

Essential Health Limited

# Essential Health Limited

## Inspection report

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20 March 2019

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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

About the service: Essential Health Limited is a domiciliary care agency registered to provide personal care to people who live in their own homes. The service specialises in supporting older people living with age related conditions. Not everyone who used the agency was receiving support with their personal care. At the time of the inspection the service was providing personal care to 31 people.

People's experience of using this service:

People received a consistently good service that was safe and effective. Staff were kind and caring, knew people well and had a good understanding of their personalities as well as their health and social care needs.

People, their relatives and care managers had been fully involved in the assessment and planning of their care before they started using the service. A care plan had been developed with each person detailing their likes, dislikes, preferences and care needs.

Consent had been sought before any care had been delivered in line with legal requirements and people were supported to have maximum choice and control of their lives.

Staff treated people and their relatives with kindness, dignity and respect. People's privacy was protected and confidential information was stored securely. People were supported and encouraged to remain independent and do as much as possible for themselves.

Steps had been taken to make sure people were safe. Risks to people had been assessed and minimised in the least restrictive way. Staff had access to protective clothing such as gloves and aprons and had completed training in infection control.

Each person had their own team of safely recruited and trained staff who had a good understanding of their needs. Staff felt supported by the registered manager and had completed the training they needed to meet people's assessed needs. Management and staff worked in collaboration with other stakeholders such as health and social care professionals and people's relatives.

A complaints procedure was in place for people to follow.

The service met characteristics of Good in all areas more information is in the full report.

Rating at last inspection: Good (report published 20 May 2016).

Why we inspected: We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 ●

# Essential Health Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and an expert by experience of supporting an older person completed this inspection. 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:

Essential Health is a domiciliary care service providing support and personal care to people in their own homes.

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 visit because it is small and needed to be sure that there would be somebody in the office when we called.

The inspection activity started on 8 March 2019 and ended 20 March 2019. We visited the office location on 8 and 9 March 2019.

#### What we did:

Our planning considered information we held about the service. This included information about incidents

the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We contacted the local authority to request some feedback on the service. We used all this information to plan our inspection.

During the inspection, we spoke with 11 people and their relatives over the phone. We also spoke with the registered manager, the nominated individual, two care co-ordinators and a healthcare support worker at the office. Following the visit to the office we spoke with a further four members of staff over the phone. We also received written feedback from three professionals involved in people's care. We looked at four people's care records and a selection of other records including quality monitoring records, recruitment and training records and accident and incident records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of avoidable harm. Staff confirmed they had completed training in safeguarding and would report any suspected abuse to the office. The registered manager understood how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- The provider had a whistleblowing policy and staff felt confident any concerns would be taken seriously.
- There was guidance in place for staff to follow so the service could continue to function in the event of an emergency.

Assessing risk, safety monitoring and management

- People's safety was maintained by staff. People's comment included "They just help me in my home. I'm quite safe and happy with it." They help me get washed and dressed. It's done with dignity, safely. No falls or accidents. They wear gloves and an apron."
- Risks to the health and safety of people and the staff that supported them had been assessed and mitigated. A relative told us "My relative can get out of bed with a frame and they (staff) keep them steady. They've had no falls or accidents. They are safe and my relatives very much at ease with the staff".
- Care records provided clear information around identified risks that informed staff how to keep people safe from avoidable harm.
- Staff received training in safe moving and handling techniques and the use of equipment such as hoists. One person told us "It's two carers. I don't use a hoist but have frames to help me get around. Yes, they keep me safe." A relative commented "There are two sets of two carers. No hoist as such but they use a stand to help my relative transfer. There's been no falls or accidents."

Staffing and recruitment

- Sufficient numbers of safely recruited, suitably qualified and trained staff had been employed to meet people's needs and keep them safe.
- Staff arrived on time and stayed for the full duration of the call.
- People were usually supported by the same staff who they were familiar with and who had a good understanding of how to meet their needs and keep them safe. One person told us "They call round on time. They stay all the time they should, they call a few times a day. They are nice, polite and pleasant. I feel safe enough". Another person commented "They are all reliable and on time. I have three calls a day. A relative told us "At first it was a bit tricky to do the times but it's got better and they are keeping to them."
- There were systems in place to ensure calls were covered if staff took unexpected leave.

Using medicines safely

- People received their medicines safely from appropriately trained staff.
- People confirmed that staff signed the medication administration records (MARs) and supported them to take their medicines safely.
- MARs were checked regularly to make sure they were accurately and fully completed.

#### Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment (PPE) such as gloves and aprons. A relative commented, "They tidy up after and leave it clean. They use gloves and an apron. They have different coloured gloves for different uses."

#### Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents that occurred at the service. The registered manager had overview of these and monitored them for themes and trends.



# 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.

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

- Assessments of people's care needs were completed in good detail and included expected outcomes for people based on their needs and choices.
- Assessments were obtained from other health and social care professionals prior to people receiving support and used to help plan effective care for people. A relative told us the assessment process was very thorough and covered all aspects of their loved one's life and commented "The plan was all agreed and we were involved. They seem to be trying to keep to it".
- People and their relatives confirmed that people's care was delivered in line with the persons preferences and assessed needs.
- Staff knew people well and how to best meet their needs. Staff used the training and experience they had received to support people and provide good outcomes and a good quality of life.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to deliver safe effective care and meet people's individual needs. People and their relatives felt staff were skilled and delivered care safely and effectively. One relative commented, "I would recommend them. They are well enough trained. They are very good. They've taken pressure off me."
- Staff felt supported in their role and were confident they had received all the training they needed to support people effectively.
- Staff had the opportunity to discuss their training and development needs at meetings with their manager and at an annual appraisal of their performance.

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

- People were supported to eat and drink in line with their personal preferences and dietary needs. Relatives comments included, "Staff do the meals. They are nicely done. My relative likes what they like and staff warm it up." and "Staff do the meals, if she wants to eat or not. The carer will check if mum is eating. They make sure if she says she has already eaten, that she has and not just left it. They are very good at that. She is keeping her weight up. They tidy it up after and they make her a cuppa."

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 people, their relatives and healthcare professionals involved in people's care. One relative commented "They have alerted us if they think she might need the doctor or nurse to look at any pressure marks or anything like that and they will call the doctor." Another told us "They (staff) are very good. They go over and above and if my relative is not well they get the doctor. They (staff) are keeping

an eye on my relative, they follow things up and keep me informed."

- Staff had good communication with health and social care professionals involved in people's care and followed the guidance they provided. One staff member commented "The district nurses explain to us if someone has a pressure sore and advise us on what to do. They look at our care plans and folder and we look at theirs. We can leave them a message in the folder on a piece of paper. It works well. It hasn't let me down yet."
- Staff confirmed good communication with each other and with the office making sure any changes in people's care needs were communicated effectively.

#### 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People living in their homes can only be deprived of their liberty through a Court of Protection order. At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- The management and staff had completed training in the MCA and had a good understanding of the need to gain lawful consent.
- The registered manager and staff were aware of the people who lacked capacity to give consent to their care and treatment. They were in the process of ensuring that all the relevant people had been involved in making decisions in the persons best interest and obtaining documentation to verify power of attorney.

# 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

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 treated with kindness and were positive about the caring attitudes of staff. Comments included "The staff are polite and respectful and they also do a bit of shopping for me, they go the extra mile.", "I think they are excellent the girls, the way they are, they keep to regulars which is good for mum. They are caring and pleasant. She looks forward to them calling. They are nice to have around, like family or friends. We often have a chat and a bit of banter. They are still professional though."
- Staff understood and supported people's communication needs and choices. A relative of a person who was blind told us "They are very good to mum. Staff will tell them where mum has put things and lay things out and explain things to her."
- People and family members had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. This information was detailed in people's care plans and staff used it to get to know people and engage them in meaningful conversations.
- Staff knew people well, spoke warmly about the people they supported and could describe in detail people's personalities likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to regain and maintain their independence. One person commented "I now have more confidence. They've really helped me getting a wash and they have helped me do lots more for myself. Even more meals, I can do these myself now with them nearby. I get it done slowly but can do much more myself."
- People were treated with dignity and respect. A relative told us "They help my relative get dressed and have a wash. It's done with dignity and they treat my relative well. They do not rush." Another relative commented "I know the family are all very pleased they go the extra mile to help mum. They take care of all her needs they are helping her look the best she has ever been." A third relative told us their loved one's personal hygiene, diet and general alertness had all improved since they started using the agency and commented "They look well; better than when they started".
- Staff had received training in dignity and respect. They told us they always closed doors and curtains when delivering personal care.

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

- People were involved in decisions about their care. One person told us "It was all agreed with me and the times are convenient." One person's relative explained their loved was only comfortable for staff to support them with some aspects of their personal care and confirmed staff respected this decision. Another relative commented "They always ask if my relative is ready and what level of help they want. They are respectful and polite."

- The relatives of people who lacked capacity confirmed they were consulted with about their loved ones likes and dislikes so their wishes on issues were being gathered and acted upon.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were planned for and kept under review. One person confirmed their care plan had recently been reviewed and commented, "I can't fault them. I can't manage without them. They've been very good with me. They are nice people, nothing is too much trouble for them." Another person told us "They've done reviews; the owner does it." A relative commented "They do reviews but we've not had one for a while; they are good enough at the care. The care plan does set things out and they do it ok."
- Staff were responsive to people's changing needs. Staff reported any changes in people's needs to the office and people were reassessed if needed. A relative confirmed their loved one's needs had been reassessed after a stay in hospital and as a result staffing levels had been increased.
- The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted.
- The information and communication needs of people with a disability or sensory loss had been assessed and documented as required by the Accessible Information Standard.

End of life care and support

- There was a team of staff who specialised in providing palliative (end of life) care. One staff member told us "I love it. It's such an honour and a privilege supporting people at the end of their life."
- People's wishes on death and dying had been documented and staff were aware of people's preferences for whether they wished to be resuscitated if they had a heart attack. A staff member told us the care plan for one person they supported on a regular basis detailed their religious beliefs and stated they did not wish to be admitted to hospital.
- The provider had received letters and cards of thanks from relatives for the care provided to people who had received end of life care from the agency.

Improving care quality in response to complaints or concerns

- Complaints had been recorded and investigated appropriately. Negative comments received on satisfaction surveys had been logged, treated as complaints and followed up accordingly.
- People felt able to raise concerns and complaints and felt listened to. One person told us "We've had no big complaints just some complaints about staff who are not as good. They've treated it seriously." Another person told us "The care is very good. I've no complaints about them."

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and provider promoted a culture of person-centred care. People and their relatives felt management were open and approachable and kept them informed. Comments included "I'm very pleased with how they look after my relative, they communicate with me well; keep me in the picture." "They are just brilliant; we couldn't manage without them." and "They are very good; excellent".
- People and their relatives were happy with the way the service was managed and told us they would recommend them to others.
- People received a rota in advance detailing which staff would be visiting them and when. People were notified without delay of staff were running late or if staff rotas had been changed. One person told us "Their time keeping is very good except if there is very bad weather but they've not missed any (calls). They've rung me if they were very late."
- Managers were clear with people about the times they could provide support. If peoples preferred times could not be accommodated they were offered to them as and when they became available.
- Apologies had been given when things had gone wrong.

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

- There were robust systems in place to drive improvement by continually monitoring and assessing the quality of the service.
- The lines of accountability were clear. Staff knew who their manager was and had no reservations about contacting them to discuss any issues that arose.

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

- There was an open-door policy at the service whereby the registered manager and other senior staff positively encouraged feedback from people, their relatives and staff.
- The provider engaged with people and their relatives on a regular basis using a range of methods including visiting at their homes, over the phone and by customer satisfaction surveys. One person told us the nominated individual "Comes around and checks up; they do spot checks. They ask me what I think. If I was not happy I'd let them know."
- Staff were encouraged to visit the office weekly to discuss any issues they may have and had the use of a kitchen and staff room.
- Most staff felt the communication between them and the office staff worked well. One staff commented

"They communicate with me well. I always know in advance what's happening. Any changes they let me know".

- Staff were asked for their availability. One staff member told us their wishes not to work on certain days of the year were respected by management who they referred to as being "Very emphatic and understanding".
- Staff were received thanks and recognition for their achievements and going the extra mile.
- The management team and staff worked closely with other partner agencies. Feedback from professionals involved in people's care was that communication with the agency was good.

Continuous learning and improving care

- Results of satisfaction surveys were analysed and used to identify areas for improvement.
- Learning took place from accidents and incidents and concerns and complaints were listened to and acted upon to improve the service.