

## EcoClean Community Care Limited

# EcoClean Community Care

### Inspection report

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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?

Requires improvement 

### Overall summary

The inspection was announced and took place on 3 September 2015. This was the first inspection of the service by the Care Quality Commission (CQC).

EcoClean Community Care is an independent domiciliary care agency which has until recently been providing services such as cleaning, shopping and meal preparation to their clients. The agency has begun to expand the range of services to include personal care and at the time of the inspection was providing personal care

to one person. The visits were either one or two hours once a day during the week. The service did not provide any out of hours or weekend care at the time of the inspection.

A registered manager was in post and present for the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

We looked at records relating to the personal care that the service was providing and found that care was well planned and that reviews involved the person receiving care and their family.

Recruitment procedures were effective with appropriate checks made on people's employment histories and with the Disclosure and Barring Service (DBS). The DBS is a national agency

that holds information about criminal records and persons who are barred from working with vulnerable people. This helps employers make safer recruiting decisions.

People felt safe using the service and said that their call times were adhered to. We accompanied staff to a call and observed good interactions between the person and their care worker . We saw policies and practice that ensured people's privacy and dignity were respected. Staff spoke highly of the registered manager and felt well supported by them.

# Summary of findings

## 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.

Staff had a good understanding of safeguarding and how to appropriately report abuse.

Risk was assessed and managed in order to keep people safe.

There was a robust recruitment policy in place.

Good



### Is the service effective?

The service was effective.

People felt that they were supported by staff with the skills and experience to provide the care they needed.

Staff received regular feedback and supervision to support their delivery.

Good



### Is the service caring?

The service was caring.

People were relaxed in the presence of care workers.

The service promoted privacy, dignity and independence well.

People were involved in making decisions about their care the support they received.

Good



### Is the service responsive?

The service was responsive.

Care needs were assessed, documented and reviewed.

People were consulted in the review of their care.

The service had a system in place to manage complaints.

Good



### Is the service well-led?

The service was not consistently well led.

The registered manager understood how to develop quality assurance systems to support the growth of their business however these were not in place when we inspected.

The registered manager kept staff informed about the business and the staff felt listened to.

The registered manager had a network of mentoring and support from other care providers in the community.

Requires improvement



# EcoClean Community Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be in. The inspection was carried out by one adult social care inspector. We visited the person receiving personal

care to speak with them about the care that they received. At the agency office we spoke with two members of staff and the registered manager. We looked at the person's care records and recruitment records for the member of staff providing personal care. In addition we looked at records and policies relating to the management of the service, staff meeting minutes and the service's business plan.

Before the inspection we reviewed the information that we held about the service and service provider. We contacted both the local authority and Healthwatch. Neither had any concerns about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

The person receiving personal care from the service told us that they felt safe with their care worker and enjoyed a good relationship with them. They told us “I’ve no worries at all. [Name] keeps me safe.”

The service had a safeguarding policy which contained clear and detailed guidance for the registered manager and staff. Safeguarding training was given during induction. We spoke with the staff member providing care and the registered manager about safeguarding and found they had a strong understanding of types of abuse people may be at risk from and how to report any concerns. No safeguarding concerns have been raised to date, however the registered manager had a clear understanding of their responsibilities. They told us “It’s something I’m very conscious of, keeping people safe is vital. I would refer to my policy to make sure I reported them properly.”

We found the risks to the person had been assessed and the care worker had a good understanding of what these were and how to protect the person. We saw that the person’s initial assessment covered movement, personal care, eating and drinking and cleaning. The assessments were detailed and had been signed by the person’s relative. The risk assessment did not contain written guidance for staff to indicate how to minimise any risks, however the staff member was able to tell us in detail about how they would respond to any incident. We discussed this with the registered manager during the inspection. They told us “I have recognised that some of the forms need to be adapted. This is being done before we expand the personal care side of the business. Written instructions are being added to the risk assessments.” We saw that the care planning policy included guidance on performing an environmental risk assessment of a person’s home during their initial assessment.

At the time of the inspection the level of personal care activity meant that the service did not experience issues

with staffing. The person receiving personal care told us that they always had the same care worker and that if they were not available then they preferred to manage by themselves. They told us “I don’t want anyone else if [name] doesn’t come. I can manage, I do at the weekends. It just takes me longer.” Another member of staff told us that they had undertaken shadowing visits with the person’s care worker so that they would be able to assist the person if necessary. They told us “I’m in a position where I understand their needs and already have some rapport with them.”

We looked at recruitment records of care staff. We saw that appropriate recruitment and identification checks were undertaken before staff began work. These checks helped to make sure job applicants were suitable to work with vulnerable people and included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people. The registered manager told us their administrator carried out online checks to ensure records were kept up to date. We were not able to see these at the inspection, however the registered manager was able to confirm this to us after the inspection.

At the time of our visit the service was not supporting anyone with their medication. We asked the person receiving personal care whether the staff helped them with this. They told us “I look after that myself. Tablets come from the chemist already in boxes for me.” The registered manager told us “We did not want to start supporting people with medication until we felt that we were ready.” We saw that the service already had a comprehensive medication policy in place which would give clear guidance to staff about how to keep people safe from the risks associated with medication. The registered manager told us how appropriate training would be sought and we saw record keeping and monitoring systems that would be put into place.

# Is the service effective?

## Our findings

We asked the person whether they were supported by a member of staff with the right skills and experience. They told us “[Name] knows exactly what they are doing.”

The registered manager had identified the training that staff needed in order to provide care and support effectively. Staff we spoke with told us that they had recently had training in dementia awareness and food hygiene, and that they had a date for attending moving and handling refresher training. Induction for staff covered a twelve week trial period in which they were given training including effective communication, person centred care and support and equality, diversity and inclusion. The staff member providing care told us “I have confidence in myself and my ability to do the job.” Staff also undertook shadowing visits with more experienced staff. The registered manager told us “I want as varied a learning programme as possible.” The registered manager also underwent regular training with the staff and told us that they were studying for a qualification in health and social care management to support their management of the service. At the time of the inspection the registered manager was developing systems for monitoring training in preparation for expansion of their business.

We talked to staff about the ways in which they were supported by the registered manager. They told us they felt that they had sufficient support to do their job. One person said “I have had a few meetings with the manager, but I can talk to them at any time.” We talked to the registered manager about how they managed supervision and appraisal. They told us “Given the present size of the service we have a close relationship and talk regularly about their performance, but we have not yet documenting these conversations. This is something that I am starting to formalise ready for when we start to grow. People will have appraisals and be given personal development plans that we can monitor.” We saw that there was an up to date policy in place to support this as the business grew. A

member of staff we spoke with told us they received both formal and informal feedback from the manager and told us “I have had quite a few meetings, the manager gives us good support, they always act on what you tell them, I wouldn’t have worked here for so long if not.”

At the time of our inspection the service was providing personal care to one person who had capacity to consent to care, however their capacity had not been documented formally in their care plan. We discussed this with the registered manager. They told us “I am in the process of changing the care plans and know that we have to record this part of the initial assessment far better. There will be training for staff in the Mental Capacity Act before we expand our personal care business. The person receiving care told us “[Name of carer] lets me do things for myself if I want to, but mostly I let her help me.” The member of staff was able to tell us ways in which they varied the amount of support they gave the person each day and said “Whatever they can manage or want to do themselves I let them.”

We spoke to the person about support with eating and drinking. They told us “[Name] gets my breakfast for me, and helps me with bits and pieces I want for my lunch.” We saw in the person’s pre-assessment that they had asked for assistance with the preparation of breakfast and support with lunch preparation as requested. We asked the care worker how they assisted the person make healthy eating choices. They told us “If I needed to I would suggest a healthy diet, but [name] is able to make their own choices and has the support of their family. I help with opening tins and packets if [Name] asks me.”

The person’s care plan contained information about other health professionals who provided care, for example their GP. The person told us that they were able to manage appointments themselves and did not need assistance. They said “If I need to get to the hospital I can always get a taxi, and I can get out and about by myself.” The presence of information in their care plan meant that care workers knew who they would need to contact if necessary.

# Is the service caring?

## Our findings

We asked the person receiving care about their relationship with the care worker. They told us “[Name of care worker] is a treasure, always kind and respectful.” We observed relaxed and patient interaction during our visit – the care worker knocked on the door and announced their arrival, then introduced us and checked whether the person was still happy to speak with us. The care worker told us “I always put myself in their position – I think about how I would want to be treated if someone was coming into my house.” When discussing the assessment of people who used the service, the registered manager told us “We try to get to know people and gain their trust before carrying out an assessment, that way the person is more relaxed and more likely to share important information with us.” We saw guidance for staff included prompts to show interest in photographs and other items in people’s homes as a way of building a meaningful rapport.

The service had an equality policy in place and we saw that the person’s initial assessment had space for the person to make comment about ‘Anything else that I would like you to know about supporting me’ and offered suggestions including cultural differences and their beliefs.

We asked the person receiving care if they had been consulted in writing or reviewing their care plan. They told us “Someone from the office did come and ask me questions, yes. I get a first class service.” We saw evidence of the person’s family having been involved in the initial assessment in April 2014 and that the service had asked the person and their family for feedback during a review in July 2015. Comments included “Everything is brilliant when [name of care worker] is here.” And “They do anything and everything I need. Very experienced.”

The registered manager showed us a care management system which they were preparing to introduce. This would allow people and their relatives to access care records online and message the service directly.

The service had a privacy policy in place to give guidance on privacy and dignity and we found that this was observed in practice. We asked the care worker how they ensured people’s dignity and privacy when working. They told us “I make sure we use the person’s dressing gown and towels in a way which protects their dignity when they are showering. I am careful to allow them to wash and dry areas that they would rather do themselves.” The person told us that their carer was always mindful of their privacy.

# Is the service responsive?

## Our findings

The care records contained a clear assessment of the person's needs made before they started to receive care. This included the types of assistance needed, how the person liked to receive assistance and at what time. We saw that the care planning policy contained guidance for staff to enable them to make the person feel 'comfortable and secure' before starting the assessment. This included maintaining eye contact and engaging in conversation about the person's life.

We looked at the records of calls made to the person receiving care and saw that they were all at the person's preferred time. They told us that there had never been a problem with staff missing calls or arriving at other times. The care worker told us "I respect [name]'s routine. They like the kitchen to be clean before they go for a shower, so that's what I do." The registered manager had a system in place to manage any missed calls. This included investigation, liaison with the person and notifying relevant bodies such as the Care Quality Commission.

The care plan was sufficiently detailed and personalised to ensure that support was provided according to the person's preference. Staff and the registered manager had considerable knowledge of the person's preferences and wider life and we observed a friendly and supportive relationship between the person and the care worker when we visited their home. Feedback from the person in their care plan review stated "They do everything and anything that I need," and the person also told us this when we spoke with them.

We asked the person if they knew how to make a complaint if needed. They did not tell us about any formal policy but said "I'd just tell them. I've had to complain about other people before, but never wanted to complain about [name of carer]. Never." The service had a robust complaints procedure dated January 2015 that made clear how these should be managed and resolved. The registered manager had collated records of complaints and compliments received and these showed what action had been taken in each case. They told us "As we grow we will put a system in place to monitor and analyse these – at the size we are now I can deal with them all personally."



# Is the service well-led?

## Our findings

There was a registered manager in place at the time of our inspection. They had support from an administrator and also had access to three mentors from other care agencies to support them in care delivery and business management. The registered manager told us that they were studying for a qualification in Health and Social Care Management.

We spoke to the registered manager about systems which they had in place to monitor the quality of the service. They told us “We don’t feel we are big enough yet to have formal systems in place, we know what is going on.” We discussed plans for the future of the business and looked at the business plan which had been reviewed in September 2015. This included an objective “Improve monitoring of quality by careful assessment and recording of customer requirements.” We raised the importance of this with the registered manager during the inspection.

Staff we spoke with were positive about the registered manager and told us that they enjoyed working for the company. One told us “We have a very good manager that is always there for you.” Another said “They understand what goes on and go out to calls themselves sometimes.”

We saw that people’s views about the service were being sought when their care was reviewed. In one review dated

in July 2015 the person had been asked what was working well for them, how they found the service overall and how satisfied they were with the service overall. We saw comments such as ‘first class’ and ‘brilliant’ had been made.

Regular spot checks of staff practice were being made to ensure that staff were delivering care effectively. We looked at records spot checks made on the staff member delivering personal care. We saw in one record dated July 2015 that daily logs kept at the person’s house had been reviewed together with making observations of moving and handling practice, knowledge of the person’s care plan, whether the person’s privacy and dignity was respected and ways in which the staff member was promoting the person’s independence.

Staff told us that meetings with the registered manager took place and they felt able to contribute and share information. One member of staff told us “We discuss plans for the business and if we raise any concerns about a person then [the registered manager] goes to visit to check on them.” We saw the minutes from a recent meeting in which feedback about the company had been sought from staff, updates to policies and procedures shared and the business plan discussed. This meant that staff were being kept up to date with changes to the service and were able to contribute to its development.