

EJC Group Ltd

EJC Group

Inspection report

First Floor, Grosvenor House
George Street
Corby
NN17 1QB

Tel: 07957723273

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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

EJC Group is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, seven people were using the service.

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

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

Safe care was provided by staff and there was protection against abuse, neglect and discrimination.

Details of how to reduce risks to people's safety were included in people's care plans.

Safe recruitment practices were in place to ensure that only suitable staff worked at the service.

Enough staff were employed to meet people's needs. Calls providing personal care had usually been timely, and people were understanding of staffing pressures in the context of the current COVID-19 pandemic.

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.

Staff treated people with respect and dignity and staff had a caring and friendly approach. People had very good relationships with staff. Staff encouraged people to maintain their independence and do as much for themselves as they wanted to.

Care plans reflected people's individual needs and preferences. People were supported to have choice and control of their lives.

Quality assurance systems were in place to check that people received a service that met their needs.

The registered manager understood their responsibilities and worked in an open and transparent way. People were aware of how to make a complaint and the small number of complaints made had been properly investigated.

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

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was Good (published March 2017).

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

EJC Group

Detailed findings

Background to this 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

This 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 homes and in their own accommodation in supportive living.

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 seven days' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 7 February and ended on 8 February 2022. We visited the office location on 8 February 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with a person who used the service about their experience of the care provided and five relatives. We also spoke with two care staff members and the registered manager. We reviewed a range of records. This included three care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us. This included amendments to procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place for a range of relevant issues to meet people's needs.
- This included how to manage the risks associated with pressure area damage, distressed behaviour and continence management.
- The provider was aware that missed calls put people at risk, therefore systems ensured that all calls were completed, and people received their care, food and medication as planned. People confirmed that they had received all their calls.

Staffing and recruitment

- Recruitment systems showed evidence of good character and criminal records checks had been completed for all staff. These checks help prevent unsuitable people from working with people who use the service.
- Care plans identified the number of staff required to deliver care safely.
- Sufficient staffing was in place according to the person spoken with, relatives and staff.

Using medicines safely

- Staff followed risk assessments of not administering medicine which was not needed, such as medicine for distressed behaviour.
- People's prescribed medicines had been administered correctly.
- The medicine policy supported people to receive their medicines in the way they preferred.

Preventing and controlling infection

- The person spoken with and relatives told us staff had always worn personal protective equipment (PPE) during the COVID-19 pandemic.
- Staff described relevant infection control measures they followed to protect people including regular hand washing and changing masks between tasks.
- Staff had received training in infection control, including COVID-19 and donning and doffing of PPE. They told us there was always enough PPE available to ensure people were protected from infection.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse.
- Relatives told us their family members were kept safe by staff from the service.
- Staff demonstrated they understood how to safeguard people. They were confident the management would act if they had any concerns about people's safety.

- The registered manager was aware of how to report any safeguarding concerns to the local authority safeguarding team.
- There was evidence of lessons being learnt in relation to informing relatives immediately if their family member had been admitted to hospital.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People had their needs and preferences assessed before care was provided. This ensured there were sufficiently trained staff to provide the care and support needed.
- Assessments reflected people's lifestyle choices and preferences.

Staff support: induction, training, skills and experience

- The person receiving the service and relatives said staff provided good personal care.
- Staff files showed staff had received induction training before they began providing personal care to people.
- Staff had been trained in important areas such as infection control, medication and health and safety. They said they felt confident to meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people were provided with meals from their relatives. Where this was provided by staff, relatives said meals and drinks met their family members needs and preferences.
- One relative said, "Staff always leave drinks for my wife before leaving."
- Providing drinks helps to protect people from dehydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's assessments and care plans covered health care needs. Care plans documented the involvement from health professionals such as dieticians and district nurses.
- Care plans directed staff to contact relevant professionals or relatives if people needed health or social care support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Staff understood the principles of the MCA and supporting people to make choices.
- People were able to decide their day-to-day choices. No best interest decisions were currently needed.
- The person and relatives confirmed staff always asked for consent before providing care. People had signed and consented to the care being provided.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People received support from staff who were friendly and caring. A relative said, "Staff are kind and have given my brother back his dignity." All other relatives spoken with also said that that staff provided care were friendly and caring in their approach.
- Staff had a good knowledge of the people being supported. They were enthusiastic about providing quality care to meet people's needs.
- People said staff respected the way they wanted to live their lives.
- Information provided to staff from the registered manager emphasised that people's equality and diversity must be respected at all times.

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

- The person being provided with personal care and relatives said they had been involved in the planning of the personal care provided.
- Care plans set out how people liked to receive their care. For example, it included people's choice of activities and clothes they wanted to wear. A staff member said that it was important for people to be given the choice of colour of the clothes they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- The person provided with personal care and relatives said staff preserved privacy and promoted dignity when providing personal care. Staff gave good examples of protecting people's privacy.
- People said staff respected their independence and did not take over and do things for them that they could do for themselves. A relative said their family member was encouraged to wash as much as possible and to brush their own teeth.
- Staff were aware of the need to keep information safe and confidential. Training and information provided to staff stressed the importance of this issue.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good at this inspection this key question has remained the same. 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

- Care plans included information on how people wanted their care to be provided to respond to their individual needs and preferences.
- Care plans contained relevant and detailed information about people's health conditions.
- The person being provided with personal care and relatives said that care was personalised to needs.

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.

- People's communication needs were outlined in their care plans.
- The registered manager was aware of the need to respect people's preferred communication styles. Information in other formats was available such as an easy read service user guide.
- In a person's care plan, there were picture guides to assist them to communicate such as how to prevent catching an infection, how to communicate if they felt ill and how to keep calm.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. This welcomed people expressing any concerns about the service.
- Complaints had been recorded and dealt with formally. These had been dealt with to the satisfaction of the person involved.
- Relatives told us that if they had had concerns, staff and the registered manager would always listen and act on this information.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection.
- The registered manager was aware of what was required should someone require this support. Staff had received training to ensure the end-of-life care provided was sensitive to the person's needs and wishes.
- End-of-life wishes were included in people's care plans, if they wished to discuss this.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- Audits and checks had been carried out to check that the service met people's needs.
- People and relatives told us that staff provided care that met their needs. One relative said of the service; "The care they provide is second to none."
- Spot checks on staff took place to monitor whether staff were providing appropriate care and a positive approach to people. Staff said they were provided with good support from the management team.

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

- The registered manager said that due to the pandemic, there were staffing pressures. The person and relatives told us this had not impacted on them and any late calls were minimal and did not trouble them.
- Staff had a good knowledge and understanding of people they supported and knew them well.
- Staff told us they were happy working at the service. One staff member said, "There is always support available. The office always try to help you."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood information sharing requirements. They were aware when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- The registered manager understood their role and understood the needs of their staff team. Staff were positive about carrying out their work.
- Staff understood their responsibilities, and who to report to if they had concerns and needed help.

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

- Feedback was sought from people through a service user satisfaction survey. This gave people the opportunity to suggest any changes or improvements.

- Staff meetings had been held to discuss the service. Relevant issues were discussed, which had included infection prevention and meeting people's care needs.

Working in partnership with others

- Relatives told us that staff reacted by calling medical services as needed for their family members.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met. For example, staff had worked alongside specialist nurses to help a person with distressed behaviour.
- Staff understood they needed to inform their management and people's families if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings.