

Easy Living Solutions Ltd

Easy Living Solutions

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service

Easy Living Solutions is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 22 people at the time of the inspection.

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

Systems used by the registered manager to monitor the service had not been fully embedded and recorded. We found no impact on the care being delivered as the registered manager had a good insight into the service and staff were knowledgeable about people's needs.

The registered manager was aware that further improvements were needed in the details of some people's care needs, risk assessments, medicines and the documentation of some areas of the management of staff. The registered manager planned to analyse monitoring reports to enable them to identify trends and concerns and to drive improvement. We have made a recommendation about the services governance processes.

Staff followed infection control guidance and had access to personal protective equipment. Staff had completed safeguarding adults training and knew how to keep people safe and report concerns.

People told us staff were kind and caring and that they felt safe due to the support they received from staff.

People and their relatives felt confident in the staff's ability and knowledge to support them. Staff had a good understanding of the needs and risks of people they supported and had access to ongoing training and supervision. There were enough staff to provide people with the care and support they needed.

People and their relatives told us that they were involved in their initial assessment and in making decisions about their care. They told us staff were consistently kind and very caring.

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

The last rating for this service was good. (published 24 October 2017).

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

Is the service caring?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Easy Living Solutions

Detailed findings

Background to this inspection

The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 22, 23 and 26 October 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team

This inspection was carried out by a lead inspector, a medicines 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.

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 22 October 2020 and ended on 26 October 2020.

What we did before the inspection

We reviewed information we held about the service and sought feedback from the local authority and

professionals who work with the service. We used the information the provider sent us in the 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 used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and five care staff and reviewed a range of records. This included four people's care plans and five people's medicines records including electronic Medicines Administration Records (MAR) charts, care plans and risk assessments. We looked at three staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the governance arrangements and management of the service, including policies and procedures. We spoke with seven people and six relatives during the inspection to gain feedback about the service they received.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one professional to gain their views about the service.

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.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and policies were in place to assist staff in reporting any concerns about the well-being of the people they supported. Staff had been trained in safeguarding and protecting children, young people and adults at risk. They understood their responsibility to report any concerns to the registered manager or external safeguarding agencies if required.
- The registered manager had received advanced training in safeguarding and was aware of their legal obligation to reports allegations of abuse and significant events.
- People and their relatives commented positively about their safety such as "I feel safe with the carers. They don't do anything wrong. They are good girls really" and "Oh good Lord, yes. I trust them with anything."

Assessing risk, safety monitoring and management

- Staff had a good understanding of the management of people's personal risks such as risks of falls or pressure sores.
- A new electronic care planning system had been implemented which provided staff with up to date information about people's current risks and how staff should support them such as support with mobility and skin integrity risks. Staff were able to describe how they assisted people in mitigating their risks. The registered manager was aware that staff would benefit from more detailed information about the risk assessments and risk levels on the new system.
- People and their relatives confirmed that staff helped to monitor and manage their risks and escalate any concerns with health care professionals. One relative said, "I'm very confident that [my relative's] needs are met. The carers keep an eye. They go beyond really."
- Staff confirmed and records showed that regular systems of communication were used to inform and update staff in changes in people's needs and support requirements.
- Staff and other health care professionals had access to a paper copy summary of the electronic care plans in people's homes which provided them with key information about people's care needs and risks.

Staffing and recruitment

- There were enough staff to meet people's needs. Systems were in place to manage and monitor staff rotas, calls schedules and travel times. Staff confirmed their rotas were realistic and manageable.
- People told us they were frequently supported by a core staff team who knew them well and met their needs. People described staff being mainly punctual and were informed if staff were running late. One person said "We have two regulars [staff], and a third [staff] who comes if they are off. If they are late, they give us a call."

- Employment histories and criminal backgrounds of new staff were checked and explored as part of the recruitment process.
- Whilst the provider was aware of staff's physical and mental well-being; this information had not been obtained during the recruitment process of new staff. We found no impact on staff who confirmed that the provider had made reasonable adjustments to their work as required. A health questionnaire was immediately implemented as a result of raising this with the registered manager.

Using medicines safely

- People received their medicines as prescribed by staff who had been trained in medicines management.
- Staff had access to medicine care plans on the electronic system. Person centred medicines care planning and risk assessments were in place for some people who required support with their medicines.
- Staff used the electronic system to confirm they had administered people's medicines. The risk of people not receiving their medicines was reduced as any non-administered medicines were immediately alerted to the registered manager via the system.
- Processes were in place for administering 'when required' (PRN) medicines, although staff would benefit from protocols to direct them when to administer 'as required' and 'over the counter' medicines. This was raised with the registered manager.

Preventing and controlling infection

- Staff had been trained in infection prevention control practices and had a good understanding of the current Covid 19 guidance and the safe use of personal protection equipment (PPE).
- Spot checks were carried out on staff to check that they were following the correct infection control procedures. Staff confirmed they had access to an adequate supply of PPE.
- Covid 19 risk assessments were in place for each person. People and relatives told us that staff adhered to good infection control. One person said, "They are meticulous about their PPE. They are brilliant."

Learning lessons when things go wrong

- Staff recorded any incidents on the electronic system. All accidents and incidents were reviewed by the registered manager to look for trends.
- Actions were taken to reduce the risk of incidents occurring. Changes to people's care as a result of the incident reports were noted in people's care plan and shared via weekly communications with staff.

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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 were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). Staff told us they always asked people's permission to provide them with the care they needed and were respectful of people's unique and diverse needs.
- People told us they were treated with a non-judgmental approach and that staff respected their wishes, views and choices.

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People received care from staff who were kind and who knew them well. One person said, "They [staff] are thoughtful and caring. You can have a laugh with them. It's not just a job to do. I'm an individual. They know me. It's like having another family member" and "They are very, very good. The girls are very caring and they are very patient."
- Staff told us they were aware of the importance of offering people choice to enable and empower people to make their own decisions about their care in a non-judgemental manner.

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

- People and their relatives confirmed that they were fully involved in decisions about their care and daily support and staff encouraged them to make day to day decisions about their care. People and their relatives told us staff went out of their way to help them and accommodate their needs and requests. One person told us, "Flexibility is the top thing. We've had to change the times and they have been really accommodating". Another person said "I am involved in the decisions yes. I speak to [staff name] and she deals with things straight away."

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People confirmed that they received personalised care from staff who knew them well. Where possible, people were supported by the same staff team which helped staff to understand their support needs and preferred ways.
- An assessment of people's needs was carried out before a service was provided to ensure the service could meet their needs. Information from the initial assessment was transferred onto the electronic data system which staff could access remotely.
- Staff confirmed they were kept up to date with any changes in people's care needs and support requirements and worked in conjunction with people's families and health care professionals.
- The registered manager and on call staff had access to this information to help them check people continued to receive the right care and support.

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 assessed and recorded during the initial assessment. The registered manager told us information could be provided to people in a format that met their needs.
- Staff were aware of the importance of communicating with people in manner and pace that they understood.

End of life care and support

- The registered manager told us that they were not providing end of life care to anyone at present. However, systems were in place to ensure people would be supported to be comfortable and pain free and their preferences and choices around their end of life care would be recorded. For example, the service had formed links and could seek support from the local hospice and staff had received training in end of life care.

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 now deteriorated to 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

- Actions from the systems used to monitor the service had not always been effectively recorded. For example, there was a limited audit trail of their observations and spot checks of staff and their assessment of staff competencies (including medicines competencies). Records of obtaining satisfactory information of the health and well-being of staff had not been completed.
- Medicines audits had not identified protocols relating to the management of people's 'as required' and over the counter medicines were not comprehensively recorded.
- The registered manager was able to run quality assurance reports from the new electronic system such as the punctuality of staff visits and the administration of people's medicines. Plans were in place for the registered manager to produce and analyse monthly reports, identify concerns and implement an action plan to drive improvement. However, further time was needed for the quality framework systems to be fully developed and for the registered manager to assess if the systems being implemented were effective in monitoring and improving the service.
- The training matrix was in place which provided the registered manager with an overview of the training requirements of staff. The registered manager would benefit from additional systems to monitor the additional training, supervisions and competences of staff to ensure their staff development was maintained.
- The service was managed by an established registered manager and provider who had a good insight into the delivery of care to people as well as the development and management of staff and their regulatory responsibilities.
- Staff were knowledgeable about people's care requirements and had access to a new electronic data system which provided them with some information about people's support needs and risks. The registered manager was aware that more detailed information around people's medical and personal backgrounds, support requirements and associated risks and mental capacity was needed to further guide staff.
- There had been no impact on people as people were supported by regular staff who knew how to meet their individual support needs and they were supported regularly by health professionals

We recommend the provider consider current guidance on effective governance and quality assurance systems.

- The managers and staff of the service were open and supportive. People and their relatives told us that

they received care which was person-centred and tailored to meet their individual needs.

- The registered manager was passionate about delivering a high-quality service and was responsive to making improvements to achieve good outcomes for people and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff understood the importance of delivering care which was centred on people's individual care and diverse needs and listening to their views and opinions.
- The management team valued the feedback from people and staff. They spoke to people using the service regularly to check if they remained happy with the service they received. People and their relatives told us the managers were kind and approachable. People said comments such as "The office is very good. Open communications work well."
- Logs of compliments and the outcome of recent quality assurance surveys completed by people who used the service showed that people were positive about the care they received.
- Secure systems were used to communicate and share any changes in people's care needs and the service's policies and procedures.
- The service worked in partnership with other agencies to review and address any changes in people's support requirements. One health care professional praised the communication and responsiveness of the service.

Continuous learning and improving care; 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 was clear about the role of the duty of candour and improving the sharing of information and development of a high-quality service.
- The provider and service learnt from mistakes and took actions to improve the quality of care being delivered.