

ECare Ltd

ECare Community

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

ECare Community is a domiciliary care service that provides care and support to people living in their own homes. This includes a reablement service designed to provide short term care, for a period of up to 6 weeks to avoid unnecessary hospital admissions, or following a hospital stay. The service operates in the Tendring, and north Essex area. At the time of our inspection there were approximately 114 people using the service, which included 76 using the reablement service.

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

People felt safe using the service and felt comfortable receiving care in their homes. A person said, "I find them [staff] all very good, I get on well with them." Where people received support with their medicines, they told us they received them as prescribed.

Staff were kind and caring. People's diverse needs were considered, and people were protected from discrimination. A person told us they received a, "Good service," another person said that staff, "Allow me the freedom to be ordinary."

Staff demonstrated a culture of working with people to retain their independence and building up their confidence and abilities to support them in this area. This reflected the positive feedback we received from people using the reablement service and relatives.

Risks associated with people's individual needs were assessed with measures in place to mitigate them. Lessons were learned when things went wrong because staff understood their responsibilities to report accidents and incidents. Systems were in place to review and oversee accidents and incidents and action was swiftly taken to mitigate risks to people. Staff received training and were aware of the procedures to follow to prevent and control the spread of infection.

Staff received an appropriate induction and were well supported through a programme of regular supervision and training. Staff told us they enjoyed their work and felt valued and supported by the management who they described as approachable.

There were systems in place to monitor calls and provide out of hours support. People and their relatives told us there had been no missed visits, staff respected their home and listened and acted on what they said. People and relatives felt comfortable to raise any concerns with members of the management team direct.

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.

People felt the service was well led. Systems were in place to check staff followed safe practice and gain people's views of the service, and act on any feedback as part of driving improvements. We found the management team to be open where there had been problems introducing new systems, and actions they had taken to address them.

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

The last rating for this service was good (published 19 July 2017).

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

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 caring findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

ECare Community

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.

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 24 hours' notice of the inspection. This was to ensure the registered manager would be available in the office to support the inspection.

Inspection activity started on 8 August 2023 and ended on 5 September 2023. We visited the location's office on 8 and 29 August 2023.

What we did before inspection

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

from the local authority and professionals who work with 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

We spoke with 5 people who used the service and 6 people's relatives. We sought feedback from professionals that work with the service. We spoke with 13 staff members, including the registered manager, director, operations director, intermediate care manager, on-boarding manager, and care workers.

We looked at 6 people's care records and where applicable, records relating to the support given with their medicines. We also looked at a range of records relating to the management and monitoring of the service. These included, 3 staff recruitment files, supervision and training records, visits lists, spot check observation records, incident reports, provider's Statement of Purpose and a range of the providers quality assurance records, policies, and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 staff. A person said, "Particularly with [staff names] my regular carers, they are excellent."
- Staff told us they had received training and they understood their responsibility to report abuse. They felt confident their concerns would be listened to and acted on.
- A staff member said they would always report any concerns, "It's safer to report to everything," to ensure people were safe from abuse.
- Another staff member told us they had recently completed the provider's new safeguarding training, "Really good, it's a longer course, you have to go through all of the virtual side." They said they felt it gave them a greater understanding.
- The registered manager was aware of their responsibility in reporting any concerns to the local authority safeguarding team, and in providing any requested information.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in taking decisions about how to keep safe whilst promoting independence. A person told us how staff supported them in a safe manner, "Very good, very careful... Don't feel rushed."
- People's care plans included risk assessments, which provided staff with guidance on how to minimise risk, to ensure the person's safety. These included risks associated with their environment, mobility, physical and health conditions. A staff member told us, "Risk assessments, especially with all the detail are really helpful, can read before stepping into the house."
- Information staff gave us about individual people's mobility needs, matched what the person, or their relative told us. However, we found some of the risk assessments did not give clear, personalised guidance to match what we were told. Action was taken during the inspection to 'streamline' the information.
- For people using the reablement service, a staff member told us a risk assessment of the person's needs was carried out prior to their discharge from hospital. This enabled any required mobility equipment/aids to, "All be in place," before they arrived home.
- Staff acknowledged, having been assessed in hospital, once home, people may need further equipment. For example, a staff member had noted a person was sitting for long periods of time which put them at risk of their skin breaking down (pressure sore). Arrangements were made for a pressure relieving cushion to be put in place to reduce the risks.
- A staff member confirmed there was a system in place to record any accidents and incidents. They told us they would also contact the registered manager straight away, who would take effective action to ensure the safety of the person. Where required, risk assessments would be put in place or updated, to minimise the

risk of it happening again.

Staffing and recruitment

- There were sufficient staff employed to undertake agreed care calls. People told us there had been no missed visits. A staff member said sometimes they had to cover sickness, which could impact on the timing of the call however, "No one has ever been without a call."
- A person told us they were always informed if staff had been delayed, "Phone up and say running a little late." A staff member said, "I always give a courtesy call, saying very sorry we are running behind, that means a lot."
- For people choosing to use the reablement service, due to the flexibility needed to have staff available at short notice and covering a wide area, the service could not offer the same flexibility. A person said they had been given a "Time span", to expect staff to visit, not a set time. Another person's relative confirmed their family member had been told about, "The time span, and what to expect by the hospital."
- Staff had been recruited safely. Pre-employment checks had been carried out to reduce the risk of recruiting unsuitable staff. However, we noted a staff member had not provided a full employment history. Action was taken during the inspection to obtain the missing information and put further checks in place to prevent it happening again.

Using medicines safely

- People told us they received their medicines as prescribed. A person said staff always check, "Making sure I take them," before they left the call.
- Only staff who had completed their training and had their competency checked could administer people's medicines. On-going 'spot' checks were carried out, to ensure staff continually applied safe practice.
- Checks and audits were in place to support management to identify and investigate any administration errors and take effective action to reduce the risk of a recurrence. This included extra training and monitoring through spot checks.
- A staff member confirmed where people required medicines at set times to ensure their welfare, for example when supporting people living with Parkinson's, staff was made aware and, "Always prioritised," the timing of their visit.
- We had identified a concern relating to how the pharmacy had provided a person with their medicines and how this could impact on the support provided by the service. When we pointed this out, the provider took action, they liaised with the person and the pharmacy to resolve the situation which may have put the person at risk of not receiving their medicines as required. They also updated staff guidance, training and checked no-one else was at risk.

Preventing and controlling infection

- Infection prevention and control was well managed. The provider had infection control policies in place and kept staff updated on latest government COVID-19 guidance.
- Staff completed mandatory infection prevention and control, and food hygiene training. Senior staff carried out spot checks to assess staff knowledge in this area and ensure compliance.
- The provider's information return (PIR) told us as part of staff infection control training, 'We provide a practical hand washing exercise using UV gel in our mandatory training which promotes hand hygiene.'
- Staff told us they had access to enough personal protective equipment PPE to ensure good infection control. A staff member told us when they ran low on supplies, all they needed to do was to put in an, "Order before Monday and would be there on the Tuesday."
- A person confirmed staff wore PPE when needed, "They do all that PPE stuff."

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- Assessments of people and their needs were carried out prior to them starting to use the service. This was to ensure the service could provide the level of support the person was looking for.
- To be eligible to use the reablement service, the initial assessment of the person's needs was carried out by a social care or health professional, and identified as needing 'a period of intensive support.'
- A relative told us when their family member was discharged from hospital under the reablement scheme, the provider's staff then carried out their own assessment, "First day they came out," and asked what assistance their family member needed.
- Systems were in place to keep people's care needs under review, and make changes where required. For people using the enablement service, this included sending a progress report to the commissioner of the service, so they could act on any identified needs/further support needed.

Staff support: induction, training, skills and experience

- People and their relatives felt staff had the skills to support safe care. A person told us, "Staff are very good."
- People were supported by staff who received relevant training in evidence-based practice. This included training in catheter care, epilepsy and supporting people living with dementia. A staff member said they had a, "Brilliant trainer, anything we need to know about and [Name] would provide the training."
- The provider had their own training facilities and trainer, whose role included checking staff's competency to ensure they understood and applied training and best practice. They could also tailor training to meet staff's individual training needs.
- Staff benefited from having a dedicated 'onboarding manager' who supported staff through their first 6 weeks and kept in regular contact. A staff member said they found this to be very supportive in helping them develop their skills and confidence, "[Onboarding manager] would ring and ask how I am getting on."
- Regular staff supervisions and team meetings were held. Staff said they were able to voice any ideas or concerns and they felt listened to. A staff member told us staff, "Can request [supervision] at any time if you have a problem."
- Staff who did not hold a recognised qualification in 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.

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

- People were supported with their nutritional and hydration needs where this was an agreed part of their care and support.
- Staff described how they encouraged people to keep hydrated to ensure their wellbeing, by ensuring people had access to drinks between visits.
- People's care plans provided required information on any specialist diets, and support and guidance given by health professionals.

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

- People were supported to access appropriate healthcare services when required. The registered manager provided examples where they had worked with / sought advice from, community nurses, occupational therapists, and dementia specialist to support people's individual needs.
- For people using the enablement service this included the Urgent Community Response Team (URCT) who respond to an urgent crisis need. URCT assess immediately which avoids admissions into hospital by the service providing care.
- Discussion with staff and care records showed any changes in people's physical health were recorded and acted on in a timely manner. A staff member said, "Anything we notice straight away, pass to the family, and record."
- Staff said their training supported them in identifying any extra support a person may need and gave advice on how it could be accessed. A staff member said, "It's about ensuring people get everything they are entitled to." They provided an example by supporting a person to access a review of their continence needs, which had a positive impact on their wellbeing.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager understood their responsibilities under the Act and staff empowered people to make their own decisions.
- A staff member confirmed they always asked a person for their consent, "Every time," they went into a person's home and before carrying out a care task, and would act on their response.
- No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People's care records demonstrated their capacity to make decisions, for example 'I can decide each morning what I would like to eat'. This reflected what people told us, when they said they would decide and inform their carer when they arrived.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 their relatives gave positive feedback about the caring staff. A person told us their regular staff, "Has got a brilliant manner, so nice." Another said staff were, "Very polite, kind as well." A relative described all the staff who visited to be, "Absolutely lovely...kind, kind people...Nothing too much trouble."
- Staff told us they enjoyed their work and cared about the people they supported. A staff member said, "I love caring for people." They spoke about the importance of making the most of the allocated time to support emotional wellbeing, "It's their golden ½ hour with me, if I have done everything, it's chat time."
- Discussions with staff, showed they had taken time to get to know the people they visited, and where applicable their family members. This supported them to build up trust and have meaningful conversations. A family member said it was also, "My chance to get to know them [staff]."
- Staff received equality, diversity and inclusion training and provided examples of how they put the training into practice, by providing person centred care in a non-judgemental manner.

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

- People felt involved in their care and listened to. Care plans and reviews demonstrated how people were involved in making decisions about their care.
- A staff member said one of the provider's values was to ensure people's voice was heard, "I like how they try and get the clients to voice their opinion as much as possible, get them involved in all decisions."
- This reflected the feedback we received. A person said staff were, "Good at listening...Not a case of there you are now I am gone...much more discussion based." Another told us staff, "Do everything I want them to do."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence as far as they were able to, and staff were aware of the importance of people being involved in their care.
- A person told us retaining their independence was important to them, "I try to do as much as possible." A staff member told us, "I try and encourage independence, rather than de-skill." But if they saw a person struggling would offer to assist.
- Staff told us for the people using the 6-week enablement service, the focus was to support people to regain their confidence and independence. A staff member said, "To get back to a stage that they are independent and doing things."
- Staff understood the need to deliver care in a way which supported and respected people's privacy and dignity. A relative said they had observed staff, "Always," ensured their family member's dignity and privacy

were maintained.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People's care plans provided staff with information on how the person wanted to be supported. A person told us, "I need help to get dressed and washed [but staff] always ask before they go if there is anything else I need... that is a big help if there is something I have forgotten to do, and they can help with."
- People told us their care needs and preferences were kept under review and changes made when needed. A staff member said they were made aware of any changes through, "Important information alert" emails, and when accessing the person's care records at the start of the visit.
- For people using the reablement service, care records showed how staff worked with each person in setting achievable goals to rebuild their confidence and regain skills they may have lost through illness/injury.
- A relative said where their family member, "Couldn't walk at all," when they first came out of hospital, and they were now able to. Another told us since their family member had been home, they were, "Progressing pretty well."
- A relative told us during their family member's period of reablement, their progress would be kept under review every 2 weeks. Where it was identified a person would require on-going support, it might be provided by this service, or another provider.

Meeting people's communication needs

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

- People's communication needs were recorded in their care records.
- The provider told us they were able to produce information in different formats to meet people's needs, such as Braille and in large print.
- However, we noted the service user guide and introduction to reablement guide we had been sent was produced in a smaller than the minimum expected standard font size of 12 pt, this could impact on people being able to clearly read the information.
- The registered manager said they would take action to address this and use 12 pt as a minimum font. They also confirmed the software they used meant they could adapt the size to meet people's individual communication needs.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns. The provider told us a copy of the complaints policy was given to people using the service.
- A person told us if they had a concern, "I would speak up and tell the office and say I would look to move if they didn't sort it out." Adding that they hadn't needed to, as they were happy with the service provided.
- Another person said their family member had raised just the 1 concern after staff started arriving late, and, "The office sorted it out."
- The registered manager told us any complaints and concerns received were used as a way of learning to improve the service they provided.

End of life care and support

- The service worked alongside other agencies to ensure people's needs were met at the end stage of their life to enable them to remain comfortable and pain free.
- At the time of the inspection, the service had not been requested to provide end of life support, but were aware people's needs could change at any time.
- Staff received training to support people in during their end of life. A staff member described the importance of personalising the care to the individual, "Knowing what the person likes" and ensuring their comfort.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 culture was person-centred and open and aimed to achieve good outcomes for people by providing quality, safe care through motivated, caring staff. A person told us the service was, "Good...Genuinely like everything about it."
- The provider was continually investing in the service, including technology. A staff member said there had, "Been a lot of changes, logistics side and communications... All improvement." Another said the service was, "Always improving and moving onwards."
- The provider and registered manager was open about the challenges the growing service brought and what action they had taken. An experienced operations director had been appointed to support in reviewing and taking action to develop systems, to ensure they were fit for purpose as the service grows.
- Management spoke about the importance of retaining and motivating staff, to ensure they felt valued, and part of a team. A staff member told us, although the service had grown, they still felt, "They are working as part of a team/family." Another said management, "Look after staff well, some nice benefits." This included staff 'rest hubs' where staff could access 24/7 a relaxation area and had access to free snacks and drinks.
- Staff told us they would not only recommend the service to others, but also as a place to work. A staff member said this was because, "There are some fantastic carers," and felt management, "Respect me as a person."

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

- The provider used a range of forums to gain feedback about the quality of the service being provided. This included 3-monthly telephone contact with people using the 'Live at home' service, and reablement satisfaction surveys.
- The registered manager had recently started regularly setting a day aside visiting people using the service. They said it enabled them to, "Spend time talking to people...look at it as if it was my family," to ensure they were receiving a quality service.
- A person told us only last week they had been asked, "What do I think about," the care they received.
- Results of the reablement satisfaction surveys were analysed jointly with the commissioner of the service, which enabled any areas and used to develop the service. For example, the implementation by the end of the year of a new rostering tool, which used smart technology so they could be 'more responsive to the needs of the clients and staff'.
- The analysis identified a common dislike raised, although people were told at the time of accepting the

reablement service (unless a medical need), about the non-timed nature of the visits. However, action was being taken by the provider, to produce a short information video about the service which people could view in hospital. This would further support people in deciding if it was the right service for them.

- Formal and informal forums for staff to give feedback included, staff meetings, supervision, training sessions, and social events.

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

- The registered manager, management and care team was committed to delivering a high-quality service.
- All the staff we spoke with clearly understood their role and responsibilities. Care staff told us spot checks were carried out as a way of monitoring their performance, and any shortfalls were discussed at the time.
- Staff felt supported by the communication systems, and there was always someone on hand to seek advice from.
- The provider had a range of communication and quality assurances systems in place to give them a good oversight what was happening in the service. Any identified work/areas of improvement were added to the 'live' trackers.

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; Working in partnership with others;

- The duty of candour was understood and implemented by the registered manager. The duty of candour is a legal obligation to act in an open and transparent way in relation to treatment and care.
- People said the 'office' were good at getting back to them if they had any queries.
- The service worked well with health and social care professionals, to ensure people's safety and achieve the best outcomes for people. This included the local dementia services, occupational therapists, and Urgent Community Response Team.
- The service had taken part in a successful pilot, which involved having their own staff working as part of the hospital discharge team, to reduce the risk of unsafe discharges.