

Ekklesia Integrated Services Limited

Ekklesia Healthcare

Inspection report

Unit 6
Chalfont Square, Old Foundry Road
Ipswich
IP4 2AJ

Tel: 07999941661
Website: www.ekkleisiahealthcare.co.uk

Date of inspection visit:
27 January 2023
09 February 2023

Date of publication:
21 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

Ekklesia Healthcare is a small domiciliary care service providing care to 4 people in their own homes. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

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

We were not able to speak with the people who used the service but received feedback from 3 relatives. All were complimentary about their experience with Ekklesia Healthcare and would recommend the service. One relative said, "This agency has never let us down and we have a good understanding with the care staff that come."

The management and staff worked with people, relatives and other professionals to achieve person-centred care and good outcomes for people.

Risks to people had been assessed and were managed safely. People were supported by a staff team who were safely recruited and knew how to protect them from potential harm. Staff were up to date with their training and had their competencies regularly checked by the registered manager.

Staff felt supported and valued in their role by the management team and there were enough staff to meet people's needs. People received their care visits at the times they expected, for the length of time agreed, and from staff they knew.

At the time of the inspection no one was being supported with their medicines. Staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

People's care records were re-assessed regularly and guided staff on how to assist people safely and encourage their independence.

Staff understood the importance of gaining consent from people and ensured people's privacy and dignity was respected. 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.

Relatives described being able to raise any issues with the staff and management team and were confident these would be addressed.

The registered manager delivered care and maintained an overview of activities. Systems to monitor the quality and safety of the service were in place with plans to develop them further. We signposted the

management to seek further support in this area from the local authority commission team.

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

Rating at last inspection

The service was registered with us 30 November 2021 and this is the first inspection.

Why we inspected

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

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.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Ekklesia Healthcare

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 team consisted of an 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.

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. At the time of this inspection there was a registered manager in post. The registered manager was also the provider's nominated individual, this meant they were 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. This was because it is a small service where the registered manager also provided care calls and we needed to be sure that they would be available to support the inspection.

Inspection activity started on 27 January 2023 when we visited the office. Telephone calls were made offsite to relatives and staff. Inspection activity ended when we had a face to face meeting via video call with management on 9 February 2023 to give feedback.

What we did before the inspection

We reviewed our systems and information we held about the service. 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 help plan our inspection.

During the inspection

People who used the service were unable to speak with us. We received feedback from 3 relatives about their experience of Ekklesia Healthcare Ltd.

We spoke with the registered manager who was also the provider's nominated individual, the care coordinator and 2 members of staff. We received electronic feedback from 2 members of staff and the local authority commissioning team.

We reviewed a range of records which included risk assessments for 2 people and 2 staff recruitment records. We also viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight 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 for 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

- Relatives said their family members were safe and at ease when they received their care. One relative said about the staff, "They are very professional and considerate. The carers don't rush [family member] they give them 100% attention and you can see how comfortable and safe they are with the carers." Another relative told us, "My [family member] is in safe hands with the carers, the manager also does care calls so they know exactly what is going on; very reassuring."
- Relatives gave examples of when the service had taken appropriate action to keep their family member safe from harm. For example, liaising with relevant healthcare professionals if they had concerns.
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately. A member of staff said, "I would report any issues to the management or contact other agencies like the CQC or safeguarding team from the council if needed."
- The registered manager understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

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

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment.
- A system was in place for accidents and incidents to be recorded and analysed by management for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- People received their care calls from staff they knew, and for the allocated time and agreed duration. One relative shared, "Very reliable and dependable service; no problem with time keeping, no missed or late visits. If there is a slight delay due to traffic, then we get a call to let us know." Another relative told us, "The carers come on time, they are reliable, spend the full time here, don't rush off, they stay and chat and see if anything else needs doing. We always have 2 carers that come to help with [moving and handling]."
- The registered manager and staff team worked hard to ensure that people received their care visits as planned and at the time of the inspection there had been no reported missed visits since the service started operating.
- Staff confirmed they had breaks and sufficient travel time to get to people whom they saw regularly.
- A review of staff recruitment files showed background checks were carried out. This included Disclosure

and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers.

Using medicines safely

- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicine; where that support was required.
- At the time of the inspection no one was being supported with their medicines.

Preventing and controlling infection

- Relatives confirmed that staff followed good infection control practice (IPC) in their homes and wore personal protective equipment (PPE). One relative said the staff, "Always wear their masks, gloves and aprons."
- Staff had received infection prevention and control training and additional training relating to COVID-19. They confirmed they had sufficient amounts of PPE.

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.

Staff support: induction, training, skills and experience

- Relatives told us staff were competent, knowledgeable and familiar with using specialist moving and handling equipment which gave them reassurance. One relative said, "I feel they [staff] are confident with using the mobility aids and are well trained. [Family member] is at ease with them."
- Staff received both eLearning and practical training, and an induction which included assessed shadowing by the registered manager and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve a qualification in care made available. A member of staff commented, "I feel supported in my role we have supervisions, spot checks, team meetings and messages that tell us of any changes and what we need to do to our job safely."

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

- The registered manager carried out an assessment of people's requirements before they began to use the service to ensure that they were able to meet the person's needs. The assessment included people's physical, mental and social needs.
- People's care and support needs were assessed, planned and completed in line with recognised best practice and current legislation.
- Records were regularly reviewed and updated as people's needs changed and reflected that people were involved in their ongoing planning and development.

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

- People were supported to eat and drink where they required this assistance. This was documented in their care records and provided guidance for staff on how to meet these needs.
- People were supported to access health care appointments and timely referrals for advice were made 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 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 on 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 registered manager understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- Relatives confirmed their family members were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat.
- People's care records documented to confirm staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.

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

- People's relatives were complimentary about the support and care provided. One relative said, "The manager and the carers are very kind and thoughtful. Nothing is too much trouble. They make sure [family member] is comfortable and do all that has been agreed in the care plan with a smile on their face."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. Where appropriate to do so relatives advocated for their family members. One relative shared, "We are very happy with the carers and manager. We have been listened to, respected and our feedback has been acted on. The carers work well with [family member]. They are patient, kind and understanding, they don't rush and provide the reassurance that is needed."
- Relatives confirmed that people were encouraged and supported wherever possible to make their own decisions and their views were acted on by staff and recorded in their care records. One relative said, "[Family member] will make it clear what they need or want the staff to do, they [staff] always ask and check before they start doing anything and I hear them doing what has been requested."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us the staff treated their family member with dignity, were polite and respectful and adapted their approach where needed to meet their communication needs. One relative shared, "They [staff] are good at taking their time to engage and encourage [family member] to do what they can for themselves, helping when it is needed with [personal care]. The staff are considerate of modesty and privacy."
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. The care records included the areas of their care people could do themselves and where they required support including how staff could best encourage this.
- Staff were observed by the registered manager in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, the registered manager made sure that people's independence, dignity and privacy was promoted and respected.

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

- Relatives told us that staff were considerate of individual preferences, taking account of what was important to their family member. One relative shared, "The manager and staff listen to our comments and suggestions, found them to be very receptive to our input. At the end of the day [family member] comes first and how they like things done is all that matters."
- People's care records were developed with the person/and or their representatives where appropriate. They were reviewed regularly and adapted when people's needs changed. The records provided staff with guidance on how to respond to people's needs effectively, safely and according to their preferences.
- Staff told us people's care plans contained information that was relevant and accurate about their needs.
- Relatives shared examples how the service was responsive and reliable and the positive impact this had. One relative said, "[Registered manager] will always get back to you. If you leave a message on the phone out of hours, they call you straight back. Never let me down, it's very reassuring for us."

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 registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.
- The registered manager told us that any information could be provided in other languages and or in alternative formats such as audio recordings and braille should these be required.

Improving care quality in response to complaints or concerns

- Relatives told us they knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed. One relative commented, "The office call every so often and check how things are going. The registered manager frequently pops by and will ask if we are happy with everything. We have no complaints very satisfied." Another relative said, "I haven't had any concerns or needed to make a complaint. [Registered manager] is very approachable and deals with any niggles we might have straight away, so it never gets to that stage."
- A complaints policy and procedure were in place. Records showed where concerns had been received they had been responded to in a timely manner with lessons learnt to prevent reoccurrence.

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

- Relatives were positive about their experience of the service and said they would recommend the service. One relative shared, "Ekklesia provide a caring and reliable service, the manager and staff are hardworking, kind and considerate."
- The registered manager worked closely with their staff team often supporting on care calls. This provided them with insight into their service and accessible to people and relatives feedback.
- Planned assessments ensured the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people and, where appropriate their relatives, to identify how they wanted their care delivered and to ensure it was person-centred.
- Staff had their competencies and practices assessed to ensure they were working to the standards expected. There was an open culture where staff felt able to speak to one another and the registered manager if they needed guidance and support.
- Staff were complimentary about working at the service and described the registered manager as visible and supportive. One member of staff shared, "[Registered manager] is always there if you need them. If you need advice, they are there for you. They make the time, get involved and know exactly what is going on. They often assist on calls and wouldn't ask you to do something they wouldn't do themselves."
- Feedback about the service was encouraged by the registered manager. Where people, relatives and staff had shared their views, their comments were followed up, acted on accordingly and used to develop the 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

- Staff understood their roles, responsibilities and duties. Staff performance was monitored through regular one to one supervision and competency checks by the registered manager.
- The registered manager was aware of when to report notifiable events to CQC and their legal regulatory responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Continuous learning and improving care; Working in partnership with others

- Systems and processes to monitor the safety and quality of the service was in place. The registered manager advised they planned to develop this as the business grew. We signposted them to seek further support in this area from the local authority commission team.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.