

Executive 2000 Recruitment Ltd

E2K Care

Inspection report

Vitkin Farm
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Tel: 01621819529

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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

The inspection took place on 16 August 2016

E2K care agency is a domiciliary care agency providing care and support to people in their own homes. The organisation offers support to people living in Braintree and the surrounding area. At the time of our inspection there were 24 people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

People received care from a consistent staff team who were well supported and trained. Care staff understood the need to obtain consent when providing care.

The provider had systems in place to support people to take their prescribed medications safely.

People were supported with meals and to make choices about the food and drink they received. Staff supported people to maintain good health and access health care professionals when needed.

Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

The service benefitted from a clear management structure and visible leadership. A range of systems were in place to monitor the quality of the service being delivered and drive improvement.

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.

Staff understood how to protect people from harm and abuse.

There were enough staff to support people in a safe way.

Staff were recruited appropriately within the required legislation

Staff supported people to take their medication safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had their privacy and dignity respected and were

supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

E2K 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.'

This inspection took place on 16 August 2016 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service, and the manager is often out supporting staff or providing care. We needed to be sure that someone would be available. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service, this included notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us.

On the day of the inspection we spoke with the registered manager and the senior staff member at the agency's office. We also spoke with two support staff.

Following the inspection we spoke with eight people who used the agency, two relatives and received information from one additional staff.

We looked at five people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Is the service safe?

Our findings

People we spoke with confirmed that they felt safe using the service. One person told us, "They help me to get up and dressed and are very careful they know what they are doing I never feel unsafe."

People told us that staff ensured their safety when entering and leaving their home. One person commented that staff used the key safe system to access their house, and always ensured it was securely replaced on leaving. They said that staff would only disclose the number in an emergency to health care professionals.

Staff told us they carried a mobile phone and had direct contact to the office or to the on-call manager any time if they needed. One member of staff told us, "There is always someone on the end of the phone to ask for help or advice."

Staff told us they had been provided with training in safeguarding people from abuse, which was confirmed in the records we looked at. Staff understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns.

There were sufficient staff employed to keep people safe. People who used the agency and their relatives told us that there were enough staff to provide their care needs. Staff told us there were always two staff when required, for example to assist someone in using a hoist or to use a standing aid. Staff told us they had sufficient time to deliver the support required. If they experienced any difficulties completing their schedule they would inform the manager who would then arrange extra support.

The senior member of staff told us that all of the staff were flexible and able to cover if necessary, for example if someone was off sick or on annual leave. The manager told us that if staff were unable to cover then they themselves would carry out the care visits. Staff confirmed that on occasion this happened.

People had detailed risk assessments which were reviewed regularly. The risk assessments were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks of falls and risk of dehydration or malnutrition. Any incidents were recorded and investigated and the risk assessments were reviewed and amended if necessary.

Recruitment files we looked at showed that the service had a clear process in place for the safe recruitment of staff. Staff confirmed that they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a Disclosure and Barring service (DBS) check had been undertaken before the member of staff could be employed. This was carried out by the DBS to ensure that the person was not barred from working with people who required care and support.

People who needed support with their medication told us that they are happy with the arrangements. One person told us, "The staff make sure I have my medication when I need it." A member of staff told us, "I am

trained to give medication and I make sure I complete the chart, I would let the office know immediately if there was a concern about someone's medication." Senior staff monitored people's medication records to check people were receiving their medication correctly. The manager audited the medication administration sheets (MARS) to ensure there were no errors. Regular spot checks were carried out by the manager and senior staff member to ensure staffs competency in administering medication.

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. Comments included, "The staff know what needs to be done and what help I need they are excellent." And, "The girls are really good at meeting my needs and they encourage my independence."

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and food hygiene and dementia awareness.

Newly appointed staff completed an initial induction which included shadowing more experienced workers to learn about people's individual routines and preferences, before working on their own. Staff told us the induction training they received was good and provided them with the knowledge they needed to carry out their job role effectively.

Staff were well supported and monitored. They told us that supervision and spot checks took place regularly, which they found helpful and supportive. These checks included ensuring staff were dressed appropriately wearing their name badge and their uniform and looking clean and tidy, as well as looking at records and observing the care being delivered. Records we saw confirmed that face to face supervisions took place on a regular basis and staff confirmed that any training needs, or areas of concern were discussed and targets were identified for the next three months.

Senior staff explained that they observed staff and supported them as they provided care and support to ensure they were competent in their job role. Staff told us, "The manager is always available for advice and support." One person who received care told us, "New staff come with someone at first until they know what to do."

The service had set up a 'group text' for staff this was for support and also to ensure everyone was kept in the loop with any changes to people's care needs or any appointments or medication amendments. Staff told us, "The group text works really well, everyone knows what is going on and feel included." This was also used to ensure everyone had adequate supplies of Personal Protective Equipment (PPE) which would be either collected from the office or dropped off by the manager.

People's consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us the staff asked their consent before they provided any care. Care plans had been signed to give permission for the information in them to be shared with others.

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. The registered manager told us that they were following best practice guidance about mental

capacity and best interest decisions. Staff understood their responsibilities under the Mental Capacity Act and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

People told us that their care visits were usually on time and they were contacted if the care staff if they were going to be late. Comments included, "They always phone if they are going to be late to let us know," and "My carer always come on time I am never kept waiting."

Where needed, people were supported to have sufficient to eat and drink and had their nutritional needs met by staff. One person told us, "They are very good always making sure I have a drink and something to eat on my table before they go." Staff had information about people's likes and dislikes. Staff told us that they would know if there were any concerns from talking to people about their diet and observing any food that had not been eaten.

The staff told us that people's shopping was often done by relatives if they were unable to go out, but that they were responsible for doing some people's food shopping, and explained how they would sit with them and plan a menu discussing different options and making suggestions to try and ensure they had a varied balanced choice of meals.

When a person's health was of concern they would refer to health professionals if needed. One staff member told us, "We have the contact details of the GP surgery and ring if necessary or let the family know if they normally ring we then let the office know." Records confirmed that staff had taken the appropriate steps when they had noticed a person had been unwell. For example we saw recorded in a person's notes when the doctor had been called out to them.

Is the service caring?

Our findings

People told us that the staff always treated them with respect and kindness. One person said, "I look forward to their visits so I can have a chat." Another said, "The girls are lovely, they are all very kind." One relative told us, "The service goes above and beyond as well as going the extra mile; they care about me and are always at the end of the phone. Usually when you receive care they just come and do what they have to do but not E2K care. It was past 11pm but the carer waited with me for my daughter to arrive." And, "They respect the things in my home and won't touch anything I do not want them to."

People confirmed their privacy and dignity was respected at all times. Staff understood the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this by ensuring curtains and doors were closed before delivering personal care. Staff knew about people's individual needs and preferences and spoke to us about the people they cared for in a compassionate way. Staff told us they felt it was important to show respect for people homes and their belongings and were careful to put things back where they found them if they had cleaning to do.

Staff told us how important it was to have regular schedules so that they saw the same people as this enabled them to build up positive relationships. One person told us, "It's not like other agencies where you have lots of different people coming and going, you get the same ones so you get to know them."

People's care records identified people's specific needs and how they were met. The records also provided guidance to staff on people's preferences regarding how their care was delivered. People had their own communication books which enabled staff to pass on relevant information to each other which meant that staff had the information to provide continuity of the care.

People told us that they felt the staff listened to what they said and acted upon their comments. One person said, "The staff encourage me to do things for myself." This confirmed to us that the staff promoted and respected people's independence. Records showed that people had been involved in their care planning and they had agreed with the contents. 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.

Is the service responsive?

Our findings

People told us the service was responsive to their needs for care, treatment and support. One person told us, "This is better than other agencies I have used I would definitely recommend this agency to other people." Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to be cared for.

People told us the manager had spoken to them about the agency and they had been given information about the care that they could provide. People were assessed prior to receiving a service from the agency to determine whether the service could provide the necessary required support. Assessment meetings were used as an opportunity to discuss and record people's needs and wishes about their care. A support plan was then developed from the conversation which outlined their needs. People had support plans in their homes and a copy was held in the office. Support plans were regularly reviewed and updated to reflect people's changing needs. We saw that where people required social interaction to reduce their feelings of isolation, this was also included in their support plans.

People told us they were involved in the compilation of their support plan and in it being reviewed and updated. People told us that they were happy with the care and support they received from staff. One relative told us, "Mine and my sister's views of my parents care are always encouraged and taken on board."

Daily records were well written by staff and contained a good level of detail about the care that had been provided and any issues that other members of staff needed to be aware of. Staff we spoke with were able to outline the needs of the people they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit. People's preferences were listened to and acted upon. For example, one person told us they preferred an earlier visit now that we are in the summer months and therefore their visit time had been altered.

The manager told us that at the present time all of the staff were female and all of the people using their agency were happy with this. However, they were in the process of recruiting staff and were hoping to have some male applicants apply, as they had had a referral made by someone who would prefer a male carer to support them with their care needs. Therefore the agency gave choice about gender specific care respecting people's choices.

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in information left in their homes. People we spoke with told us, "I know how to complain but I have never had the need to." Another person said. "I would speak to manager but nothing needs improving."

Is the service well-led?

Our findings

The agency had a clear management structure in place. The registered manager had one senior member of staff who supported her with the day to day running of the agency who we met along with the manager on the day of our inspection. She was able to demonstrate a good understanding and knowledge of the people who received a service from the agency as well as the staff team.

Staff told us the service was well organised and they enjoyed working at the service. They said the manager had a visible presence in the daily running of the service. They also told us that they were treated fairly, listened and that they could approach them at any time if they had a problem. Comments from staff included, "Best boss I have ever worked for, will help on shift and ensures we work as a team."

The manager also carried out care calls to support the staff when needed and always carried out the first care call with a new person to ensure they were up to date with the needs of that person and also knew exactly what they were expecting from the staff.

The Staff told us they had team meetings which enabled them to get together to discuss any issues or concerns and this was confirmed by the records we looked at.

Staff said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. The manager told us they had recently recruited a trainer to deliver face to face training, as they felt that after talking to staff, this would be more beneficial as opposed to staff doing the necessary training as e-learning.

Quality audits were completed to identify where any necessary improvements were needed for example, completed daily records including medication charts, were brought back to the office each month to be audited and then archived. This was to ensure that staff completed them thoroughly if any discrepancies were found then the manager would action this by having a discussion with the staff member and taking any necessary action to improve the service.

The provider used a range of ways to seek the views of people who used the service. As well as talking to them on a regular basis they sent surveys to relatives and professionals to seek their views and opinions. We saw the latest questionnaires which had been sent out these were only a tick box form but people had ticked to say they were satisfied with the care they received. The manager told us they talked to people on a regular basis and looked at ways they could make improvements. Although there were no significant complaints, they took minor concerns seriously, acted on them promptly and used them to improve the service.

Care files and other confidential information about people kept in the main office was stored securely. This ensured people's private information was only accessible to the necessary people.

