they were able to speak with the registered manager at any time, and were confident concerns would be addressed. The service had also received a number of compliments.

Is the service well-led?

Good ●

The service was well-led.

We received positive feedback about the registered manager, and staff told us they felt they understood the vision for the service.

Staff and people who used the service confirmed the registered manager was a visible presence.

The registered manager monitored the quality of the service in a number of ways, and we saw they were driving improvements where these were required.

EPOCH Homecare 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 March 2017, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. We returned to give feedback on 10 March 2017. On this occasion we told the provider when we would be coming.

The inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including notifications of incidents and contact from the public. We contacted the local authority and Healthwatch to ask if they had any information to share with us. They did not provide any information of concern. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 before undertaking the inspection.

During the inspection we spoke with the registered manager and five members of staff. We also spoke with 11 people who used the service and two relatives. We looked at records relating to the running of the service including four care plans and associated medicines records, and four staff recruitment files.

Is the service safe?

Our findings

Staff told us they did not always have travel time built in to their call schedule, and this meant calls were sometimes either late or cut short. Staff said they only cut a call short with the agreement of the people they were supporting, and told us they would not do this unless all tasks on the call had been completed. Some people who used the service also told us calls were sometimes late or cut short. One person said, "Very often late. I'm booked for 9.30-10.30 – invariably 9.45 and leave at 10.30. Every day. I get annoyed because there are jobs that need doing." Another person said, "Staff are on time, most of the time. One or two can be a bit late, because of where they are coming from." However, another person told us, "They are on time most of the time. 99 times out of 100. They're all good."

We discussed this with the registered manager who told us they had been aware this was sometimes the case. They said they had invested in new software that would enable them to schedule calls in a more effective manner.

People told us they felt safe using the service. One person said, "(The staff) make sure I'm safe. They put my belt on (for the stair lift) make sure feet are in the right place and watch the chair lift go down. It makes me feel better." Another person told us, "I do feel safe, because they don't move me unless I'm comfortable."

We saw risks associated with people's care and support were documented in their care plans, with basic guidance for staff to follow. For example we saw risk assessments relating to nutrition, moving and handling, mobility and falls. In addition we saw a thorough assessment of risks in and around people's homes had also been carried out. The registered manager showed us a new risk assessment document they were in the process of introducing, which would further improve the amount of information available to staff.

In the PIR the provider told us, 'We have a recruitment process within our organisation where an application form is completed by all employees, references from previous employment/ Character references are obtained and any gaps in employment are noted and verified as far as possible. The employees have an enhanced DBS check carried out.' Our review of the recruitment process confirmed this.

We looked at the recruitment records of three staff, and saw evidence the provider had a robust process in place. We saw references were sought and checks made with the Disclosure and Barring Service (DBS). The DBS holds information about people who may be barred from working with vulnerable people, and making checks with them enables employers to make safer recruitment decisions.

Staff we spoke with had received training in safeguarding and understood the types of abuse people may be at risk from, and what to do if they had any concerns. Staff told us they had confidence the registered manager would act appropriately on any concerns raised with them, and understood who else they could contact, such as the CQC, if they felt people were still at risk.

People we spoke with were happy with the assistance they received with their medicines. One person told

us, "They give me the medication. I know what it's for. They make a note of quite a few things." Another person said, "They make sure I take it (Medicines)."

Staff completed Medicines Administration Records (MAR) at people's homes, and these were returned to the office at the end of each month. We saw the registered manager reviewed MARs when they were returned to ensure they were fully completed. Where there were gaps we saw the registered manager had investigated to ensure the person had not missed their medication. They told us, 'We had an issue where staff were recording medicines in the daily logs and not on the MAR. The person hadn't missed medicines, but the records weren't right.' The registered manager showed us they had introduced a new log book for use by staff in people's homes. This contained a prompt for staff to sign to say they had completed the MAR sheet. The registered manager said, "We are going to introduce electronic call monitoring in future. The system we will have will not allow a member of staff to log out of a call until they have confirmed the MAR is completed. We will know in real time if someone forgets."

Is the service effective?

Our findings

Staff told us they had supervisions and were in regular contact with the registered manager. Although the frequency of supervision meetings was not consistent, staff did not tell us this had caused them any problems. Staff we spoke with said they saw the registered manager regularly and would be able to raise any issues with them at any time. We spoke to the registered manager about supervision and appraisal meetings. They told us they had arranged for further training to enable staff carrying out supervisions to do so in a more effective manner. We saw evidence the training was arranged for the month in which we inspected.

People we spoke with told us they received care and support from knowledgeable staff. One person said, "They know what they're doing. Whatever I ask them they do" Another person told us, "We show them how to use the equipment. They are signed off. They shadow for approximately a week. [Name of registered manager] never sends anyone in that hasn't done care before." A relative of someone using the service said, "They've learnt the routine. They have an air of confidence."

Staff told us they had training which enabled them to be effective in providing care and support, and we saw records which confirmed this, although we discussed improving the recording process with the registered manager. We saw they had a plan in place to ensure staff training remained effective and up to date, and was working with the registered manager at another service to improve the quality of training available to staff. One member of staff told us they received timely reminders about good practice in response to any incidents. They said, "If something has happened and we need to make sure everyone is doing it right, the manager sends us a reminder about good practice. She is good at getting the message across in a way which doesn't blame anyone, just points everyone in the right direction."

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 checked whether the service was working within the principles of the MCA.

In the PIR the provider told us, 'Care plans are comprehensive and include a large amount of detail about our clients, this includes questions relating to the mental capacity act and if the clients are able to make decisions regarding the care that they receive.' Our review of care plans confirmed this.

We saw people signed their care plans and reviews to indicate their consent to receive the care and support identified. Documentation relating to capacity was clear and comprehensive, including records of contact with family members, social workers and health professionals when it was observed that someone's ability to make decisions had changed. Staff we spoke with understood the importance of offering choice, and people we spoke with confirmed this was the case. One person said, "They [staff] always ask. For example, 'Do you want to go to bed now, or what would you like to do?'"

We asked people using the service if the staff helped them access health professionals, for example arranging for doctors to attend if they were unwell. No one had any examples of this to share with us, however said they were sure staff would do that for them if needed. Staff we spoke with understood the importance of monitoring people's health, and said they would report any concerns to the office.

People we spoke with said they were happy with the support they received with meal preparation. One person we spoke with said their intake of food had improved with encouragement from the staff. "I was just having a sandwich, but now I'm having at least one meal a day." Another person told us the provider asked about what they liked and disliked. They said, "They make my tea and toast, make a hot meal. I've got a list of what I like. They make a shopping list for my daughter if they are going to make a meal." Another person told us they were able to choose what they had for each meal. They said, "If I fancy fish and chips, they go to the fish shop for me."

Staff we spoke with said they had access to information in people's care plans to help them understand what people liked to eat and drink, and said this was useful in helping people eat well. Staff were able to tell us ways in which they would try and promote healthier eating, for example making suggestions to people or their families, but said they had to work with what people had in their cupboards. One member of staff told us, "We only have what's bought, but we can make suggestions to whoever does the person's shopping if they fancy more variety."

Is the service caring?

Our findings

People's feedback about their relationships with staff was positive. Comments included, "We are more like friends than anything," "They go an extra mile. Very nice with everything," "They discuss things with [name of person]. Not just the care but things that are going on in the world," and "They're caring and we have a laugh."

In the PIR the provider said, 'Clients and their families are encouraged to say how they wish for their care to be delivered. Our staff always encourage clients with their independence, privacy and dignity and we ensure that this is maintained at all times. We always try and match clients with suitable staff (knowledge, skills and personality) and consistency where possible to ensure that clients feel happy, safe and confident at all times and that people are treated with kindness and compassion.' Discussions with people confirmed this.

We saw care plans were written in a person-centred way. For example, when describing the care and support the staff needed to give people, the provider had used phrases such as, 'I would like you to help me,' and 'Please ask me.' This is good practice which demonstrated the provider was focusing on people as individuals, and providing guidance for staff which respected people's preferences for their care and support.

People we spoke with said they or their family had been encouraged to be involved when the care plans were written, and said this had meant their preferences were respected. One person told us, "[Name of registered manager] came out to see me. She came about four or five times. They are fantastic, they are carers that care." We saw information in care plans about people's likes, dislikes, preferences and lifestyles, and how they wished to be supported in these areas.

Staff were able to give examples of how they made sure people's privacy and dignity were respected when they were receiving care and support. These included making sure curtains and doors were closed when necessary, and people were appropriately covered when receiving personal care such as washing or showering. People who used the service confirmed this was how staff worked. One person said, "They are very good because they cover me over with a towel. Makes me feel a lot better because I'm not exposed." Another person said, "I don't feel there's a lack of privacy. They generally keep me as covered up as possible."

People we spoke with said staff encouraged them to maintain or improve their independence. One person we spoke with said, "If I can do something, they are prepared to let me do it. Nobody ever says 'you can't do that.'" Another person told us, "They'll help you with whatever you can do. I'm working up to trying to make myself a drink."

We saw a number of people who used the service were in hospital at the time of our inspection. In one case the person had been away from home for several weeks. The registered manager told us, "If someone has to go into hospital, we keep them on the books no matter how long they might not need us for. It's important people know they will have continuity when they come home."

Is the service responsive?

Our findings

In the PIR the provider told us, 'Clients are visited before the commencement of the service so we can gather as much information as possible on their requirements, needs, preferences, etc. This is then typed into a care plan and passed to either the client or client's representative to check before being placed in the client's home. All paperwork is signed and dated. Any changes are updated as soon as possible and where no changes have taken place the care plans are reviewed every three months.' Observations we made on inspection confirmed this to be the case.

We saw information in people's care plans which showed the registered manager carried out a review of their needs to ensure these could be met before they began to use the service. From this a series of care plans were written to show how care and support should be provided. We saw these plans covered a range of conditions and needs such as personal care, nutrition and mobility.

There was a meaningful process of review in place, and people told us they were consulted as part of this, and could request updates to their care plans at other times if this was necessary. A person who used the service said, "[Name of registered manager] comes out to check the care plan on a six monthly basis. If anything had changed prior to six months, I can ring [name of registered manager] up to change it."

Staff we spoke with said they believed people received a good standard of care. They told us they had time to read people's care plans, and were told when changes had been made. One member of staff told us, "The care plans, the risk assessments; they are straightforward." Another member of staff said, "We are well informed when changes are made. [Name of registered manager] sends a text to alert us." When we spoke with staff they were able to describe people's needs and preferences to us.

In the PIR the provider said, 'Clients and their representatives are encouraged to contact the office with regards to any changes, concerns or complaints, and we have a complaints policy. Clients are encouraged to give regular feedback and to ring the office staff/ registered manager should they have any concerns regarding any aspects of their care or treatment.'

People who used the service knew how to make a complaint if they needed to, and said they were able to speak with the registered manager at any time. One person told us, "I ring up if there's any problem. I complained asked for one carer not to turn up again, and they didn't. I told [name of registered manager] and she cancelled. I was happy with that – they are taking notice of me." Another person said, "[Name of registered manager] said 'I'm only a phone call away.' When you ring up it's the boss you speak to". They said any problems ring and I'll be straight down. She'll come herself and sort it. I believe her that she'll do that." There were no formal complaints to review on the day we inspected, however we saw the provider had policies and procedures in place to ensure complaints and concerns were addressed in a timely manner.

We saw the provider had received a number of compliments from people who used the service and their relatives. Comments included, 'A big thank you for everything you have done,' 'You look after [name of

person] with great care,' and 'Very reliable and experienced care team.'

Is the service well-led?

Our findings

There was a registered manager in post when we inspected the service. They were supported by an administrator, a care co-ordinator and a team of staff. In addition we found the registered manager was actively building strong relationships with managers from other services in order to learn from good practice and ideas.

In the PIR the provider told us, 'The Registered Manager is regularly in contact with the clients to ensure that the service being delivered reaches their expectations. We ensure that there are adequate numbers of staff in place, that the necessary resources and equipment are in place and that the staff are sufficiently trained to ensure that have the knowledge and skills to carry out their role.' Evidence gathered during the inspection confirmed this.

Staff we spoke with gave good feedback about the registered manager. One member of staff told us, "Epoch has a good manager, it's well-led. [Name of registered manager] goes to see the clients, and she comes out and works with us." Another member of staff said, "We get treated well, they are very flexible." A number of staff had worked with the registered manager in another service. One member of staff told us, "I have loyalty to [name of registered manager]. I know what she wants to achieve."

The registered manager told us the service had expanded more rapidly than they had anticipated, mainly due to receiving sub-contracted referrals from a large provider in the area. We found they had managed to maintain their vision of a community based service, where people who lived locally to the service office received care and support from staff who also lived in the community. Staff were recruited from a small local catchment, and the registered manager said people who used the service lived within a three mile radius of the office.

We saw the registered manager had taken action when they needed to in order to maintain and improve the quality of the service. For example, they had identified improvements that could be made to risk assessment documentation and taken steps to ensure MAR were always completed properly. People who used the service had been asked for feedback in a survey, and we saw overwhelmingly positive responses and comments had been returned. This meant people had been given the opportunity to express opinions about the service, and offer their feedback. The registered manager told us another survey was being planned at the time of our inspection.

The registered manager told us they had held one staff meeting, but had found it hard to find a time when they could bring staff together, as they worked in the community. They said their location enabled staff to call into the office to pick up supplies such as personal protective equipment (PPE), and they also worked with staff to support them on calls, which meant they saw the staff regularly.

In addition to checks on MAR we saw care plans were audited to ensure they were up to date and complete and call attendance times were monitored. A large number of the people who used the service did so because Epoch Home Care was also a subcontractor of a large domiciliary care service. The registered

manager told us the regional manager from this service carried out quality checks four times per year, and we saw evidence these visits produced reports and action plans which had been followed. We concluded the registered manager had adequate governance systems in place to ensure quality in the service.