Equicare Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 10 July 2017 and was announced. We gave the provider 48 hours' notice because the location provides a home care service and we wanted to make sure someone would be available to speak with us.

The agency was first registered with CQC on 23 September 2013. On 16 December 2015 the agency was taken over by the current provider and on 22 June 2016 the agency had changed their location from Harrow Business Centre, 429-433, Pinner Road, North Harrow, Middlesex, HA1 4HN to the current one. This was the first rating inspection of the agency.

Equicare is a domiciliary care agency that provides personal care and support to people living with dementia, learning disabilities and mental health conditions, as well as older people with physical disabilities or sensory impairments. On the day of our inspection, the agency provided support to 51 people out of which 22 were receiving personal care.

The agency had assessed risks to the health and wellbeing of people who used the service, however, not all identified risks had risk management plans in place to guide staff on how to support people in minimising these risks.

Staff received regular training, however, we found that staff did not always have a good knowledge and understanding around safeguarding of adults and children and the Mental Capacity Act 2005.

Some of the agency's auditing systems were not fully effective in monitoring all the areas of the service provision to identify areas for improvement so these could be addressed.

People using the service told us the agency had helped to protect them from harm and abuse. The majority of people said they felt safe with staff that supported them.

Staff received regular supervision, spot checks and other informal support to help them carry out their roles effectively.

Records showed that people's care had been planned in their best interests and staff asked for people's consent before providing the care and support.

The provider had an appropriate recruitment procedure in place and there were sufficient staffing deployed to support people in meeting their care and support needs.

People received their medicines as prescribed and staff were sufficiently trained to administer medicines safely.

Staff supported people to have sufficient food and a nutritious diet and they ensured people had access to external health professionals if people's health deteriorated.

People using the service told us staff provided care that was kind and compassionate and they were willing to go beyond what was agreed in people's care plans to meet people's changing needs.

Staff had supported people to be independent and encouraged them to make decisions about their care and treatment.

Staff respected people's dignity and privacy and they sought people's consent before providing personal care.

The agency had assessed people's care needs and preferences and gathered information which was used to develop people's plans of care. Staff had access to these plans and were able to use information recorded there when providing support to people.

Staff supported people to follow their interests and take part in social activities and various community events.

The agency had a complaints procedure in place and people and their relatives knew what they could do in case of any concern and complaints they might have had about the service they received.

The provider supported people using the service and where appropriate their relatives in sharing their experience of the care and support provided by the agency.

The majority of the staff we spoke with thought the agency was well-led and they felt supported by their managers. Staff worked well as a team and there was an ongoing and effective communication between the staff and the managers.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and we made two recommendations related to additional training for staff around safeguarding adults and children and the Mental Capacity Act 2005.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The agency had assessed risks to people's health and wellbeing, however, not all identified risks had risk management plans to guide staff on how to support people in minimising these risks.

People using the service told us the agency helped to protect them from harm and abuse. The majority of people said they felt safe with staff that supported them.

The provider had an appropriate recruitment procedure in place, which they followed.

There were sufficient staff deployed to support people in meeting their care and support needs.

People were supported to receive their medicines in a safe way and as prescribed.

Is the service effective?

Good

The service was effective.

The care had been planned in the best interests of people who used the service, however, care staff were not always familiar with the principles of the Mental Capacity Act 2005.

Staff asked for people's consent before providing the care and support they needed.

Staff received regular training, supervision, spot checks and on-going informal support to help them carry out their roles effectively.

Staff supported people in maintaining good health and in having access to healthcare professionals when required.

Is the service caring?

Good

The sericite was caring.

People using the service felt staff provided care that was kind and compassionate.

Staff showed a kind and compassionate approach towards working with people they supported.

Staff told us they supported people to be independent and had encouraged people to make decisions about their care and treatment.

Staff respected people's dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People received person centred care that reflected their care needs and individual preferences.

People's care was regularly reviewed and they or their relatives were involved in the review process.

Staff supported people to follow their interests and take part in various social and community activities and events.

The agency had a complaints procedure and people and their relatives knew how to raise any concerns and complaints they might have had about the service they received.

The provider supported people using the service and their relatives in sharing their experiences of the care and support provided by the agency.

Is the service well-led?

Requires Improvement

The service was not always well led.

Some of the agency's auditing systems were not fully effective in monitoring all areas of the service provision and to identify areas that needed to be improved.

The majority of the staff thought they felt supported by their managers and there was ongoing and effective communication between the staff and the managers.

The external professionals thought the agency delivered good quality care to people who used the service.

Equicare Services 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 checked 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 10 July 2017 and was announced. We gave the agency 48 hours' notice because the location provides a domiciliary care agency service and we wanted to make sure someone was available to talk to us during our inspection.

This inspection was carried out by 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 care service.

Before the inspection, we carried out telephone interviews with 11 people using the service and one relative of a person.

Additionally, we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit, we spoke with the director, the registered manager, the care coordinator and the office administrator.

We looked at records which included care records for five people, recruitment and supervision records for six staff members, , training records for 11 staff members and other documents relating to the management of the service, such as, medicines, recruitment, staff training and supervision audits.

Following the inspection, we contacted four staff members who gave us their feedback on their experiences of working for the agency. We also contacted nine external professionals out of which four gave us feedback on the agency.

Requires Improvement

Is the service safe?

Our findings

The agency had assessed risks to people's health and wellbeing, however, we found that not all identified risks had risk management plans to guide staff on how to support people in minimising these risks. For example, one person had been identified as having rapid changes in mood that could affect their daily routine. There was no risk management plan in place to guide staff on how to support the person in minimising the impact of their mood changes. A second person required a staff member to support them with going out into the community. The agency had identified that the person could attempt to make their own way home if they thought a staff member was not present. There was no risk management plan to support staff on how to minimise the risk of the person walking away or what to do if the situation occurred.

This was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

We also saw some good examples of risk assessment and risk management plans. These were related to risk of falls and moving and handling of people using the service and gave staff detailed information on what the identified risks were and what action staff needed to take to minimise these risks. All people whose files we looked at had general risk assessments related to an environment they lived in.

People using the service told us the agency had helped to protect them from harm and abuse. The majority of people said they felt safe with staff that supported them. People's comments included, "Yes the ones that I see are really good. I've had no problems", "The girls I get are fantastic they are always looking out for me" and "Yes definitely, I trust them to look after me." One person told us that they were mistreated by a staff member and that the agency had been dealing with this situation.

At the time of our inspection the agency had one current safeguarding concern that had been dealt with by the registered manager. The agency had notified the relevant local authority about this concern so this could be appropriately investigated.

The provider told us all staff completed safeguarding adults training as part of their induction and training records in staff files we looked at confirmed this. Staff also confirmed they had completed the training, however, not all of them were able to describe potential signs of abuse and were aware of the agency's safeguarding policies and procedures. Their comments included, "If any type of abuse happened, I would report it to the agency" and "They [people who used the service] could get hurt and abused. If I knew about it, I would go straight away to my manager, social services or other relevant organisation such us CQC." We found that one staff member understood safeguarding as ensuring health and safety of people when using manual handling techniques but was not aware of various forms of abuse people could be exposed to. Two other staff member we spoke with were not aware of other external agencies they could talk to in case they were concerned about the safety of people they supported.

We recommend that the provider seek further training, for the staff to consolidate their understanding of the principles of safeguarding of adults and children and about recognising and reporting of safeguarding

concerns.

The provider had an appropriate recruitment procedure in place, which they followed. We looked in the personal files for six staff members and we saw that required recruitment paperwork was in place. These included up to date criminal records checks and a detailed history of previous education and employment. We saw that the provider requested references for all new staff employed by the agency, however, we saw that they did not validate references for one out of six staff members whose files we looked at. Therefore, there was a risk that staff employed by the agency might not be suitable. We discussed with the provider additional measures they could take to ensure people were protected from unsuitable staff. The provider agreed to do this in the future.

There were sufficient numbers of staff deployed to support people in meeting their care and support needs. People told us that staff were available when they needed them and that they rarely had to wait to receive the support they needed. People's comments included, "[Staff come] twice a day. They are no more than 10 minutes late due to traffic or something. I don't mind. They will always come no matter what", "I don't think they have ever been late. They haven't missed any visit" and "Yes [they are] always on time. I've never heard of them ever not coming around."

The provider had a computer-based system in place to enable the registered manager to monitor calls and to ensure that all calls were covered and staff knew who they were assigned to visit that week. The system showed live information about where each staff member was and if they were late for a visit this set off an alert which the registered manager responded to. The provider had also devised an additional tool that allowed the registered manager to match people and staff located in the same geographical area. This meant the provider ensured minimum traveling time needed by staff between allocated calls and prompt staff replacement cover in case of an unexpected staff absence.

Some people received support in taking their medicines. Staff recorded each administration on Medicines Administration Charts (MARs). We looked at a sample of such records for two persons and we saw that each administration was recorded as required. Staff we spoke with told us they had received medicines administration training and were able to demonstrate a good understanding of the agency's policies and procedures relating to the safe management of medicines.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We found the agency was working within the principles of the MCA. The majority of people receiving support from the agency had capacity to make decisions about their care and treatment. Records showed that when someone using the service had been identified as not having capacity, the registered manager carried out a mental capacity assessment, and outcomes were recorded in respective care files. We saw evidence that when decisions needed to be made on behalf of the person there was a record showing that care had been planned in their best interests by the agency and the person's representative.

People told us that before they received any care, staff asked for their consent and acted in accordance with people's wishes. People's comments included, "We have a chat about what they can do and then they will do it", "Yes always [ask for permission] they will never force me into doing anything" and "I have a choice and they will let me do what I want". Records showed that people or their representatives signed their consent for care and treatment. Where people had capacity to make decisions but were not able to give their written consent, clear records were maintained stating why the person was not able to sign consent documents.

Records showed that staff completed MCA training as part of their induction and refresher training. However, one out of four staff we spoke with did not have a good understating of the principles of the Act. They understood the Act as "trying to stimulate somebody's mind and trying to keep them active" and they were not aware of the processes relating to making best interests decisions on behalf of people who could not make decisions for themselves.

We recommend that the provider seek further training, for the staff to consolidate their knowledge and understanding of the principles of The Mental Capacity Act 2005 and how to support people using the principles of the Act.

People using the service thought staff had the skills and knowledge needed to support them effectively and they were happy with the care they received. People's comments included, "Yes they [staff] are very good at their job. They have taken good care of me and I really like them", "I have never had an issue with anything they have done" and "Yes they [know what they are doing]. Yes everything I need and any help I need they will do for me."

New staff members undertook an induction that consisted of the training the provider considered

mandatory. This included moving and handling (theory and practice), health and safety, safeguarding, the MCA, dementia care and medicines administration training. The agency required that newly appointed staff completed shadowing of their more experienced colleagues and the registered manager assessed their competencies before they started working with people unsupervised. All staff we spoke with confirmed that they received an induction prior to starting their role as a care worker.

Other staff received regular mandatory, refresher training and additional training that was required to support people in a safe and effective way. Records for all staff whose files we looked at contained training certificates confirming that they completed the required training within the past 12 months. The registered manager provided us with a copy of training records which showed the training that staff had undertaken and which training they were due to refresh.

The majority of staff we spoke with told us they felt supported by their respective managers. Staff's comments included, "I feel supported. [Managers] always answer my calls and give advice on what to do", "[Managers] do support us. You call them and they are very good in supporting and asking how we are feeling about our work." Records for all staff whose files we looked at showed that staff received regular one to one supervision and a yearly appraisal of their work to ensure the best possible support was provided for people they cared for.

The majority of people who used the service did not need staff's support with food and fluid intake as they were preparing their own food or they had arrangements in place to ensure they received regular meals. Some people required staff's support at mealtimes, such as preparing meals or warming up already prepared food of their choice. For those people who needed staff's support we saw care plans in place giving detailed guidelines for staff on how to support the person with eating and drinking. For example, one person's care plan stated that they wanted to eat at their own pace and they required staff's encouragement, when experiencing a poor appetite. This meant that the agency supported people to be able to eat and drink sufficient amounts to meet their needs.

The agency supported people to maintain good health and have access to external healthcare professionals if needed. Staff assessed people's health care needs during their initial assessments. Gathered information, such as, detailed information on people's previous medical history and health condition was then used to inform people's individual care plans that staff had access to. This meant that staff could access relevant information and take appropriate action should a person health y deteriorate.

Good

Is the service caring?

Our findings

People using the service told us staff provided care that was kind and compassionate. People's comments included, "The ones [care staff] I have now are really nice and caring", "Yes they are very caring and very helpful. I couldn't do a lot of things without their support" and "Yes they are [nice]. They just help me with anything I need."

All of the staff spoke with kindness and compassion about the people they supported. One staff member told us, "This job is very rewarding. I do something useful to support people and this gives them motivation to achieve more".

The agency had a matching system, which enabled them to match a staff member to a person, based on certain attributes. These included the language spoken, care preferences and staff's training needs and skills. By doing so, the agency encouraged development of lasting and friendly relationships between people using the service and staff who supported them. One person using the service confirmed they often had the same staff members visiting them. They said, "The ones [staff] I have now are really good. But one of the carers is really good, she takes me shopping, tops up my phone and sort out my electric key to make sure I have electricity. If I have an appointment to go somewhere they will go with me."

People thought staff provided the care and support as it was agreed in their care plan and were also willing to go beyond it when people's needs changed. People we spoke with told us, "They [staff] will discuss with me what I want and then try and help me as best as they can", "We have a friendly relationship. They [staff] will help me with whatever I need" and "Yes [they ask me questions about anything I need/want] of course they do. They are good like that". In one of the completed quality assurance questionnaire that we looked at, a person stated, "No changes needed to my care plan as she [staff member] already does over and beyond."

Staff told us they supported people to be independent and had encouraged them to make decision about their care and treatment. One staff member said, "I gently coach them to do things like get out of bed, wash. I ask them "How about we do this." In the end it is their decision." Quality assurance questionnaires completed by people indicated that they felt encouraged by staff to be independent and more active. Some of the comments we saw included, "I always go for a walk with [staff name]", "With the help of my carer, I can go out and about" and "My carer respects my choices and independence."

People told us they were happy with the staff who visited them and the care they received. People were supported with personal care if they required this and were also encouraged to do as much for themselves as possible. All of the people we spoke with told us staff respected their dignity and privacy and they sought their consent before providing personal care. People's comments included, "Yes they talk to me about everything they are going to do and make sure I am happy with it", "As far I can remember they have always asked me." Staff told us it was important to them to ensure people felt comfortable when receiving personal care and that their independence was maintained as much as it was possible. They told us, "I do things according with what the person wants. We chat about what we are going to do and in the chat they give me

their consent", "I pass the soap and a conditioner and I only help if it's needed. I ask them every day how they are. If they don't want me to do something, they would tell me" and "I talk gently to people and always tell them what I am going to do first so they feel comfortable." Information about supporting people with dignity and respect was included in their care plans.

Good

Is the service responsive?

Our findings

The care plans we saw contained information gathered during an initial assessment of people's needs and were person-centred. We looked at the full needs assessment document for five people using the service and we saw that it contained information on people's care needs, preferred way of communication, information on people's previous occupation as well as people's personal likes, dislikes and their hobbies. This information was used to develop people's plans of care. This helped staff to know what was important to the people they cared for and helped them take account of this information when delivering their care. Care plans we saw also included an explanation of how staff could support people to meet their needs. For example, in one person's care plan, we saw that they liked to attend a place of worship once a week and staff were asked to accompany the person during this visits. A second person experienced difficulty with verbal communication and staff were required to write down what they were trying to convey on a piece of paper, so the person could read it and respond at their own pace.

Staff we spoke with told us they had access to people's care plans and were able to use information recorded in it when offering their support. Staff's comments included, "I usually deliver support according to the care plan, but I also consult with people asking if they are ok with me doing things for them" and "I read the care plan before I start working with a person and if there are any changes to people's needs I inform the agency about it." This showed that staff were aware of what support was required, as well as were prepared to be flexible when providing care in order to meet people's changing care needs.

The majority of people using the service and their relatives confirmed that they felt involved in the care planning process. People's comments included, "Yes, I helped to create one [care plan] when I joined" and "Yes, we had a little meeting and got it down together." Two people told us that they did not remember if they took part in formulation of their plan of care. We looked at records of people's initial assessments and care plans and we saw that people or where appropriate their representatives signed them. This evidence showed that people were involved in planning of their care.

Records showed that care plans had been reviewed regularly and the review documents indicated that people were involved in the process. For example, one person's review documents stated that the person and their relative were present during the review and that they had shared their opinions on their care package.

Staff supported people to follow their interests and take part in social activities and various community events. Care records we looked at indicated that staff accompanied people to a library, tennis, badminton sessions and cycling. Two people using the service told us staff supported them in doing their weekly shopping. The registered manager told us about other occasions when staff celebrated with people their birthdays and supported them in maintaining contact with family members who were not able visit them. We saw photographs of these various events confirming that people had been involved in such activities and they enjoyed them.

The agency had a complaints procedure. People using the service and their relatives had access to it and

knew what they could do in case of any concern and complaints they might have had about the service they received. People and their relatives told us they never had to complain to the agency and they felt comfortable with raising any issues with the agency's representatives. They said, "I don't think I've complained to the office [the agency]. [I would speak] to someone in the office" and "No [I never made a complaint] I would just ring them up and talk to anyone in the office." At the time of our inspection we were made aware of one complaint that had been received by the agency. We saw that the complaint was dealt with promptly and to the satisfaction of the person using the service.

The provider supported people using the service and where appropriate their relatives in sharing their experience of the care and support provided by the agency. We looked at a variety of documents containing feedback about the support received by people who used the service. These included completed quality assurance questionnaires and testimonials of people who used the service. The feedback was generally positive and some of the comments included, "There are no concerns with my care package" and "Equicare is doing a great job caring for me".

Requires Improvement

Is the service well-led?

Our findings

Although the provider carried out audits on people's care files, these had not always been effective because these had not identified the lack of appropriate risk management plans to support staff in minimising risks, where these had been noted. We spoke about this with the director and the registered manager who told us an immediate action would be taken to address this matter. Following the inspection, the provider had contacted the Commission letting us know that they had started the implementation of new, bespoke risk assessment and management forms to manage all specific risks identified for each person who used the service.

At the time of our inspection we found that the provider had recorded complaints, incidents and accidents and safeguarding concerns on a purposely devised "concerns and choices" form. This meant that there was no clear division between these areas and there was no clear evidence of how the provider had audited and monitored each of them. We spoke about this with the agency's care supervisor who told us they were aware of this issue and they were in the process of introducing separate systems to record complaints, incidents and accidents and safeguarding concerns in order to have a more effective system to monitor all the three areas. Following our inspection, the provided had contacted the Commission to let us know that they had implemented this new system.

We saw evidence of other systems in place to audit and monitor the quality of the service delivered. These included medicines, supervision and staff file audits. We also saw the care plan matrix, which showed which care packages needed to be reviewed and the training matrix, which showed the training that staff, had undertaken.

The feedback from external professionals working with the agency varied. The professionals we spoke with told us the agency had delivered good care to people who used the service. One professional thought the agency would benefit from improving their knowledge and understanding of their regulatory responsibilities in regards to prompt dealing with safeguarding concerns and reporting to the Commission.

There was indeed one allegation of abuse where the provider had not notified the Care Quality Commission as required by law. We spoke about this issue with the director and the registered manager on the day of our visit. They informed us that they would submit the notification immediately. The Commission had since received the required safeguarding notification.
The registered manager confirmed they would ensure this was actioned in the future.

The agency had two directors who were also the owners of the agency. There was the registered manager who was supported by the care supervisor, the care coordinator and one administrator who were responsible for various aspects of the service provision.

The majority of the staff we spoke with told us the agency was well-led and they felt supported by their managers. Some of their comments included, "They [managers] are pretty good. They are brilliant. If we have any problems they give us directions", "They do support us. You call them [the management team] and

they are very good at supporting us and asking us how we are feeling about our work". One staff member told us they had not always felt supported by the management team.

Staff told us they worked well as a team and there was on-going and effective communication between the staff and the managers. Staff's comments included, "I feel supported by my colleagues, there is a good team work" and "We communicate well with each other by telephone or when we work together." The provider had arrangements in place to ensure ongoing communication with all of the staff employed by the agency. This was achieved through regular team meetings, and a mobile communication group that was set up to quickly share information about the changing care needs of people who used the service. We saw minutes of the staff meetings that took place between December 2016 and July 2017. We saw that topics discussed included medicines administration, mandatory training, staff's attendance and how to manage any potential missed calls.

The provider and the registered manager told us it was important to them to know how people using the service experienced the care and support provided by the agency. The registered manager had carried out regular quality assurance checks with people using the service and their relatives. They also had completed frequent spot checks on staff to ensure that staff complied with the agency's procedures and provided care and support as agreed in people's care plans. Additionally, the provider told us they were in the process of setting up coffee mornings for people using the service and their relatives. In these meetings people would be encouraged to meet other people who used the service and share with the management team their positive experience of the support provided by the agency as well as draw attention to any gaps in the service provision.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure that care and treatment were provided in a safe way to service users because: They had not done all that was reasonably practical to mitigate risks to health and safety of people who used service.