

Consumer Watch Ltd

Home Care Essex

Inspection report

Office Suite 2
Enterprise House, Kings Road
Canvey Island
SS8 0QY

Tel: 01702881277

Website: www.homecaressex.co.uk

Date of inspection visit:

19 January 2023

20 January 2023

Date of publication:

14 February 2023

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

Home Care Essex is a domiciliary care agency who provide personal care to people in their own homes. At the time of inspection 10 people were using the service. 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 this service and what we found

People and their relatives were very positive in the feedback they gave about the service. One relative said, "I cannot fault them (staff), they are very good and on the ball." Another relative said, "We are getting the best treatment."

Care planning was person-centred and delivered in a way which was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicines when needed were dispensed by staff who had received training to do so.

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

People when needed were supported with hydration and nutrition. The provider responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

Systems had been put in place to monitor the service, provide oversight and drive positive outcomes for people.

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

Rating at last inspection and update

This service was registered with us on 28 January 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Care Essex on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection program. If we receive any concerning information 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?

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 ●

Home Care Essex

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 Care Act 2008.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 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.

Inspection activity started on 19 January 2023 and ended on 20 January 2023. We visited the location's office on 19 January.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 3 relatives. We spoke with the registered manager and 2 members of care staff. We reviewed a range of records including 3 people's care records, 2 staff recruitment folder, audits, policies and training records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. One person said, "All the staff are very friendly." A relative told us, "It is so nice to have care staff you can trust."
- Staff had received training and knew how to safeguard people. One member of staff said, "If I had a safeguarding concern, I would raise it straight away with the manager and follow it up with an email."
- The registered manager followed the local authorities safeguarding procedure and knew how to raise concerns if needed to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place to assess people's needs and mitigate risks.
- Care plans provided guidance to staff to support people who were at risk of falls, pressure sores, choking and moving and handling safely. A relative said, "Recently when staff noticed an issue with skin looking red, they raised it immediately and got the palliative nurse in to deal with it."
- Environmental risk assessments were completed before care commenced to ensure staff were safe and people were being supported safely.
- The registered manager had business contingency plans in place to support the service through any untoward events, to ensure the service could continue to run. People were given a rating known as a rag rating which flagged to staff where people's care needs must be prioritised as part of the contingency planning.

Staffing and recruitment

- People were supported consistently by the same staff team. A relative said, "I know all the staff's names." One person said, "I always know who is coming in, and then staff tell me who will be here the following day."
- As the registered manager recruited staff the number of care hours which could be provided were increased meaning new packages of care could be supported.
- The registered manager had a system in place to check care calls were happening when they should and to monitor for the risk of missed calls.
- Recruitment processes were followed to ensure staff employed were suitable for the role. This included obtaining references, checking work history and obtaining a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- There were processes in place to support people with medicines safely. Where people required support

medication administration records were kept and body charts used to guide the application of creams.

- Staff had received training in supporting people with medicines and had their competency checked to do this.
- The registered manager completed regular audits of medicine records to ensure they were in good order and actions taken when needed.

Preventing and controlling infection

- Staff had received training in infection prevention control and COVID 19. Staff were provided with personal protection equipment (PPE), and had their competency checked to use this.
- Risk assessments were in place for COVID 19 and best practice guidance was being followed to minimise the risk of infections.

Learning lessons when things go wrong

- The registered manager had good communication systems in place to share information with staff. We saw from minutes of meetings any issues or lessons learned were discussed. Staff told us there was good communication and they were kept up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Before people began using the service their care needs were assessed and their preferences recorded, in care plans for staff to follow.

Staff support: induction, training, skills and experience

- Staff told us they were well supported by the registered manager. One member of staff said, "Before I started with the company, I had an interview then I went into the office to complete training with the manager and did a number of shadow shifts."
- The registered manager completed competency checks on staff to ensure they were supporting people correctly with medication and moving and handling. Training records showed staff were supported to complete a number of courses relevant to their role.
- A relative said, "I watch the staff and they know what they are doing and are well trained."
- Staff had spot checks and supervision with the registered manager to check they were performing their role correctly and identify any further support required.

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

- Any support people required was identified in nutritional assessments for eating and drinking.
- Care plans identified how best to support people. The registered manager arranged a speech and language therapist (SALT) assessment for one person who was having difficulties with swallowing. From records we saw staff followed the advice given.

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

- The registered manager linked in with other healthcare professionals when needed such as GPs, district nurses, palliative nurses and occupational therapist.
- A relative told us during an emergency staff had called for an ambulance and waited with their loved one whilst they waited for it to arrive.
- One person said, "The service is very flexible, they changed call times and days for me so I could attend a medical appointment."

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.

- Staff had received training in MCA and knew to gain consent from people to support them with their care.
- The registered manager spoke with people about their care and support needs and recorded their consent. Where people had lasting powers of attorney in place these were recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives spoke very highly of the staff and the service they were receiving. One person said, "I am completely satisfied with the service. I think of the staff as my friends." Another person said, "I am very pleased, I have carers I can trust and who actually talk to me."
- Care records showed people were treated as individuals and their equality and diversity respected by staff.

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

- The registered manager met with people and their relatives to discuss their support needs and how they could best be supported.
- People and relatives told us communication was good with the registered manager and that information was shared in a timely way. One person said, "I have the registered managers phone number and they always respond when I call."
- A relative said, "I have access to the electronic records so that I can always check what has happened."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected people's privacy and independence. One member of staff said, "We promote people's independence as much as possible."
- A relative told us how their loved one became distressed by a member of staff's glasses. They told us during all calls the member of staff always remembers to remove their glasses so as not to cause distress.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Before people received care a full assessment of their needs was completed by the registered manager. In agreement with people and relatives a care plan was formulated identifying their needs and wishes for care.
- Care plans were regularly reviewed with people and their relatives so staff had the most up to date information to support people. One member of staff said, "The care plans are very detailed, and the registered manager always updates them immediately if there are any changes."
- Where there were specific concerns or health related conditions risk assessments and information was in place to enable staff to support people safely.

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.

- The registered manager completes a full assessment of people's communication needs and writes a care plan for staff to follow which supports these needs. For example, we saw recorded one person prefers to be spoken to loudly and clearly with staff facing them.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place and people knew how to make a complaint.
- We saw where concerns had been raised the registered manager fully investigated these and when appropriate action was taken to address the complaint and learn lessons to prevent further complaints.
- The service also received a number of compliments for the care provided one compliment received said, 'The quality of services provided is exceptional. I feel extremely grateful for the support, care and kindness we received.'

End of life care and support

- The registered manager had experience with supporting people at the end of their life and worked closely with the palliative care team to provide this.
- People's wishes for the end of their life were recorded.
- Staff were provided with training for end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager wanted to provide care to people which was safe and dignified and supported positive outcomes for them. Staff shared this vision, one member of staff said, "I want people to be treated with dignity and respect and have the care they deserve."
- Care was planned in a person-centred way taking into account people and relatives' preferences and wishes for care.
- People and relatives told us how they were frequently in contact with the registered manager and communication was good, which enabled positive outcomes. One relative said, "I have messaged as late as 10 o'clock at night thinking the manager would pick up the message in the morning but they responded immediately to me."

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 clear about their role and focused on setting up a service which provided good outcomes for people and achieved a good reputation. The registered manager was experienced in working in the care sector and understood regulatory requirements.
- Staff were supported by a senior team who covered on-call so staff always had a senior person to talk to or share any concerns.
- One member of staff said, "I feel very supported, the registered manager is an excellent mentor."
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

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

- The registered manager had systems in place to regularly engage with people and their relatives. This included meeting with them to discuss their care need and getting feedback in person and through questionnaires. One relative said, "We frequently see the manager, because they sometimes do the care calls as well."
- The registered manager sent out questionnaires twice a year and we saw positive feedback on these about the service and level of care people received.
- Staff had regular meetings with the registered manager, supervision and spot checks. They had also

recently met for two working brunches.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a number of governance systems in place to continuously review and improve the service being provided.
- The registered manager kept themselves up to date with developments in the care sector and belonged to networks to share ideas and information,
- When required the service worked in partnership with others to support positive outcomes for people.