

Essential Care Solutions Ltd

Essential Care Solutions Ltd

Inspection report

Office 16, Southgate House
Southgate Street
Gloucester
GL1 1UB

Tel: 07802314175

Website: www.essentialcaresolutions.co.uk

Date of inspection visit:

17 May 2023

23 May 2023

Date of publication:

23 June 2023

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

Essential Care Solutions Ltd is a small domiciliary care agency providing personal care to people living in the community. The service provides support to older people, younger adults and people with a physical disability or sensory impairment. At the time of our inspection there were 2 people using the service.

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

The majority of people's health associated risks were assessed by the provider. We found some health associated risks were not assessed to guide staff on how to respond to these risks.

Where people were supported in the administration of their medicines, they were supported by staff who had been trained and competency assessed. The provider had no system for the safe administration of transdermal patch application. The provider responded immediately to the feedback from this inspection and implemented a system for transdermal patch application.

People were supported by a small staff team of 6 staff including the registered manager. Staff were mainly safely recruited. We have recommended the provider review their risk assessment processes for new staff. Staff had received a suitable induction with ongoing training and support. Staff were complimentary about the support they had been provided to relocate from overseas.

We received positive feedback from relatives, staff and professionals about the registered manager who was described as "professional", "approachable" and "kind." The registered manager had systems to monitor the quality of the service and staff practices. We identified some areas for improvement in these quality systems.

People's care needs were assessed before receiving care from the service and were updated regularly. This meant that people's changing needs were identified and supported in a timely way. Care plans for people guided staff to provide safe and effective care.

Relatives told us that people felt safe whilst receiving personal care from the service and felt protected from any risk of abuse. Staff had received safeguarding training and knew the steps they should take to report concerns.

Accidents, incidents and near misses were reported and responded to appropriately and in a timely manner to reduce risk to people. Any lessons learnt were shared with staff to improve practice.

Staff followed good infection control practices and had access to personal protective equipment (PPE).

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible.

Relatives of people were overwhelmingly positive about the caring nature of the service and the staff. They reported that they were treated with dignity, respect and kindness.

People were supported in end-of-life care with dignity and respect by staff.

People, relatives and staff felt their concerns were listened to and acted upon. Any learning from good practice of areas for improvement were shared across the organisation.

Staff worked in partnership with relatives and professionals to achieve the best outcomes for people.

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

Rating at last inspection

This service was registered with us on 30 March 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of information we held about this service.

Recommendations

We have made a recommendation to the provider to review their risk assessment processes for new staff.

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. Details are in our safe findings below.

Requires Improvement ●

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 not always well-led. Details are in our well-led findings below.

Requires Improvement ●

Essential Care Solutions Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

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 17 May 2023 and ended on 23 May 2023. We visited the location's office on 18 May 2023.

What we did before the inspection

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems we were unable to review this information

prior to our inspection.

We used information gathered as part of monitoring activity that took place on 12 January 2023 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since they registered with us. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke to 6 staff including the registered manager, director, 1 senior carer and 3 health care assistants. We spoke to 2 relatives of people who use the service to gather their feedback. We asked for feedback from professionals working with the service.

We reviewed a range of care records, risk assessments and medication records. We looked at 3 staff files in relation to staff recruitment. We reviewed a variety of records relating to the management of the service, staff development and the provider's policies and procedures.



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 of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe

Staffing and recruitment

- Safe recruitment processes were mainly followed. All staff recruited from overseas had a police check from their own country and had started working with people. The provider had applied for a Disclosure and Barring System (DBS) check for staff and completed a risk assessment whilst awaiting the result of the DBS. We found the risk assessment were not effective in mitigating the potential risk of staff working with people without a DBS check. Staff did not support people alone; therefore, we judged the risk to people as low. Please refer to the well-led section for the action we have asked the provider to take.
- Staff recruited from overseas told us they felt supported by the management team in relocating to the UK and learning different ways of working. A staff member told us; "[the registered manager] supports me everyday. Things are different in [staff's home country], so it was good to have support and to be shown how to do things right."
- People were supported by a small and permanent staff team who knew them well. Relatives of people felt the registered manager recruited caring staff and felt the service had enough staff to support people. A relative told us; "[Staff] are part of the furniture" and "[relative and person] are very familiar with all the staff."

Assessing risk, safety monitoring and management

- People's health associated risks were mostly assessed by the provider. We found that some health associated risks for people were not assessed to guide staff on how to respond to these risks. For example, breathing difficulties or blood thinning medicines. The provider responded immediately to feedback on inspection and completed the risk assessments.
- Staff had access to detailed care plans and individual risk assessments which provided them with the information they needed to support people in a safe manner. The service used an electronic system to keep staff updated about people's risks and changing needs. Care plans and risk assessments ensured people retained their independence where possible whilst managing their risks.

Using medicines safely

- Systems were not in place to ensure the safe administration of transdermal patches. At the time of inspection, there was no system for staff to record where they had administered a transdermal patch and where they should administer next. This placed people at risk of receiving their patch medication not as prescribed. The provider acted immediately to this concern and has developed a system for staff.
- People were supported in the administration of their medicines. People and their relatives told us that people received their medicines safely, when they needed them, and how they would like them to be administered. Staff worked in collaboration with relatives in supporting people with their medicines.
- Staff had received training and competency-based assessments for medicines administration. Staff told

us that they received good training and support from the registered manager who is also a registered nurse. Staff gave us examples of good practice of administering people's medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from risk of abuse or harm. Although the service had not had any safeguarding concerns at the time of the inspection, staff knew how to keep people safe and told us the steps they would take to protect people from harm. Staff had access to a whistle blowing procedure if they had concerns about poor practice.
- Relatives told us people felt safe whilst being supported by the service. Relatives told us staff kept people safe. Relatives told us they felt confident to report concerns of abuse or harm to the registered manager.
- There were systems to guide staff on how to support people to remain safe in their homes. Procedures guided staff on how to enter a home if a person was not answering their door and how to make the property safe following a care call.

Preventing and controlling infection

- The service had an infection prevention control (IPC) policy in place.
- Staff completed IPC training and told us this supported them in their roles to keep people safe from possible infection. Staff had access to personal protective equipment (PPE) to help keep them and the people they support safe. Staff told us how they put on and dispose of their PPE safely.
- IPC audits and spot checks were completed by the registered manager to ensure good practice and the reduction of spread of infections.

Learning lessons when things go wrong

- There were systems to report and review accidents, incidents, and near misses. The registered manager had a system to review and act upon any incidents. Staff reported concerns to the registered manager, and these would be investigated to see if any changes to people's care or staff practice was needed.
- The registered manager promoted an open culture and learnt when things did not go to plan. The registered manager held 'lessons learnt' exercises with staff to understand accidents, incidents, and near misses. The registered manager told us; "In lessons learnt, we look at prevention and how we can work better with people and families."

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

- People's care needs were assessed before they started receiving personal care from the service. The service ensured that they were the right service to support people and could effectively meet their needs. Assessments included details about people's care choices, life history, medicines and how to support them safely around any risks.
- Care plans and risk assessments were reviewed regularly to ensure they captured people's changing needs and choice. The management team developed care plans and risk assessments in partnership with people and their relatives. This ensured people received individualised and relevant care to meet their needs.
- The provider used technology to promote and ensure people received effective and personalised care. This included an app used by staff to record daily notes and observations. The management team were able to monitor care calls remotely in real time to ensure the quality of care. People and relatives were also able to access the app to monitor the care being provided.

Staff support: induction, training, skills and experience

- New staff to the service were provided with an induction, training and support. Staff were supported by an induction programme and provided with coaching by the registered manager. Staff told us this helped them to feel confident in their new role.
- Staff were provided with ongoing training, competency assessments and support from the management team in their roles. The service promoted a culture of ongoing learning and development. Staff felt able to request additional training if they needed it and their development was valued. Comments from staff included; "[management team] are helping a lot" and "It is good I learn something new every day."
- Staff received supervision and direct observations to support them. The registered manager met with staff regularly and observed their practice to support them in delivering good quality care. Relatives were also positive about the support the registered manager gave staff.
- People were supported by staff with a range of skills and experience. Staff had previous experience in health and social care, including nursing. The registered manager told us they would only accept care packages if they had the right number of staff, with the right skills, to support people.

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

- Where required, people were supported with preparation of their meals and drinks. Care plans captured people's likes and dislikes and how staff should support people's dietary requirements and fluid intake. Staff told us they offered choice to people. People were also left after care calls with food and drink to have at their leisure.

- Staff followed health care professional guidance when supporting people with more complex food and fluid needs. For example, people who received most of their food and fluids via a percutaneous endoscopic gastrostomy (PEG) feed.

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

- Staff worked in collaboration with health and social care professionals to support people to receive care that met their current needs. For example, staff worked closely with the district nurse team and general practitioners to support people when their needs changed and they required additional support.
- Relatives of people were viewed as an integral part of people's care and their support networks. Staff and the management team worked closely with relatives or next of kin to ensure people received effective care. A relative told us: "If there was a need, I feel confident that [staff] would address it and let me know".

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 MCA 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 to make choices and decisions about their care. We judged, through conversations with staff and relatives, that the service had a good understanding of how to gain people's consent and that this was happening prior to offering care or support.
- Where people had capacity, they had signed an agreement and consented to receive care and support.

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

- People were provided with kind and compassionate care by staff. Relatives of people and reviews were overwhelmingly positive about the care staff provided and the registered manager. Relatives' comments included "[Staff and the registered manager] are very caring", "[Registered manager] has empathy and so has her staff", "[The care] is outstanding" and "[Staff] really are extraordinary."
- Staff and the management team were positive about their caring roles in supporting people. Staff and the registered manager spoke passionately about supporting people and their families. Comments from staff included "I like my job very much, I enjoy caring for others", "[staff member enjoys] creating a relationship with [people]", and "[Staff member enjoys] talking to [people] and giving them confidence."
- The caring values of the service extended to relatives of people. Relatives told us the registered manager displayed compassion and care towards them. Relatives shared how this created a positive culture of care for people. A relative told us; "[registered manager] looks after us as the family, she says we are not just here for [people], we are here for you too." A relative review said, "They are more than a care company, they feel like extended family."
- The registered manager role modelled empathetic care towards people. The registered manager was insightful around how it feels for people being provided personal care and promoted staff self-awareness. For example, the registered manager told us how it may feel for people being supported by staff in moving and handling, therefore staff need to feel confident to make people feel at ease.
- Staff were respectful of people's equality, diversity and inclusion needs. Staff were guided by care plans which explored people's life experiences and preferences. Relatives told us staff saw people as individuals and promoted their sense of identity.

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

- People and their relatives told us staff listened to them and involved them in the daily decisions about their care. Staff adapted their approach to meet people's communication needs, for example for people who are deaf or non-verbal in communication. This meant staff knew how people wanted to be supported.
- People were involved in the development and review of their care plans. People's feedback was sought around their care needs, choice and preferences. This included people who were non-verbal in communication. Relatives told us they felt staff valued people's voice, despite not being able to speak. A relative told us: "I have found out more things about [people] as [the registered manager] has been able to get the information I didn't know [from people]."
- People were asked their consent before personal care was provided by staff. Staff told us they always ask consent and informed people of what they are going to do before they do it. This included people who were non-verbal in communication. This meant that people were aware of what personal care they were being

offered.

Respecting and promoting people's privacy, dignity and independence

- People were provided with personal care which promoted their dignity and self-esteem. Relatives had seen big improvements in people's appearance and sense of wellbeing since staff had been supporting them. Relatives felt staff had gone the extra mile in supporting people and were positive about staff's gentle approach. A relative review said, "No job is too big or too small for [staff] when caring for [person]."
- People's dignity, privacy, confidentiality and independence was promoted by staff on care visits. Staff gave examples of how they respect people's dignity and privacy during personal care. Relatives also gave positive examples of how staff respected people's privacy and provided dignified care.
- The registered manager promoted the value of independence and dignified care. Staff were encouraged to promote people's independence and choice from the start of their careers. The registered manager told us; "[People] need to be involved and we want to encourage them to do what they can."

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 were asked for their preferences on staff and were introduced to staff before they provided personal care. This helped people to get to know the staff supporting them and provided them with greater choice and control. A relative told us; "[registered manager] asked our preferences for staff."
- The registered manager responded to people's changing needs in a timely and personalised manner. For example, the service offered additional staff hours to people who require support when relatives were unavailable. Relatives were positive about the responsiveness of the registered manager in meeting people's needs.
- People's needs, preferences and choices had been recorded. Staff had access to detailed records to help them be responsive to the changing needs of people. Staff were able to adapt to people's changing needs to ensure they had the right care. A relative told us; "I don't have to ask [staff] to do anything, they think on their feet, everything is done."

End of life care and support

- Staff had supported people sensitively and respectfully towards the end of life. Staff had received end of life care training and spoke positively about this aspect of their role. A relative's review about end of life care said; "The [service] became part of the family, and all the care given was excellent and sensitively done."
- The registered manager championed good quality end of life care and support. They told us that end of life care "is one of my passions" and shared how they had supported people in their end of life choices. For example, when a person was religious, they organised for a religious minister to attend to support the person.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager sought to understand people's communication needs and recorded how staff should support people within their care plans.
- Staff supported people with additional communication needs. The registered manager and staff told us about how they support people with a disability or sensory loss in a sensitive and responsive manner. This included looking at body language and facial expressions.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which detailed how complaints and concerns would be responded to. At the time of inspection, the service had not received any complaints or concerns. However, the registered manager told us they would take complaints seriously and how they would address them.
- People and their relatives told us they felt able to raise any complaints or concerns to the registered manager. People and relatives understood how they can complain about any concerns and felt confident in the registered manager to respond.



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. Systems were not always effective in protecting people from the risk of harm, however the registered manager promoted a culture and delivered high-quality, person-centred care.

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

- Risk assessments to support safe recruitment decisions were not always effective. The risk assessments used by the provider did not identify how the risk would be minimised to people whilst staff were awaiting the outcome of a DBS check.

We recommend that the provider review their risk assessment processes for new staff to ensure that risk is minimised to people whilst DBS checks are being processed.

- Some quality audit systems were not always effective at identifying issues and did not pick up on the issues we found on inspection. For example, the medicines audit did not identify there were no systems to record transdermal patch application. The provider responded immediately to our feedback and is reviewing their quality audit systems.
- The service did not have a formal business continuity plan. Due to the small size of the service, at the time of inspection, there was no formal business continuity plan in place to detail how the service should be run safely in the event of exceptional circumstances, such as extreme weather or staff shortages. The registered manager told us they were developing a business continuity plan.
- The provider had taken onboard feedback and made improvements following the direct monitoring activity. The provider had acted upon feedback from the CQC and created some quality audit systems, such as; introducing a new electronic systems to support them in monitoring care call timings.
- There was a clear management structure in place which was understood by staff, people and their relatives. The registered manager oversaw the running of the service and was supported by a director and senior carer. Relatives and staff told us they felt the service was well run.

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

- The registered manager created a positive and open culture for people and their relatives. Relatives felt the registered manager was approachable, caring and professional. Relatives told us; "[Registered manager] is so efficient, up to date and lovely all round" and "[Registered manager is] a very good communicator, any concerns she gets on the phone to discuss it and is very proactive."
- Staff felt supported by an approachable and caring registered manager. All staff were positive about the registered manager's role in creating a positive working culture which achieved good outcomes for people.

Staff told us; ""[Registered manager] is a lovely and caring person", and "They are approachable and you can talk to them about any worries", and "If [staff] are not sure about anything, we just give her shout."

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 their responsibilities in relation to the duty of candour. The management team spoke about being open and honest in the event that something went wrong.
- The registered manager understood their duty to make the CQC aware of any incidents which effect the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Feedback was gained to develop the service. The registered manager regularly contacted people and their relatives to gain their feedback on the care. The registered manager completed observations and spot checks of care for those who were unable to communicate verbally.
- The registered manager sought the feedback of staff to develop the service. The registered manager valued and gained staff input into the improvement and development of the service through one to one and quarterly team meetings. Staff comments included "Sometimes as a manager you don't talk to staff every time, but our [registered manager] always asks us if we are ok? Are you comfortable? Is there anything [registered manager] needs to change or do?" and "If we have ideas [registered manager] listens to them."
- The registered manager was open to feedback and learning from inspection. The registered manager wished for the service to grown and improve. They told us how they shared positive feedback and any lessons learnt with the team.

Working in partnership with others

- The provider worked in partnership with other agencies and professionals. We received positive feedback from professionals about the work completed by staff and the outcomes for people. Professionals found staff and the registered manager professional and good communicators.
- Staff worked in partnership with relatives to promote good outcomes for people. Relatives were viewed as a key member of people's care planning. Relatives gave us positive feedback about staff and the registered manager's communication.