

Eskcare Limited

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Inspection report

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19 January 2023
25 January 2023
31 January 2023

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Eskcare Ltd is a domiciliary care agency providing personal care to people in their own homes. The service supports younger and older adults. This includes people who may be living with dementia, a physical disability or mental health needs. At the time of our inspection there were 29 people using the 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

The provider had a system of audits to review the safety and quality of the service. Some audits were not always effective as they had not identified some recording gaps such as medicines anomalies, recruitment records and communication needs. We have made a recommendation about this.

People had person-centred care plans in place which took into account their preferences. People told us staff were caring and cheerful. They also told us that they felt very safe and the staff knew them well.

People's feedback of the service was positive. They said the care they received helped improve their quality of life. One person told us, "The carers are absolutely excellent, and they definitely keep me safe." A relative said, "They make sure she takes her medication safely as she takes lots of medication which the carers keep under control."

Staff were trained and well supported in their roles by the registered manager. Best practice and good care were encouraged with systems in place to share this conduct across the team. Staff reward schemes were in place to promote high quality care.

Risks to people and staff had been assessed with appropriate measures in place to help protect people. People were supported with their medication and staff were trained in this. The registered manager had processes to monitor the safety of people and staff.

People told us staff always maintained their dignity and privacy and they were always respectful when providing care.

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.

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 3 May 2022 and this is the first inspection.

Why we inspected

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

Recommendations

We made a recommendation around the provider's monitoring of records. The provider took action to amend practices when this was highlighted on inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Eskcare 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 2 inspectors and an 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 homes.

Registered Manager

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 January 2023 and ended on 31 January 2023. We visited the location's office on 25 January 2023.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 11 November 2022 to help

plan the inspection and inform our judgements. We reviewed information we had received about the service and sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 2 people who used the service and 6 relatives to gather feedback on the care and safety of the service.

We spoke to staff, including a senior care assistant and the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records, multiple medication records and maintenance and safety certificates. We looked at a variety of records relating to the management of the service, including 3 staff recruitment records and quality assurance procedures.

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.

Using medicines safely

- Overall, medicines were managed safely.
- People's medicines were administered by staff who had training in medicine management.
- Medicine records were not always clear and did not follow the medicines policy. Recording issues were discussed with the registered manager and addressed immediately.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies were in place to protect people from harm. The registered manager was aware of their responsibilities and knew how to manage and report concerns correctly.
 - Safeguarding training was in place for all staff which included refresher training, when needed. Staff said they felt supported by the management team and were able to contact them at any time. Staff were clear on how to report a concern.
- A relative told us "My relative is definitely kept very safe with the carers being there".

Assessing risk, safety monitoring and management

- Risks were assessed and actions were put in place to keep people safe.
- Staff and people were confident in reporting concerns to the management team. They had confidence in the registered manager to manage these appropriately and implement change to improve the service and keep people safe.

Staffing and recruitment

- There was enough staff to meet the needs of people. Staffing needs were monitored by the registered manager and there was a system in place to arrange additional support in times of staffing pressures.
- People reported that staff were appropriately trained and quality checks had been completed to monitor staff practices. A relative told us "The punctuality is very good indeed and the care service is excellent."
- Recruitment checks were not always robustly recorded including processes for checking the correct documents have been received. The registered manager addressed this immediately and created a new recruitment recording process.

Preventing and controlling infection

- Effective systems were in place to mitigate the risks of people and staff catching or spreading infections. The provider had clear, up to date guidance for staff about how to protect against COVID-19 and what to do in the event of an outbreak.
- Staff received training in this infection control and had access to supplies of personal protective

equipment (PPE).

- A relative told us, "The hygiene standards are very high from keeping my relative clean to keeping the house clean and themselves. They wear all the PPE clothing."

Learning lessons when things go wrong

- The provider had a process for reporting accidents and incidents.
- The provider reviewed lessons learnt when things went wrong and took action to reduce the risk of recurrence.
- Lessons learnt from incidents were cascaded to the team through face-to-face meetings and electronic communications.

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

- Staff had appropriate training to support the people who use the service.
- People told us staff were suitably trained. One person told us, "Staff are reliable, and we know they are well trained to do everything that's needed."
- A training matrix was in place to record and manage staff training although this was not effective at identifying future training needs. The registered manager addressed this.

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

- Systems were in place to assess people's needs before they used the service. People's needs were assessed and initial guidance was made available to staff to inform them how to support people. Care plans were then further developed to reflect people's preferences and included person-centred details.
- Appropriate policies and guidance were in place and accessible to all staff which reflected current best practice, guidance and legislation.

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

- People's nutritional health was assessed before using the service.
- People were supported with meal preparation if this formed part of their individual care package.

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

- Staff worked in collaboration with other health and social care agencies, where appropriate, to support people's well-being.
- Advice from other healthcare professionals was followed and actions implemented to ensure people had effective care.

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

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

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

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff were working within the principles of the MCA.
- Some records did not record whether relatives had the legal status to make decisions on behalf of people if they lacked capacity. The registered manager amended their MCA policy to ensure recording responsibilities were clearer.
- A relative told us "We have a care plan and it's an accurate reflection on my mother's care. We have talked it through."

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

- Staff had positive relationships with people and at times went above and beyond what was expected. One person told us, "I'm more than satisfied that they cover all my duties and more by the time they leave."
- Care plans were developed to include people's likes, dislikes, social background and cultural needs. Staff provided care without discrimination and acted on people's preferences.
- People were complimentary about their regular care staff. One person told us "They treat me like their own family." A relative commented, "They are very caring and loving and always have a good chat with my relative."

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

- Care plans were developed with people and, where appropriate, their relatives.
- People and, where appropriate, their relatives told us they felt involved in decisions about the care and support they received.
- One person told us "We have a care plan and satisfied with the input I've had on it. It does get reviewed."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence.
- People told us "I'm well respected and treat with dignity" and "They make an unpleasant job a pleasant experience."
- A relative told us "We are just amazed at how dedicated they are from management to carers."

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

- People received support that met their individual needs and preferences.
- Systems had been developed to inform all staff of any changes to people's care needs in a timely manner.
- A relative told us "We have a care plan and it's an accurate reflection on my mother's care. We have talked it through. It can be tweaked at any time."

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

- A newsletter for services users and staff helped to create a sense of connection amongst those using the service.
- One person told us, "I think the carer knows me well to know what I like and dislike."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and this had been shared with people who used the service.
- People felt confident in contacting the registered manager to discuss their care and change was implemented in line with people's preferences.
- A relative told us "Management is first class and can be relied upon at any time. [Registered manager] is so much a people's person and we both feel at such ease and confident speaking to them."

End of life care and support

- The provider had an end of life policy in place.
- An end of life pack was added to people's records where needed. This included records of additional support, such as positioning and anticipatory medicines.

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 not always clearly outlined in the care files and alternative methods of communication to support people were not always explored.
- This was discussed with the registered manager and she planned to ensure care records include more

detailed information about individual communication needs.

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 had been rated requires improvement. This meant the service did not always operate in a consistent manner and improvements had not always been identified.

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

- The registered manager understood their regulatory responsibilities and notified CQC of significant events.
- The provider's audits and checks to monitor the quality and safety of the service did not always identify some recording shortfalls. These included some medicines, staff and consent records.

We recommend the provider improves their governance system to include a review of records and takes actions to ensure completeness.

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

- There was a positive, inclusive and empowering culture in the service.
- People made positive comments about the culture. One person told us "I would recommend Eskcare right away to another person, because they are very attentive and really on top of their work."
- A relative told us, "If I want to explain to the manager about my mother, she is so accommodating to our needs."

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 provider understood their responsibilities under the duty of candour to support an open, honest and transparent culture.

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

- The provider had a system to gain the views of relevant people about the service. Surveys were used to receive feedback on the way the organisation performs. These had gone to people, staff and partner organisations.
- Feedback from the surveys had been used to inform the content of the newsletter, for example how to raise complaints.
- A relative told us, "The management will keep you in the loop in every step of the way to maintain a good service."
- Staff meetings were taking place. These included quizzes to test the knowledge of staff which were then followed through to supervision to address any gaps in knowledge.

- Staff have a two-hour period in afternoon to allow them to take a break and attend to personal matters.

Continuous learning and improving care

- The management team were committed to continuous improvement to the quality of care.
- One person told us "The management is excellent; I couldn't say anything else. If I leave a message on their phone, they get back to me very quickly and will talk in detail about anything and solve it."

Working in Partnership

- The provider worked in effective partnership with others to ensure people received the care they wanted and needed. This included external professionals involved in people's care.