

EroHealthCare LTD

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ero HealthCare LTD is a domiciliary service which provides personal care to adults with a range of support needs in their own houses and flats. At the time of this inspection the service was supporting one person with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Systems and processes to ensure good oversight of the service required improvement. Medicine records had not always been completed in line with best practice. Audits of care records had not identified that they were not always sufficiently detailed, for example in relation to a person's health needs or in documenting that care had been offered in line with care plan.

Staff had received training in infection control and demonstrated an understanding of what personal protective equipment (PPE) should be used when supporting people. Staff wore PPE when going into people's homes.

The service had only one person who received personal care. They were always supported by the same member of staff. Staff were trained in administering medicines safely. Staff received training on safeguarding and understood how to recognise and report abuse.

Staff supported people with their eating, drinking and to access healthcare support. People were able to give feedback about their care in a variety of ways. Examples included care reviews and during spot checks monitoring staff performance.

Staff had good knowledge about the people they supported and told us they enjoyed working at the service. People's independence was promoted and respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 November 2018 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections 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 continue to monitor information we receive about the service until we return to visit as per our reinspection 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.	Requires Improvement ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well led.	Requires Improvement ●

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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

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

Inspection activity started on 9 November 2021 and ended on 10 November 2021. We visited the office location on 10 November 2021.

What we did before inspection

We reviewed information we had received about the service. The provider completed 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.

During the inspection

We spoke with two members of staff including the registered manager and one care worker. We spoke with one person about their experience of the care provided. We reviewed a range of records. This included one person's care records. We looked at one staff file in relation to recruitment and staff supervision. 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.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- A person using the service had some support from care staff to assist them to take some of their medicines. They confirmed they received the support they needed and had not experienced any issues with the support from staff.
- Staff were trained in administering medicines safely. The registered manager told us they had completed checks of staff competency but had not completed assessment records to evidence this.
- Medicine administration records (MAR) had been completed but these did not contain all the information required to ensure safe administration of medicines. For example, staff had not signed the record and they did not list the individual medicines that the person had been assisted to take. The registered manager told us a list of the medicines was available in the person's home. Copies should be retained with the stored MAR. We referred the registered manager to guidance on medication for community services published by the National Institute for Health and Social Care Excellence.
- Following our inspection the registered manager took action to improve the MARs.

Preventing and controlling infection

- The registered manager and a member of staff told us that Covid-19 testing of staff was routinely carried out, at a frequency in excess of the current government guidance. Records of all tests completed were not available at the time of the office visit but were sent to us at a later date.
- Staff had received infection prevention and control training and updated guidance from the registered manager on how to manage risks associated with COVID-19.
- Staff confirmed they were supplied with sufficient personal protective equipment (PPE). The provider had systems in place to ensure they used this effectively when in people's homes.
- The person who used the service confirmed care staff always wore appropriate PPE when supporting them.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed, including an assessment of the home environment where care was provided.
- Information in care plans was not always detailed, for example in relation to some health conditions, however the staff who supported the person was aware of the specific needs of the person.

Staffing and recruitment

- The service had only one person who received personal care. They were always supported by the same

member of staff. The registered manager told us that in any emergencies they would cover the care call if needed.

- A person using the service confirmed they were always supported by the same member of staff who was usually on time and stayed for the required duration.
- We looked at the recruitment procedures followed for one member of staff. The provider's recruitment process was robust and included background checks and references to ensure they were safe to work at the service.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures in relation to safeguarding and whistleblowing were in place.
- Staff received training on safeguarding and understood how to recognise and report abuse. A staff member told us they would always report any concerns.
- The registered manager told us there had not been any safeguarding concerns raised since the service had been registered.

Learning lessons when things go wrong

- Incidents and accidents policies and procedures were in place and ensured the service could analyse any occurrence and learn lessons should things go wrong. Due to the small size of the service there had not been any significant incidents, but the registered manager was able to describe an effective process to follow.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Initial assessments and support plans had been completed which described the needs the person had and how they preferred them to be met. Some information lacked detail, for example in relation to the support the person needed when showering. The registered manager told us they would ensure this was updated.
- People were involved in developing their care plan. People's preferences likes and dislikes, past life histories and background information were recorded in their care documentation.

Staff support: induction, training, skills and experience

- The registered manager had systems in place to monitor staff training to ensure staff undertook training regularly.
- The staff we spoke with told us the training was sufficient and provided them with the skills to undertake their role.
- An induction was in place to support new staff. This included shadowing the registered manager.
- Staff received regular support and supervision which allowed them to raise any concerns and issues and look at their professional development.
- A person using the service told us that the staff member who support them had the right skills and knowledge.

Supporting people to eat and drink enough to maintain a balanced diet: Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have a meal, drink or snack as needed if this was part of the care plan agreed tasks. A person using the service confirmed that staff provided them with the support they needed.
- The member of staff who supported the person was aware of their support needs and potential risks to their health.

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 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People's capacity had been considered as part of the initial and subsequent assessment process and staff worked with the person to involve them in decision making when required.
- At the time of the inspection no one was subject to any deprivation of liberty that may have needed legally authorising.
- Staff had received training in relation to the MCA and best interest decision making procedure.
- Staff understood the importance of achieving consent from people before providing any personal care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The person using the service spoke positively about the caring nature of staff. They told us, "I always have the same member of staff and she is fantastic."
- Staff spoke with kindness about the people they supported. They told us they enjoyed their role and had got to know the person well.
- The service was committed to meeting the cultural and religious needs of people with specific protected characteristics and staff had received training on equality and diversity issues.

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

- Care plans were developed with input from the person using the service.
- Conversations with staff demonstrated an understanding of people's needs and how they encouraged people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's independence wherever possible.
- The person using the service told us, "They [staff] Respect my privacy and dignity, for example they [staff] look away when I am doing personal things. I'm supported to be independent."
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw confidential private information was respected and kept secure.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was person centred and responsive to their needs.
- Staff had a good understanding of people's care and support needs. A member of staff told us about the flexibility of call times to the person using the service to ensure they fitted around the person's plans or appointments.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information on people's individual methods of communication was included in their care plan.
- The registered manager informed us the service could provide adapted information for people, and information in different formats such as large print if required.

Improving care quality in response to complaints or concerns

- Information was provided to people on how to raise concerns or make a complaint, if needed. The registered manager told us no formal complaints had been received but if any complaints were received, they would be used to help improve the service.
- People told us they had not had to make any formal complaints and felt able to raise any concerns. The person told us that some initial issues at the start of the care package had been resolved.

End of life care and support

- At the time of inspection no one was identified as needing end of life support.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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; Continuous learning and improving care

- Systems and processes to ensure good oversight of the service required improvement.
- Whilst staff well-being regarding Covid-19 was discussed as part of supervision meetings the provider had not ensured a system was in place to complete individual staff risk assessments.
- Systems and processes to audit medicine practices did not identify that the medicine records did not meet the guidance from the National Institute for Health and Social Care Excellence. Systems had also not identified that medicine competency assessments of staff had not been recorded.
- Audits of care records had not identified that they were not always sufficiently detailed, for example in relation to a person's health needs or in documenting that care had been offered in line with care plan.
- Records showed the registered manager ensured spot checks and observations on staff were carried out to monitor performance.
- The registered manager regularly contacted the person using the service to monitor call arrival times or the duration of the call. The registered manager told us that if the service expanded, they intended to introduce an electronic call monitoring system for more effective monitoring.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident. The registered manager understood their responsibilities to be open and honest when things go wrong.
- The registered manager understood their legal responsibilities to appropriately notify CQC about any important events that happened in the service.

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

- We saw evidence of the registered manager regularly asking the person using the service for their views about the care they received. The registered manager told us that if the service expanded, they intended to introduce surveys to send to people or their relatives.
- Staff were encouraged to raise concerns about the care provided, including whistleblowing. One member of staff told us, "The manager is approachable. If I raise anything, I always get a fast response".

Working in partnership with others; Continuous learning and improving care

- As a very small provider the service had limited opportunities to work with a wide range of other care professionals. However, the registered manager was keen to work with other professionals, including local commissioners.
- The registered manager was responsive to feedback during the inspection and indicated they would take action to implement improvements.