

EGH Care Services Limited

EGH Care Services - Main Office

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

EGH Care Services - Main Office is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection three people were receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The registered manager had good oversight of the service. They cared for people directly and so had a good understanding of people's needs and preferences and made sure they were met. The registered manager understood their responsibility to notify CQC of significant events, such as allegations of abuse, as required by law, although there had been none required. The registered manager and staff understood their role and responsibilities. The registered manager engaged and communicated well with people using the service and staff. Staff felt well supported by the registered manager.

People received the right support in relation to risks involved in their care. There were enough staff to support people safely and staff timekeeping was good. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE) to reduce the risk of COVID-19 transmission. People received the right support in relation to their medicines.

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

Staff received the training and support they needed to meet people's needs. People were supported to maintain their health and to see health and social care professionals when this was an agreed part of their care. People received food and drink of their choice.

People liked the staff who supported them and developed good relationships with them. People received consistency of care from a small number of staff who knew them well. People were supported to improve their independent living skills as far as possible and staff treated people with dignity and respect. People were involved in their care and their care plans were based on their individual needs and preferences. People were encouraged to raise any concerns or complaints.

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

Rating at last inspection

This was the first inspection of this service which registered with us on 1 December 2020¹ and we have rated them good.

Why we inspected

We undertook this inspection due to the length of time since registering with us on 1 December 2021.

Follow up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 ●

EGH Care Services - Main Office

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

Our inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection although we then had to rearrange due to the availability of the registered manager. This was because we needed to be sure the registered manager would be available to support the inspection. We also needed to obtain the consent from people using the service to be contacted by us to obtain feedback on their experience of using the service.

The inspection activity started on 16 November 2022 by requesting various records from and interviewing the registered manager. We then made phone calls to people using the service and staff, one of whom preferred to communicate via email. Inspection activity ended on 12 December 2022.

What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. The provider was not 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 of this information to plan our inspection

During the inspection

We spoke with the registered manager. We spoke with a person using the service, a relative and two care workers about their experiences of the care provided. We reviewed a range of records including care and staff records and records relating to the management of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone calls to enable us to engage with people using the service and staff and electronic file sharing to enable us to review documentation.

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.

Staffing and recruitment

- There were enough staff to support people safely and the registered manager told us they would increase staff numbers on accepting more people to the service.
- People told us staff timekeeping was good and they had not experienced any missed visits.
- Staff were recruited with suitable checks of their safety. These checks included a completed application form, references, health conditions, identification and criminal records. A full employment history was not always obtained for staff and the registered manager noted this as an area for improvement.

Using medicines safely

- People's medicines were managed safely. Records showed the provider assessed people's needs and risks relating to medicines. Records showed a person received medicines as prescribed. A person told us, "Medicines are generally all fine, no major concerns".
- Staff received training in safe medicines administration before they were allowed to administer medicines to people.
- The registered manager checked staff administered medicines safely to a person through auditing medicines records, observing staff and gathering feedback from people or their relatives.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider identified and assessed risks to people, such as those relating to mobility, the home environment and infection control.
- Guidance was in place for staff to follow to reduce the risks to people's health and welfare such as moving and handling. A relative told us, "All staff knew how to use the equipment". A person said, "I very, very much trust them and feel safe".
- Staff understood how to respond to accidents and incidents although there had been none since people started receiving care.

Preventing and controlling infection

- Staff received training in infection control and the safe use of personal protective equipment (PPE) to reduce the risk of infections including COVID-19. People and relatives did not raise any concerns about infection control.
- Staff also received training in food hygiene and people were satisfied with the way staff handled their food.
- The registered manager checked staff followed safe infection control practices by observing them and asking people and relatives for feedback. Staff had access to a regular supply of PPE.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them and the registered manager informed people how to raise concerns internally and externally if necessary.
- Systems were in place to protect people from the risk of abuse including training staff to recognise abuse and take the right action. Staff understood their responsibilities in relation to safeguarding.
- Although there had been no allegations of abuse, the registered manager understood their responsibilities to report to the local authority safeguarding team, follow their guidance and to notify CQC.

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 of 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.

Staff support: induction, training, skills and experience

- Staff received training in relation to their role such as health and safety, moving and handling, infection control and food hygiene. People and relatives told us they found staff well trained and skilled in their roles. A person said, "Staff are well trained".
- Specialist training was provided when necessary. Staff were supported to complete the care certificate and diplomas in care. Nationally recognised qualifications to ensure they had the required skills and knowledge to undertake their role.
- Staff received regular supervision and appraisal plus spot checks to check they carried out their responsibilities well. Staff told us they felt supported by the registered manager.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- At the time of our inspection no one required MCA assessments as everyone receiving care had the mental capacity to consent and support was provided in line with their wishes and decisions.
- The registered manager checked if any loved ones had legal authorisation to make decisions on a person's behalf. If a person was suspected to lack capacity and no one had legal authorisation to make decisions for them, they understood how to follow the MCA.
- Care workers understood their responsibilities in relation to the MCA and they received training in this.

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

- People's mental and physical healthcare and emotional support needs were assessed and recorded in their care plans. Staff understood people's needs.

- Staff were available to support people to see the healthcare professionals when this was an agreed part of their care.
- The provider recorded people's food preferences and dietary needs in their care plans and staff prepared meals in line with these.

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

- People's needs were assessed by the registered manager before their care began. The registered manager met with people and their relatives to find out more about them. A relative told us, "[The registered manager] did an assessment which was good. She also reviews the care".
- The provider continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and others involved in their care, such as their relatives and health and social care professionals. A person told us the [registered manager] met with me before my care started to assess my needs, it was good".

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 of 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 were positive about the staff who cared for them, as were relatives. A relative told us, "Staff are warm". A person said, "They are so good, very good. They are nice and also caring. They understand me well".
- People received consistency of care from the same staff who knew them and developed good relationships with them. A relative told us, "I am lucky to have regular staff".
- People told us staff were not rushed and people received meaningful care as staff had time to engage with them. Staff told us they were not rushed to travel between visits.
- Staff received training in equality and diversity and understood people's gender-related, religious, cultural and social needs. These needs were reflected in care planning.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they encouraged people to be involved in their care as much as they wanted to with the aim of maintaining their independence as long as possible. A relative told us this was part of their agreed contract. A person said, "They encourage me to do things for myself".
- People's privacy and dignity was respected by staff and staff understood how to maintain people's confidentiality. Staff received training to understand their responsibilities in relation to this. A person told us, "They always respect my privacy, dignity and choice."

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

- Staff cared for people according to their personal preferences, such as how they liked to receive personal care, their daily routines and food and drink.
- The registered manager cared for people directly and contacted people to check they were satisfied or if they required any changes.

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

- People were involved in their care plans through discussions with the registered manager who ensured key details were reflected. Care plans were kept up to date so they remained reliable for staff to follow.
- People's care plans were personalised. They detailed their backgrounds, personalities, likes and dislikes, what they wanted to achieve through their care, those who were important to them and how they preferred to receive their care. Staff told us they understood people's individual needs and preferences through reading their care plans and working closely with them.
- People were supported to attend activities and do day to day tasks such as shopping if this was an agreed part of their care.

Meeting people's communication needs

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

- The service met the AIS and the registered manager told us key information could be provided to people in alternative formats if necessary.
- The registered manager recorded people's communication needs in their care plans and how best to communicate with them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which people were given a copy of. People knew how to raise a concern and they had confidence the registered manager would investigate and respond appropriately. A relative told us, "It's always clear I can raise any concerns and I have confidence in her".
- People were encouraged to raise any concerns or complaints although the service had not received any complaints since they registered with us.

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, the registered manager told us they would work closely with the person, their relatives and professionals such as the local hospice staff and district nurses to care for people. Training was available 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.

This is the first inspection of this newly registered service. This key question has been 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; Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was also the owner and director and had many years' experience in care and our inspection findings and discussions showed they had a good understanding of their role and responsibilities, as did staff.
- People, relatives and staff were positive about the leadership of the service. A relative told us, "[The registered manager] is very responsive. She accommodates requests and checks in with us. She supports the carers and is experienced." A person said, "The manager is good, very, very caring. She always listens".
- The registered manager understood their responsibility to send us notifications in relation to significant events that had occurred in the service such as any allegation of abuse, although none had been required.
- The registered manager had good oversight to know people received a good standard of care. As the service was small, all aspects were overseen by the registered manager day to day and our inspection findings showed their auditing processes were effective in checking the quality of care.

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; Working in partnership with others

- People and relatives told us the registered manager communicated well with them and they visited frequently to provide care and ask their feedback. Staff told us the registered manager kept them up to date with any changes in people's care and to the service. A person told us, "The manager always listens to me and checks on me to make sure I'm happy with my care. They always give me choice".
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. People, relatives and staff described the registered manager as being open and transparent.
- The registered manager told us they would communicate with external health and social care professionals such as social workers, district nurses, GPs and occupational therapists to ensure people received the care they needed.