East Midlands Homecare Ltd

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Inspection report

Millhouse Business Centre
Station Road
Castle Donington
Derbyshire
DE74 2NJ

Tel: 01332813913
Website: www.eastmidlandshomecare.co.uk

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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
East Midlands Homecare Limited is a domiciliary care agency. At the time of the inspection they were providing personal care to 48 people with a range of needs, some of whom were living with dementia. 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 and their relatives felt staff delivered care in a safe way. The provider had systems in place to protect people from the risk of harm. Risk's associated with people's care were identified and assessed.
People were involved in developing their plans of care and were supported by staff who were appropriately inducted and trained. People were supported to eat and drink what they had chosen.

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 thought the staff were friendly and kind, one person described them as "magic". People felt respected by staff who encouraged their independence.
People's care was planned in an individualised way. People and their relatives were involved in shaping the care and support they received. People felt comfortable to raise concerns and these were investigated appropriately. People were supported at the end of their life in a caring way.

People felt the service was well run. The provider ensured that they undertook regular monitoring of the quality of the service.

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

Rating at last inspection
The last rating for this service was good (published 01 November 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good

The service was well-led.

Details are in our well-Led findings below.

East Midlands 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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
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 June 2019 and ended on 8 July 2019. We visited the office location on 4 July 2019.

What we did before the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 12 people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, manager, care coordinator and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and records. We spoke with two professionals who regularly visit the service. We received further written feedback from relatives.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained as good. This meant people were safe and protected from avoidable harm.
Systems and processes to safeguard people from the risk of abuse
● People felt safe when receiving support from the staff at East Midlands Homecare and felt comfortable raising any concerns about their safety.
● Staff knew how to recognise and report abuse, the safeguarding policy was included in the staff handbook. They were confident that management would address any concerns raised appropriately. One said, "They would act straight away, I'm sure they would."
● The registered manager understood their responsibilities for keeping people safe from harm and to inform the local authority safeguarding team of incidents.

Assessing risk, safety monitoring and management
● People's risks had been assessed and identified. They included risks associated with medicines, mobility and their home environment.
● There was limited guidance for staff on how to support people with identified risks and these were not always clearly linked to people's care plans. We spoke to the registered manager about this, they started updating care plans to include all risks and further guidance for staff during our inspection.

Staffing and recruitment
● People had mixed opinions about the timings of the calls. Some people felt distress when the calls had previously been late. We spoke to the provider about this who had recently implemented a new system to monitor and address late calls, so they were no longer an issue.
● The service ensured people were aware of the time of the calls and who was coming by providing people with a weekly rota. People were assigned keyworkers who regularly provided their care. For people with specific needs, for example those living with dementia, the service ensured they always had the same carers as they recognised they responded better with familiar carers.
● Robust pre-employment checks had been carried out on staff members to make sure they were safe and suitable to work at the service.

Using medicines safely
● Some people were supported to have their medicines, one person who administered they own medicines said, "I do my own medicines, but they always check if I've taken them."
● Staff were trained to support people with their medicines in a safe way. Staff said they had their competency assessed regularly as well as spot checks.
● Some medicines administration records did not always clearly detail all of people's medicines. We spoke to the registered manager who agreed they would review how medicines were being recorded.

Preventing and controlling infection

● People all confirmed staff wore gloves and aprons when providing personal care. For those that received support with food preparation, they said staff always washed their hands before handling any food. This reduced the risk of spreading infection.

● Staff had training on infection control and food safety. The registered manager ensured they always had access to personal protective equipment, such as gloves and aprons, including specific ones for those with allergies.

Learning lessons when things go wrong

● The registered manager had a system in place to check accidents and incidents and understood how to use them as learning opportunities.

● The registered manager gave an example of miscommunication between carers and relatives. As a result, the service implemented a new procedure to ensure staff inform the office when a person asks them to change a call, then the office would double check the details of the change. All staff were informed of the new procedure.

● Staff were kept updated of learning from incidents through the services weekly staff newsletter and regular workshops.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained as 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

- The provider only agreed to support people whose needs the service could meet. Initial care needs and potential risks were assessed. We saw a care plan for a person new to the service which was comprehensive, and detailed measures taken to reduce risk until full assessments could be completed.
- A relative explained how the original assessment was completed by a member of staff from the office and they and their relative contributed and were involved.
- Staff were supported by the management team and other healthcare specialists to provide support and care in line with national guidance and best practice.

Staff support: induction, training, skills and experience

- People felt they were supported by staff who were appropriately trained. One person said they believed they were trained because, "They [staff] all know how to use [lifting equipment] properly, I've not been hurt or worried with them." A relative said, "We feel [staff] know what they're doing, we think they have the right skills."
- Staff completed a comprehensive induction and shadow shifts. Staff without experience completed the care certificate. This is a set of standards nationally recognised in the care sector that staff are expected to follow. Experienced care staff told us that they were provided with better training from East Midlands Homecare than they had in previous roles.
- The provider delivered training in a range of formats to meet people's learning styles, including workshops and written workbooks. We saw an example of how they met a specific staff need by printing training materials on red paper, for ease of reading.
- Specialist training, such as catheter care and how to use a percutaneous endoscopic gastrostomy (PEG), was delivered by relevant healthcare professionals. PEG is the creation of a new opening in the stomach for enteral tube feedings, to assist people with their food and fluid intake.
- Staff had ongoing support in the form of regular supervisions and competency checks.

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

- Some people were supported with their eating and drinking needs. People said they chose what they wanted to eat, and staff prepared it for them. One person said, "I tell them [staff] what I'd like, they always ask, and we have a look in the cupboard or in the freezer. I'm very satisfied with it all; they make me a cup of tea or what I ask for, they usually leave out a jug of water when they leave."
- People's care plans detailed their likes, for example, "I like two sugars in my tea", this guided staff to able to meet people's preferences.
- People's risks around eating and drinking were assessed. Where necessary people's food and fluid intake

was monitored in line with healthcare guidance.

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

● People said staff noticed when they were unwell and supported them to access healthcare. One person said, "If I'm not well they [staff] tend to see straight away. The minute they come in, they have rung the doctor for me."

● The service worked well with other agencies, a healthcare professional explained, "They [service] have always been very good at following advice and also seeking advice in difficult situations." A social worker said, "They [service] were extremely patient, accommodating and professional, doing what they could to ensure the client received appropriate care, whilst ensuring their staff were supported and the care was consistent for the client."

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

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

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

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

● People and relatives confirmed staff asked for their consent before providing care and support and enabled them to make day to day choices and decisions about their care. People said, "They [staff] ask what I want when they arrive, none of them assume anything", "They [staff] always ask if I want to get up rather than just get the [lifting equipment], they check it's alright, that I'm ready first" and "They [staff] always ask what I want them to do when they arrive, it's like agreeing each time."

● Staff were trained in the MCA and staff had good understanding of how to apply it when supporting people.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained as 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 and caring staff. One person said, "'They're friendly and caring, they chat and it's nice. I was upset one day and they were very kind to me." Another person said, "They are lovely, all of them, they can't do enough, they always ask if there is anything else they can do."
- People felt staff really cared about them, one person said, "They have all taken an interest in me, they're very sympathetic." A relative said, "They're not carers, they're family."
- The registered manager told us staff had training in equality and diversity which covered treating people as individuals and respecting opinions, views and lifestyle choices. For example, using shoe protectors to respect a person's religious beliefs.

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

- Staff encouraged people to make decisions about their care on a daily basis. A relative explained, "It's the way they chat to [name], [name] can say what [name] wants each time."
- Staff had enough time for people to talk to them, one person said, "They chat to me about what I need."
- People and their relatives were involved in reviews of their care.

Respecting and promoting people's privacy, dignity and independence

- People felt they were treated with dignity and respect. A relative explained, "They [staff] seem to understand that [name] forgets things and forgets words, they have never made [name] feel small." Another person said, "They're very patient, I can't move quickly, and they never rush me, they never make me feel bad."
- Staff were being trained in dignity and were Dignity Champions. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra.
- Staff always made sure they maintained people's privacy when supporting with personal care, for example they would close the doors and curtains.
- People's plans of care contained guidance for staff to promote independence. For example, one read, "I will need assistance to get dry, but I can get myself dressed." Staff promoted peoples independence. One person explained, "They won't do anything I can do myself." A relative observed, "[Name] likes to dress herself, they will stand by and let her, they only help when she's absolutely stuck."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained as 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 and their relatives were involved in the development of their care plans and continued to be involved through the review process. One person said, "I make the decisions on it, it is reviewed about twice a year." A relative said, "We were both involved in the first assessment. We have made sure it is us who make the decisions about what we do."
- Care plans contained information about people's likes, dislikes and preferences. For example, gender preference of staff and their preferred name. One person said, "I chose that I wanted female carers and they [service] have been respectful of that."
- A healthcare professional said about the service, "They have always been professional and have been very adaptable to people's needs and are very proactive to developing new practices/ equipment alongside social services."

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.

- People's care plans detailed their communication needs where appropriate.
- The registered manager explained that they can make available information, such as the service user handbook, in large print when required. They have previously read out the information contained in the handbook to a person who was unable to read it for themselves.

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

- People were supported to take part in activities that interested them. For example, one person's care plan read, "I am now a member of the [name of social club] on an evening I like to go for an hour to have a pint, if on at the evening with me I would like carers to support me with this." The registered manager confirmed that they make sure the rota allows for this.
- Staff took the time to speak to people. One person said, "We chat all the while anyway, it's lovely, they [staff] have asked me about my family and look at my photos with me."

Improving care quality in response to complaints or concerns

- People felt confident to raise concerns if they needed to. People had access to a service user guide which contained details of the complaints process and of advocacy services. This meant that people had access to

someone who could speak up on their behalf if they felt unable to.

● The provider had a comprehensive complaints policy and procedure in place. Complaints received were investigated and responded to. Where there were lessons learnt or changes to be made these were undertaken promptly. For example, following a complaint about staff's appearance spot checks were conducted and policies were updated.

End of life care and support

● At the time of the inspection, the service was not supporting anyone with end of life care. The registered manager told us that when they do they, "Would go out and assess the person and work with district nurses; work out the level of care needed and liaise with [specialist] nurses where appropriate."

● We saw positive feedback from a relative whose loved one had passed away thanking them for the care they provided.

● There was limited information within people's care plans regarding their end of life wishes. The provider told us they would develop care plans following our inspection.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained as 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's care was planned in an individualised way. The registered manager told us their ethos was to be a, "Person centred care service, to treat people as individuals, to listen and respond to people, to be responsive and reactive." Staff echoed these values.
- People felt the service was well-led, one person said, "It's very good, I wouldn't change anything." Another person said, "They're very efficient, it all runs like clockwork as far as I'm concerned, there isn't anything else they could do to improve it."
- Some people were not aware of who the managers were but did know the care coordinator who they spoke very positively about. One said, "'It's a one-person operation in the office, they're pretty damn good." Another said, "It's one person and [name] is very good and very helpful."

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

- People's relatives, where appropriate, were kept informed when there had been concerns or incidents. The registered manager worked in an open and transparent way in line with the duty of candour.

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

- The management team and staff understood their duties and responsibilities.
- Staff felt supported and were positive about the service, one said it was the best care company they had worked for.
- The provider had a quality assurance system in place to monitor the quality of care and people's experience of the support they received. This included spot checks, audits and gathering feedback.
- The registered manager understood their legal duties to send notifications to CQC as required.

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

- Staff said they were kept updated with newsletters and had regular team meetings in the form of workshops. One said, "They [management] will ask regularly if you are ok with everything and if we need to know anything else."
- People and their relatives were encouraged to be involved in the service. For example, the office staff held a Macmillan coffee morning. One of the people who used the service was the judge for the cake competition

and for those that were unable to make it the service took orders and delivered cakes to them.

Continuous learning and improving care

● There was a strong focus on improvement and learning amongst management and staff.

● The registered manager held regular workshops where the team worked through real life incidents that had occurred to ensure everyone understood the lessons that could be learnt from them. They also worked through real life scenarios and how staff would support people, for example if they saw somebody living with dementia trying to eat raw food.

● A social worker told us the management team were keen to be involved in meetings to improve the care provided.

Working in partnership with others

● The registered manager worked in partnership with healthcare professionals, commissioners and the local safeguarding team to ensure people received the care and support they required.