

EPIC Homecare Limited

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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

EPIC homecare Limited (hereafter called EPIC) is a domiciliary care agency which provides support and personal care to people living in their own home. 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 19 people were receiving a regulated activity from the service.

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

People told us they felt safe, and staff knew what actions to take to keep people safe. There were safe recruitment processes in place and adequate numbers of staff with the appropriate skills and experience to meet people's needs. Staff received training and their competency was regularly checked to ensure people received safe effective care. Staff followed infection control guidance and had access to Personal Protective Equipment (PPE).

People's care and support was planned with them, and risk assessments reflected people's needs. People's medicine administration records were up to date and were regularly reviewed to ensure people received their medicines as prescribed. People were supported by staff who were kind and caring and knew people's choices and preferences.

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.

Staff understood their roles and responsibilities and felt confident in their role. Staff liaised with other health and social care providers to ensure people's health and care needs were met.

The provider had governance processes in place to oversee the quality of care provided. People were asked for their feedback about the quality of service and this was used to make improvements.

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

Rating at last inspection

This service was registered with us on 16 August 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.

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 ●

EPIC Homecare Limited

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 carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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.

What we did before the inspection

We reviewed information we had received about the service. 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. We used all this

information to plan our inspection.

During the inspection

During the inspection we spoke with 5 members of staff which included the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service. We spoke with 3 people and 5 relatives of people who were receiving personal care and support. We contacted 5 health and social care professionals for their feedback. We reviewed 3 people's care records and risk assessments. We looked at medicine administration records, 2 staff files in relation to recruitment, training and staff supervision. We also reviewed other records relating to the management of the service, including audits.

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 told us they felt safe with the care they received from Epic Homecare. One person said, "I do feel safe with these carers". Another person commented, "I have a team of carers who I know very well and feel safe with".
- Processes had been established to protect people from the risk of harm or abuse. Staff had received training and understood their responsibilities in relation to identifying and reporting any concerns. One member of staff told us, "I would contact [registered manager] straight away".

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed, monitored, and reviewed to ensure staff delivered care safely. One person commented, "[Staff] help me into the shower and get me seated and then when I am finished, I call them, and they help me out. Which means I can have a shower knowing someone is there if I need help".
- Staff had a good knowledge of the people they supported including their individual needs and risks.
- Environmental risk assessments were completed of people's homes to ensure any potential risks were identified and managed to keep people and staff safe.
- Risk assessments and guidance for staff were updated regularly to reflect people's current care and support needs.

Staffing and recruitment

- Sufficient numbers of staff were available to meet people's needs. People and their relatives confirmed staff stayed their agreed length of time and that their care was not rushed. One relative said, "My relative has not had any issues with the carers time keeping. If there are any issues, then the office communicates well with us."
- Staffing levels were determined by the number of people using the service and the level of care and support they required.
- We looked at staff rotas and saw staff absence was managed by existing staff or the management team to ensure consistency of staff.
- Safe recruitment systems were in place. Pre-employment checks were completed to make sure staff had the right skills and character. Staff files showed reference and DBS checks had been completed prior to employment. 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.

Using medicines safely

- People's medicines were managed safely.
- Medicines were managed via an electronic care planning system. This ensured the correct medicine was offered at each care visit and logged to confirm administration. Missed or refused medicines were alerted to the management team and where required, action was taken such as seeking medical advice. One relative commented, "The carers give my relative their medication and there has not been any problems with this".
- Staff had received training in administering medicines and competency checks had been completed.

Preventing and controlling infection

- Staff were trained in effective infection prevention control practices. This included specific processes for the use of Personal Protective Equipment (PPE). One person said, "Everyone wears gloves, masks, and aprons. No issues ever".
- The provider ensured staff had access to PPE such as facemasks, gloves, and aprons for personal care.
- The provider had infection control policies and procedures in place.

Learning lessons when things go wrong

- Incidents were escalated promptly and documented to the management team or other relevant agencies to ensure people continually received safe and effective care.
- The provider had in place a system to analyse incidents and accidents and were able to explain the actions they had taken to reduce the risk of re-occurrence

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

- People's needs were evaluated to ensure they could be met by the service.
- The review considered people's protected characteristics as part of the Equalities Act 2010 which includes age, disability and religion.
- Care records demonstrated regular reviews occurred to ensure people's care and support needs were continually being met.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to meet their needs. One person said, "I feel very confident with these carers. They all seem to have been trained well and know how to look after me".
- Staff completed an induction when they started working at EPIC Homecare. This included training such as, moving and handling and safeguarding as well as shadowing more experienced staff and meeting all the people who used the service.
- New staff to care completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular one to one supervision along with competency assessments which provided an opportunity to identify any additional training needs as well as offering the registered manager a chance to monitor and support staff in their roles.

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

- People were supported with their nutritional needs where this was part of their care assessment.
- Staff were aware of people's individual dietary needs which were recorded in their care records. For example, one person required support with monitoring dietary intake. A healthcare professional commented, they had found the care staff to be responsive to the person's needs such as assisting with feeding on days when the person may be struggling and generally putting the person's wellbeing first.

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

- Staff were aware of actions they must take should a person's needs change and where required staff supported people to access medical support. One relative commented, "One of the carers noticed that my relative had a lump and as soon as we could we got my relative to the GP. That is how effective they are, absolutely brilliant".

- The management and staff team worked with social and health care professionals to meet people's specific needs.

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.

- People told us they were involved in decisions about their care and support needs. Staff asked for their consent before supporting them.
- Staff told us they understood the importance of involving people in decisions about their care.

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 said they were supported by kind staff and were happy with the care they received. One person said, "All the carers are wonderful. I love it because I can have a bit of a laugh with them, and they all ask me how I am and if I want anything doing". A relative commented, "When [staff] are leaving, they hold my relative's hand and tell them what day and time they will be back, they are so lovely to my relative".
- People's diversity and equality were respected, and individual likes and dislikes were documented in their care records.
- Staff completed notes after each care visit. Care notes viewed were person-centred and provided information about issues that might need following up at the next care call as well as general observations about a person's well-being.

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

- The management team kept in regular contact with people and their relatives to obtain feedback on the care provided.
- People were encouraged to express their views about how they wanted to receive their care and were involved in reviews and decisions about their care needs.
- Quality surveys were completed to ensure people were happy with the service provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and respect. One person said, "I find them all very caring towards me. They are also respectful towards me which is nice". A relative commented, "They all treat my relative and me with respect and dignity which is really appreciated".
- Staff we spoke with explained how they respected people's right to privacy and dignity and encouraged people to remain as independent as possible. One relative said, "[Staff] are all effective in getting my relative to have a shower, they reassure [them] that they will be there and that reassures my relative, so they will go and have a shower. It's brilliant what they do".

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

- Care and support was centred around people's choices and preferences of how they wanted their care delivered.
- Comprehensive care records were in place which reflected the support people needed.
- The management and staff team understood people's needs well and encouraged them to make decisions about their daily lives and how they wished to receive their care.
- People's care records were reviewed regularly and updated when their needs changed. Information held in care records were reflective of people's individual needs.

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 individual communication needs were recorded in their care record.
- The registered manager told us information could be produced in different formats such as large print to meet people's needs.
- Staff told us they were aware of people's individual communication approach for example, one relative commented, "My relative cannot hear very well so the carers all know that they need to speak loudly and clearly with my relative so that they can understand each other".

Improving care quality in response to complaints or concerns

- People and relatives were aware how to complain if they needed to. One person said, "I would be confident phoning the office if I had any issues. We have not had any issues or problems, but I do feel that I would be listened to, and my concerns would be addressed". A relative commented, "I would be happy to contact the office if I have any concerns or problems, I feel that they are approachable".
- A complaints policy and information about how to make a complaint were available and processes to respond to people's complaints and concerns were in place.
- The management team hoped their approach of regular, open communication with people and their relatives helped to resolve any concerns as soon as they arose.
- Feedback was encouraged, and people and their relatives told us the management team were approachable and responsive.

End of life care and support

- No one was receiving end of life care or support during the inspection.

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

- People, their relatives and staff felt the service was well-led. We received many positive comments about the registered manager, nominated individual and the service. Such as, "I would recommend this care company. I do not think we could have found a better company to look after our relative". And "I would recommend this company to anyone. We are very pleased that we have got this care company".
- People and their relatives told us the support offered by the service was person centred and the communication from the service was good. For example, one person said, "[Provider] always let me know if [staff] are running late for whatever reason".
- The provider had a clear vision for the future to continue to grow the business but not at the detriment of the quality of service offered. Both the registered manager and nominated individual demonstrated a passion and dedication to make the service the best it could be, by having clear values and embedding these in all aspects of the service. This was evident, such as in the way staff had been recruited, trained, and supported to deliver person centred care.

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 management team were aware of their responsibilities regarding the duty of candour and had developed good relationships with staff, people and relatives.
- The registered manager and nominated individual were aware of their responsibilities to inform CQC of significant events in line with their statutory duties.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a clear staffing structure and was well organised. Staff understood their roles and responsibilities and knew who to speak with if they had any concerns.
- Reviews and audits were completed regularly to monitor the quality and safety of the service. These included medicine audits, care record reviews and staff competency checks.
- The provider had a range of policies and procedures in place for staff to refer to such as infection control and safeguarding.

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

- People were asked for their views about the service they received which included regular conversations and quality surveys.
- The registered manager and nominated individual were extremely assessable and could be easily contacted. All the people using the service and their relatives knew who they were and how to contact them.

Continuous learning and improving care

- Continuous learning and development took place and was actively encouraged. Staff training, supervision and competency checks were used to ensure improvements and learning took place.
- The registered manager and nominated individual spoke openly and honestly throughout the inspection and were responsive to any discussions regarding regulation and best practice.

Working in partnership with others

- Professionals were positive about the quality of the service and the staff team. One healthcare professional said, "[Provider] communicates well and quickly, and will follow-up and provide feedback where we have concerns about cases". Another healthcare professional commented, "The support given by EPIC has been brilliant. The staff seem to have good knowledge about clients' conditions, and the equipment provision/moving and handling discussed, which is reassuring. They have contacted me appropriately and have supported the risk assessment and interventions put in place to ensure the best possible outcome and safety for the client/family and carers."
- Most people were supported to access health and social care provision by their relatives. Where necessary, the agency shared information to ensure care was timely and joined up.