

East County Care Ltd

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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?

Good 

Overall summary

East County Care Ltd provides personal care support to people living in their own homes. When we inspected on 6 August 2015 there were seven people using the service. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons.'

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.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe.

Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service. Care workers had good relationships with people who used the service.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. There was good leadership in the service. The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

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.

Care workers understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good



Is the service effective?

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Good



Is the service caring?

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good



East County Care Ltd

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.

This inspection took place on 6 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

We reviewed previous inspection reports and information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with one person who used the service and the relatives of two people. We looked at records in relation to seven people's care.

We spoke with the provider, the registered manager and two care workers. We looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People were protected from avoidable harm and abuse. Care workers had been provided with training in safeguarding people from abuse. They understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. There were systems in place which guided care workers on the actions that they should take if they suspected a person was being abused.

During our visit to the office we saw care workers, the provider and registered manager in a discussion about the safety of a person who used the service, including using mobility aids and accessing services in the community. This showed that they took people's safety seriously and sought methods of improving their safety. The registered manager worked with the local authority in seeking solutions.

Records showed that care workers took appropriate and action when they had identified people developing pressure ulcers. This included contacting the service's office and the registered manager sought support from the district nurse and/or the person's doctor. This was confirmed in our observations when a care worker advised the registered manager of their concerns. This told us that the service took prompt action to ensure that risks to people were reduced.

People's care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs.

There were sufficient numbers of care workers to meet the needs of people. A person and relatives told us that the care workers visited at the planned times and that they stayed for the agreed amount of time. This was confirmed in records.

Care workers told us that they felt that there were sufficient numbers of care workers to meet people's needs and that the people who used the service were known to them. This was confirmed by a person who used the service who said, "I have my constant one [care worker], but when there are different ones I know them all." This meant that people were provided with a consistent service.

People were protected by the service's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the service.

A person and relatives were satisfied with the support arrangements for medicines management. One person's relative told us that the care workers supported their relative to administer creams, "When they should."

Our inspection of 25 November 2013 found that the service needed to make improvements in how people were protected from the risks associated with medicines. The provider wrote to us to tell us how they had addressed the shortfalls. During this inspection we found that improvements had been made.

Care workers were provided with updated training and had undergone medicines competency tests. The systems for supporting people had improved and were more robust. This included the monitoring of medicines administration records.

People's records provided guidance to care workers on the level of support each person required with their medicines. Records showed that, where people required support, they were provided with their medicines as and when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support. This showed that the service's medicines procedures and processes were safe and effective.

Is the service effective?

Our findings

People told us that they felt that the care workers had the skills and knowledge that they needed to meet their needs. One person said about the care workers, “They are more than capable.”

Care workers were provided with the training that they needed to meet people’s needs. This included training to meet people’s specific needs, including dementia and diabetes. The training was regularly updated. This meant that care workers were provided with up to date training on how to meet people’s need in a safe and effective manner.

The registered manager told us that there was a range of training delivery methods used, including practical training for example when using mobility equipment, face to face training and e-learning. This was confirmed by the care workers we spoke with. The registered manager said that they were providing all of the care workers with the opportunity to undertake qualifications relevant to their role, including the new care certificate. All care workers were working on the care certificate, which was confirmed in records.

Care workers told us that they felt supported in their role and were provided with one to one supervision meetings. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This told us that the systems in place provided care workers with the support and guidance that they needed to meet people’s needs effectively.

People’s consent was sought before any care and treatment was provided and the care workers acted on

their wishes. One person said that the care workers always asked, “Is there anything I can do for you?” and that when they asked the care workers to do something, “They are willing to do it.” Care records identified people’s capacity to make decisions and they were signed by the individual to show that they had consented to their planned care and terms and conditions of using the service. Care workers had been provided with training in the Mental Capacity Act (MCA) 2005.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person told us how the care workers made sure that they had enough to eat and drink.

Records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. The records identified people’s specific dietary needs, such as diabetes and information sheets provided the signs that care workers should be aware of which indicated that the person was at risk of becoming ill relating to their condition. Information was also provided to care workers in their handbook which they could refer to when they needed to.

People were supported to maintain good health and have access to healthcare services. Care workers understood what actions they were required to take when they were concerned about people’s wellbeing.

Records showed that where concerns in people’s wellbeing were identified, health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people’s care records to ensure that other professional’s guidance and advice was followed to meet people’s needs in a consistent manner.

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, “All the carers are happy, respectful and kind, I would miss them if they didn’t come.” One person’s relative commented, “We can talk to them and have a laugh and a joke, they are part of the family.”

The registered manager spoke with people who used the service on the telephone when we were visiting the service. They were friendly, respectful and professional and provided people with the information they had asked for.

Care workers understood why it was important to interact with people in a caring manner. Care workers knew about people’s individual needs and preferences and spoke about them in a caring and compassionate way. Care workers told us that people’s care plans provided enough

information to enable them to know what people’s needs were and how they were to be met. People’s care records identified people’s preferences, including how they wanted to be addressed and cared for.

People were supported to express their views and were involved in the care and support they were provided with. One person’s relative said that they felt that they and their relative were consulted about the care provided. Records showed that people and, where appropriate, their relatives had been involved in their care planning. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People’s independence was promoted. One person said, “They only help me with what I want them to.” People’s records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected. Records guided staff to make sure that they always respected people’s privacy and dignity. For example, how to enter a person’s home by calling out who they were.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us that they were involved in decision making about their care and support needs and that their needs were met. One person's relative told us how they and the person were consulted about the care the person needed and preferred in their, "Initial appointment," and that their views had been listened to. They also said that their relative was, "Happy," with the care they were provided with.

People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised. Where issues were identified with people's care the service responded to these and adapted the service to make sure that their needs were met effectively and safely. This was confirmed in a discussion between the registered manager and a social care professional on the telephone. They discussed the person's wellbeing and made suggestions of improving this.

Care reviews were held which included consultation with people and their relatives, where appropriate. These

provided people with a forum to share their views about their care and raise concerns or changes. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed.

Where people required assistance to reduce the risks of them becoming lonely or isolated, this was reflected in their care records. We saw care workers speaking with the registered manager about methods of supporting a person to go out into the community to reduce their isolation.

People knew how to make a complaint. One person told us, "If I don't like something, I tell them and they act on it." They gave us some examples of when they had spoken with care workers, for example in how they preferred their bed to be made and it was done in this way after that.

Complaints records showed that complaints and concerns were addressed in a timely manner, this included meeting with complainants to make sure that they were happy with the investigations and outcomes. Complaints were used to improve the service and to prevent similar issues happening, for example taking disciplinary action where required.

Is the service well-led?

Our findings

The service provided an open and empowering culture. People told us that they felt that the service was well-led and that they knew who to contact if they needed to. One person's relative said that the registered manager was, "Absolutely brilliant."

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records showed that quality surveys were undertaken where people could share their views about the service they were provided with, anonymously if they chose to. When people had first started using the service the registered manager had telephoned them to check that they were happy with the care.

There was good leadership demonstrated in the service. Care workers told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns. They were committed to providing a good quality service and were aware of the aims of the service. They could speak with the registered manager or the provider when they needed to and felt that their comments were listened to. This was confirmed in our observations of a discussion between the registered manager, provider and two care workers. The care workers views were valued and listened to.

Records showed that care workers meetings were held which updated them on any changes in the service and where they could discuss the service provided and any concerns they had. The minutes of these meetings showed that care workers were consulted about planned changes in the service and kept updated with any changes in people's needs and how they were met. Action plans were developed from care workers meetings, which were monitored to ensure that the service continued to improve.

The management of the service worked to deliver high quality care to people. Records showed that spot checks were undertaken on care workers. These included observing care workers when they were caring for people to check that they were providing a good quality service. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with the care worker and to plan how improvements were to be made such as further training.

There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. Records showed that checks and audits were undertaken on records, including medicines and incidents. Where shortfalls were identified action was undertaken to introduce changes to minimise the risks of similar issues reoccurring, such as advising care workers about good quality care and record keeping. This meant that the service continued to improve.

Where issues had occurred in the service, the registered manager had developed a contingency plan to prevent the same happening in the future. They had kept updated with changes in the requirements of being a registered manager and how to improve the service provided. They were able to talk with us about recent changes such as the duty of candour. They had also introduced the care certificate, the standards for this were displayed on a white board in the service and the registered manager had developed a system to monitor the care worker's progress on this. The registered manager told us that they also kept their knowledge up to date by attending the care worker training. This also allowed them to know what the care workers were being provided with. This meant that the service continued to improve.