

Ealing Homecare Limited

Ealing Homecare

Inspection report

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Date of inspection visit:
20 September 2022

Date of publication:
03 October 2022

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

Ealing Homecare Limited is a domiciliary care agency providing personal care and support to people living in their own homes.

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. At the time of our inspection 30 people were receiving support with personal care.

Ealing Homecare Limited is the only branch of this private limited company.

People's experience of using this service and what we found

People were well treated and received personalised care which met their needs and reflected their preferences. They, and their relatives, were happy with the care and support they received. They liked the staff and felt their needs were met.

Staff were happy working at the service and felt supported. There were systems to help make sure only suitable staff were recruited, and that they received the training and information needed to provide good care.

People received their medicines in a safe way and as prescribed. There were assessments of risks for people and the staff planned care to help reduce the risk of harm.

People's needs were assessed and planned for. They were involved in making decisions about their care and their views were considered and respected.

There were suitable systems for managing the service. These included a range of policies and procedures, systems for dealing with complaints, safeguarding alerts and incidents. The registered manager was suitably qualified and experienced. They worked with external consultants to monitor and improve the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (Published 22 July 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ealing Homecare

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Act 2008.

Inspection team

The inspection was conducted by one inspector. An Expert by Experience supported us by making phone calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 September 2022 and ended on 20 September 2022. We visited the location's office/service on 20 September 2022.

What we did before the inspection

We looked at all the information we had about this provider which included the action plan they submitted following the last inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with two people who used the service and the relatives or representatives of 16 other people. We received feedback from four members of staff. We met the registered manager and consultants who worked with the provider to help monitor and improve quality.

We looked at the care records for five people who used the service and five staff files, which included information about training, recruitment and support. We looked at other records used by the provider for managing the service. These included checks and audits, meeting minutes and information about complaints, accidents and incidents.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, we found medicines were not always safely managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- People received their medicines safely and as prescribed. There were detailed risk assessments, instructions and plans relating to people's medicines which gave staff instructions about how each person needed to be supported.
- Staff received training to make sure they understood how to provide safe support with medicines.
- Staff recorded medicines administration. These records were regularly audited and checked by the management team to make sure people had received their medicines as prescribed. People using the service and staff told us they were happy with the support they received with medicines.

Staffing and recruitment

At our last inspection, we found systems for recruiting staff were not always effectively implemented. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 19.

- There were enough suitable staff employed to keep people safe and meet their needs. People using the service told us they usually had the same allocated care workers who arrived on time and were not rushed. The staff told us they had enough time to travel and to carry out care visits.
- There were systems for recruiting staff to help make sure they were suitable. The provider carried out a number of checks including an interview, references from previous employers and checks on any criminal records. They also assessed their skills, knowledge and competencies as part of the recruitment and throughout their induction into the service.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from the risk of abuse. These included procedures which

were shared with staff, so they understood how to recognise and report abuse.

- There had not been any safeguarding alerts since the last inspection, but the registered manager was aware of what to do should there be any concerns.
- People using the service told us they felt safe. There was information about safeguarding available in the paperwork the provider gave to each person to keep in their home.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed, planned for and monitored. The provider assessed risks relating to healthcare conditions, falling and moving safely. They also assessed specific risks identified for individual people. The assessments were regularly reviewed and updated.
- The provider also assessed risks within people's home environments, including fire risks. They had liaised with other organisations to help make sure risks were reduced.

Preventing and controlling infection

- There were systems and processes to help prevent and control infection. There were procedures and staff had training in this area. Staff and people using the service were given information about COVID-19 and preventing infection.
- Staff were provided with personal protective equipment (PPE) and people told us they used this and had good hand hygiene.
- The provider undertook spot checks observing staff. These included checks on how well they provided care which helped to prevent and control infection.

Learning lessons when things go wrong

- There were systems for learning when things went wrong. The registered manager investigated all incidents, accidents and complaints. They shared learning from these with the team through meetings and supervisions.
- There was a number of audits of different aspects of the service. The registered manager used these to help monitor when things had gone wrong. They had addressed any areas of concern with individual staff.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, we found staff did not always have the training and support they needed. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 18.

- People were supported by staff who were provided with a range of training opportunities. The provider sourced an external training provider and staff took part in classroom-based learning. New staff completed an induction, which included shadowing experienced workers as well as training and assessments of their skills and knowledge.
- The registered manager met with individual and groups of staff to discuss their work and areas for improvement. The staff told us they felt supported, had the information they needed and were able to learn new skills at work.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs and choices. They met with people and their representatives as part of the assessment process. Care plans were formed following these assessments. The assessments were based on best practice guidance and included a holistic view of their needs, including their equality and diversity needs.
- The provider reassessed people's needs when they changed and during regular reviews.

Supporting people to eat and drink enough to maintain a balanced diet

- People who required support to eat and drink received the support they needed. They told us they were happy with this service.
- Care plans included information about people's dietary needs and any concerns relating to these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to stay healthy. Care plans included information about people's healthcare conditions and the provider had created additional fact sheets about health conditions and things for staff

to be aware of. This helped them to understand about these different needs.

- The staff monitored people's health and had taken appropriate action when people became unwell, for example liaising with nurses, GPs and pharmacists, as well as calling for emergency medical care when needed.

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 MCA 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.

- The provider helped to ensure people had consented to their care and treatment. People were involved in making decisions about their care and this was recorded.
- For people who lacked the mental capacity to make decisions about their care, the provider had liaised with their representatives to make sure decisions were made in their best interests.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

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

- At our last inspection, we found some of the practices at the service did not always ensure people were well treated. At this inspection, we found improvements had been made. People were well treated, and the staff respected their equality and diversity.
- People told us they liked the staff and had good relationships with them. Some of their comments included, "One of the best things is that they make me smile a lot and cheer me up" and "They are really good, and I like them. They always talk to me while they work."
- People using the service and their relatives told us their diverse needs were respected and met. They said the agency provided staff who spoke a range of languages and same gender carers when needed.

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

- People were able to express their views and make decisions about their care. Care plans were created with the person and they had signed their agreement to these. The plans emphasised that staff should offer choices and respect these. People confirmed this happened.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They told us staff provided care in a personalised way, in private and respected their dignity.
- Staff had undertaken training in this area and knew how to provide respectful care.
- People were supported to be independent where they were able. They told us staff allowed them to do things for themselves and we saw care plans recorded what people were able to and wanted to do for themselves.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At our last inspection, we found that systems for dealing with complaints were not always operated effectively. At this inspection we found improvements had been made and the provider had suitable systems for dealing with complaints and improving the quality of care as a result of these.
- People knew how to make a complaint and had a copy of the complaints' procedure.
- The provider recorded complaints and the action taken to investigate and remedy these. They communicated well with the complainant to make sure they were kept informed of what was happening.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences. People told us they were happy with the care they received. One relative commented, "The carers have been really good at understanding day to day needs and how to cope with emergencies."
- Care plans were a detailed guide for staff on how to care for people. They gave personalised information. Staff kept records of the care they had provided and these indicated care plans were followed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The provider assessed their communication and sensory needs and planned for these.
- Information about the service and care plans were available in different formats and different languages if people needed this.

End of life care and support

- The provider helped to make sure people received the personal care they needed when they were unwell or at the end of their lives. Staff had training to understand the importance of good end of life care. The provider also had a file of information about good practice and guidance for staff.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, we found systems and processes were not always effectively operated. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- The provider operated effective systems to monitor and improve the quality of the service. They had worked with an external consultant to improve record keeping and systems for auditing the service.
- The provider carried out regular checks to make sure staff had provided care as planned. These included unannounced 'spot checks' on staff and auditing the records they completed.
- People's needs were regularly reviewed. The provider met with staff to supervise and appraise their work.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at the service and people felt they received personalised care. One relative told us, "I am very impressed. They bend over backwards to help."
- The provider asked people about, and planned for, their diverse needs, such as culture, language and religion.
- The provider asked people using the service and staff to complete satisfaction surveys about their experiences. Results of these showed people were generally happy.
- The registered manager ensured they stayed in touch with people and asked their opinions. They made regular phone calls and visited people to review their care. They stayed in touch with staff through team and individual meetings and use of a messaging service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was qualified and experienced. They were also the owner of the company and had a good knowledge of the people being cared for and staff. They kept themselves updated with changes in legislation and good practice.
- The staff told us they felt the service was well managed and they were supported by the registered manager. Some of their comments included, "[Registered manager] is a great manager, [they are] very caring and a good team leader", "They always support me" and "I feel supported and they always ask for my opinion." People using the service and relatives knew who the registered manager was, had contact from them and told us they were quick to respond to any concerns or queries.
- Staff were well informed about their roles and responsibilities and had access to a range of policies and procedures. There were also guides and fact sheets to help staff understand about different aspects of their roles.
- The provider was aware of their responsibilities under duty of candour. They had investigated and apologised for any adverse events and complaints.

Working in partnership with others

- The provider worked in partnership with other health and social care professionals to monitor and meet people's needs. They liaised with medical professionals and social workers when needed.
- The registered manager worked with an external consultancy firm to help improve the service and make sure legal requirements were being met.