

EPOCH HomeCare (EHC) Limited

EPOCH Homecare Ltd

Inspection report

77C Broadgate Lane
Horsforth
Leeds
West Yorkshire
LS18 5DU

Tel: 01132584294

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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

Epoch Home Care is a domiciliary care agency providing personal care to 43 people aged 65 and over at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using the service

People told us they felt safe with staff entering their homes and providing personal care. People were protected from harm and systems were in place to reduce the risk of abuse and to assess and monitor potential risks to people.

The management of medicines was safe. Some protocols for 'as required' medicines were not in place; this was immediately corrected by the registered manager.

Risk assessments had been completed and were regularly reviewed. Incidents and accidents were managed effectively; lessons were learned to prevent future risks.

Staff had the skills and experience to meet the needs of people who used the service. Staff completed training and supervisions.

People said staff listened to them, were kind and caring. Staff treated people with respect and maintained their dignity. People were involved in decisions about their care. People's right to privacy was maintained by staff.

Staff understood people's preferences and people were offered choices about their care. Staff were provided with specific guidance on how to communicate with people effectively.

People were involved in meal choices and supported to maintain a balanced diet. Health needs were regularly monitored, and staff accessed advice from health care professionals when required.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. MCA

Complaints were managed effectively. People knew how to complain if needed.

The provider used internal and external audit systems to monitor the quality and safety of the care provided.

People were asked for their views and the provider engaged with other agencies and services to improve their knowledge of best practice.

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

Rating at last inspection

The last rating for the service was good (published 29 April 2017)

Why we inspected

This was a planned inspection based on the rating at the last inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

EPOCH Homecare 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. 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

This inspection was carried out by one inspector.

Service and service type

Epoch Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

This inspection was announced. We gave the service 24 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.

What we did

Before the inspection, the provider sent us a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse.

We also reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and one relative to ask about their experience of the care provided. We looked at

five people's care records and four medicine records. We spoke with the registered manager and three staff members. We looked at two staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. One relative said, "They always give [Name] their medicines."
- Reviews of medicines were carried out to prevent people taking medicines that may not be required.
- Some people were prescribed 'as required' (PRN) medicines. We found protocols were not always in place to guide staff when PRN medicines should be administered. We discussed this with the registered manager who immediately addressed this.
- Body maps were in people's homes to guide staff on how and where to apply creams for people.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff attending their homes.
- There was a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns.
- We saw evidence of the provider's contact with local safeguarding teams when there was an allegation of abuse.
- Staff had an awareness of safeguarding procedures and told us they would inform the registered manager if they witnessed or had an allegation of abuse reported to them.

Assessing risk, safety monitoring and management

- Risk assessments were carried out to minimise risks to people. For example, one person at risk of falls had a falls watch, which alerted services to seek medical input if required. The person also used grab rails within their home and a walking frame to prevent possible falls.
- We found one risk assessment lacked specific details on how staff should support people. For example, one person suffered from a mental health illness. However, the risk assessment did not contain information about how staff could support the person with this illness.
- We discussed this with the registered manager who agreed to add further information into risk assessments.

Staffing and recruitment

- People told us they always received their planned visits from regular staff who knew them well. One person commented, "The visits are always on time. I am quite satisfied with the care I receive. I see the same staff."
- Staff also confirmed there was enough staff to meet people's needs. One staff member said, "There is always enough staff."
- The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry. However, we found one person's references were not correct. The registered manager took

immediate action to address this.

Preventing and controlling infection

- People told us staff wore protective equipment when carrying out personal cares to prevent cross infection. One person said, "They always wear their gloves. I feel clean and comfortable after they wash and dress me."

Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. One incident had occurred over a 12 month period and had been managed and investigated effectively.
- The registered manager told us after an incident occurred they carried out a 'fact find' with staff to ensure learning from incidents took place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. Assessments gathered information about people's religious beliefs, marital status, next of kin and ethnic origin.

Staff support: induction, training, skills and experience

- Staff told us training was provided which ensured they had enough knowledge to support people and fulfil their role effectively. One staff member said, "The training was very good. It was informative, and I learnt so much from it. It helped me to carry out my job better."
- People said staff knew how to use specific equipment to support with their mobility. One person said, "I have two carers who come every time because I'm on the hoist. The staff know how to use the equipment and are trained to do so."
- We saw evidence staff members had received supervisions to support their development and identify any training needs. One person said, "Yes, we have supervisions, spot checks and team meetings. In supervisions I can bring up any concerns or any risks about people I look after or anything."
- Staff told us they were supported by the management team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were involved in meal choices and supported to maintain a balanced diet. One staff member said, "I tell people what is available in their fridge and ask what they would like. I take freezer foods out, 3 or 4 and given them the options to choose from."
- People were supported to remain healthy and staff arranged appointments for people.
- The registered manager worked closely with health care professionals and arranged support for people when it was required.
- The provider worked closely with district nurses to provide specific care for people. For example, one staff member had completed percutaneous endoscopic gastrostomy (PEG) training so that the service could meet these needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People confirmed staff asked for their views and sought their consent before assisting with care and support.
- Capacity assessments and best interest decisions had not always been recorded. This was actioned immediately by the registered manager following our inspection and all relevant documents put in place.
- Staff were knowledgeable about the MCA. One staff member said, "We learn about it in our training. It's to protect the client all the time. We make best interest decisions for people with regard to medicines, food and leaving them safe in the house. I would speak to on-call or management if I thought someone was lacking capacity. We have had one person like this and we spoke to the family and social workers. We continue to document these changes."
- Court of protection documentation was held within care files so staff were aware of specific decisions made about a person's life.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives said staff listened to them, were caring and kind. Comments included, "They (staff) are very good and I'm very pleased with them. I always have a chat with them" and "They have all been kind with me, I can't fault them at all. It's an excellent service" and "They are brilliant. [Name] always smiles when the staff come in. They are such wonderful people."
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted.
- One person told us how staff had gone above and beyond when the weather was extremely bad. The person said, "They came out even when the weather was really bad. Some of the staff walked a couple of miles in the snow last year just to get to me. I don't know what I would have done without them, but they made it. I couldn't have carried on without them."
- Staff explained to people what they were doing when carrying out care and offered choice. One care plan stated, 'please make me a meal of my choice.' One person said, "They always ask me what I would like."
- The registered manager said, "We like people to feel appreciated." We saw the provider knew people's birthdays and gave each person an individualised gift. The registered manager had also given people survival packages to ensure they had equipment in their homes should they need it.
- One staff member said, "The people we look after are our family. It's not a business; it feels like working within a family. People are like our relatives. We spend time with people and are given time to talk to people."
- People's religious, spiritual, sexual and cultural choices were met and recorded in support plans.
- Care plans instructed staff to offer people choices. One person said, "They always ask me what I would like."
- One staff member said, "I will let people choose what they want to wear. I will pull clothes out and offer them choices."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One person said, "Staff are very respectful. They always make sure that they maintain my dignity."
- Staff maintained people's dignity. One person said, "Because of the nature of my injury it's an intermittent thing they have to do for me. Staff do not make me feel awkward; I'm comfortable with the staff."
- Staff were proactive and encouraged people to remain independent. Care plans guided staff on what people's abilities were. For example, one care plan stated, '[Name] can wash most parts of the body but requires help with feet and their back.'

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

- People said they were involved in care planning. One person said, "I appreciate what they do. The office speak to me and they do reviews. I also feedback any issues to staff. I see my log book and go through what they are writing and what they have done."
- The registered manager told us should anyone wish to have an advocate they would support people to find a local service. An advocate is a person who can support people to raise their views, if required.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were personalised, and the service responded promptly to changes in people's care needs.
- Staff supported people with their individual needs. One staff told us how they supported one person to mobilise using their equipment and removing any items in the home to prevent them from falling.
- One staff member said, "I think the service is pretty good. It's very one to one and individually based care. I think it's very person centred and we all go out of way to meet people's needs."
- People were encouraged to have full control of their lives. One staff member said, "I ask people how they want their clothes putting on. Whether to put tops over their heads or through their arms first because everyone has different preferences. For example, one person may not be able to get their arms up high enough and therefore we would start with the head first."
- Staff were responsive and professional during their visits. Comments from people included, "They are professional, helpful and on time" and "I know someone is always going to come. They have never missed a visit."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's relatives were involved in the care planning process and staff said they maintained a good working relationship with family members.
- One staff member took their animal to a person's home after speaking with their relative about how they might enjoy this. The staff member showed us a picture taken of this activity which showed the person smiling. The relative said they enjoyed it so much the staff plan to print the picture, so the person has this as a memory.
- Staff encouraged people to remain as active as possible within the community. The registered manager said they often invited one person to attend the office premises for a cup of team and to socialise with staff working there. The registered manager said, "We have a great relationship with them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in care plans. Care plans provided staff with guidance on the most effective ways to support the person to communicate. For example, one care plan stated, 'I speak slowly and can sometimes be difficult to understand as my voice is very low, please be

patient.'

- The provider had recorded in care plans when people used hearing aid or wore glasses to support their communication skills. Some people choose not to wear these. The registered manager said this was their choice.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of the care they received. They felt confident any feedback would be managed effectively. One person said, "I would ring them if needed anything. I know who to complain to if needed."
- There was a complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints. The management team investigated and responded to complaints appropriately.
- The provider also received compliments from people and their relatives. One person commented, "To all the carers for all they did to help [Name] and taking such great care of them and being so kind."
- The registered manager told us a complaints information leaflet was kept in all care files in people's homes, so they knew who to contact.

End of life care and support

- The service was not providing end of life care to anyone at the time of this inspection.
- The registered manager said that should they support anyone with end of life care they would discuss with the person their preferences and wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and the staff we spoke with demonstrated a commitment to providing person-centred, high-quality care. They placed people using the service at the centre of everything they did.
- One staff member said, "The manager is approachable. I can ring them whenever. If it's on a personal level I will speak to the manager; they are very good and always resolves things."
- Internal audits were carried out, so the registered manager had oversight of the service. The registered manager told us they plan to increase their audits in the future to include all areas of the service. At present they audited medicines and log books monthly.
- The provider also employed an external auditor to check their processes and systems followed good practice. We saw an action plan had been devised following these visits and the registered manager was in the process of addressing these.
- During the inspection, the management team were open and transparent towards the evidence we presented and were proactive in their response to our findings.
- People told us they knew who to contact should they wish to raise an issue. One person said, "If I am not happy we would get in touch with them, but I have no complaints."
- The registered manager was clear about their responsibilities for reporting certain events and incidents to CQC and they understood the regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive culture that was person-centred, open and inclusive. Staff told us they felt supported by the manager, and they were comfortable raising any concerns.
- Staff meetings were carried out every six months to gather views from staff, to discuss people they supported and be updated about any changes within the service.
- All staff had access to a password protected internal messaging system. This enabled the registered manager to communicate instantly with all staff. □
- Surveys were carried out to gather people and their relatives' views. Comments from the relative's survey included, "Excellent person-centred care; I have only positive feedback. Would highly recommend this company", "Everyone is very accommodating and pleasant" and "They are all extremely professional and flexible in their approach to caring for my parents."
- One person told us, "I would recommend them to others."

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other services and had positive community links.
- The registered manager also attended meetings with other services owned by the provider to share good practice and celebrate successes.