Easy Living Solutions Ltd

Easy Living Solutions

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

Easy Living Solutions (ELS) is a small domiciliary care agency, providing care to people living in Newent and the surrounding villages in Gloucestershire. At the time of our inspection it was providing personal care to 24 people living in their own homes. Not everyone using ELS receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; which is help with tasks related to personal hygiene, eating and medicines. Where people receive personal care we also take into account any wider social care provided. ELS provide a service to older people, younger adults, people living with dementia and people living with a physical disability.

ELS was re-registered with CQC in June 2016 when the provider changed to a limited company. This is the first inspection carried out under this registration.

A registered manager was in post; they were registered to manage ELS in June 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe with the service provided and with the staff who supported them. Staff understood how to protect people from harm and abuse. Risks to people's safety were identified and appropriate steps were taken to reduce these risks. Environmental risks were assessed and responded to appropriately. There were sufficient staff on duty and recruitment procedures were thorough. People received their medicines as prescribed.

People were supported by knowledgeable staff who received ongoing training and support to maintain or improve their skills and competency. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink sufficient amounts and the service worked with external health and social care professionals to meet people's changing needs.

People received support from caring staff who understood their needs and knew what was important to them. People's privacy was respected and they were treated with dignity, kindness and compassion. Relatives of people for whom 'end of life' care had been provided, were highly complementary of the care their relative had received.

People received personalised and responsive care which enabled them to live at home for as long as possible. People could raise concerns about the service and have their complaints listened to.

Everyone we spoke with commented positively on the leadership of the service and told us they were able to speak with the registered manager or provider when they needed to. There were systems in place to seek

the views of people, their relatives, staff and visiting care professionals. Additional systems ensured key messages were communicated and the quality of the service was monitored. Improvements needed to some people's support plans were in progress.

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. People were kept safe from potential harm and abuse because staff knew what to be aware of and how to report any concerns.

People were supported to maintain their independence whilst any risks to them were minimised.

People were supported by sufficient numbers of suitable staff with the experience to meet their needs.

People's medicines were managed safely and they were supported to take care of their own medicines if they wished.

Is the service effective?

Good

The service was effective. People received care from staff who had the knowledge and skills to meet their needs. Staff were supported to carry out their role.

People made decisions and choices about their care.

People received a balanced diet and were supported to have enough to eat and drink.

People were helped to stay well through prompt referral to social and health care professionals.

Is the service caring?

Good

The service was caring. Staff developed positive friendly relationships with people who used the service.

People were treated with respect, kindness and compassion. Their dignity and privacy was maintained and their independence was promoted.

People were listened to and had been involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive. People received personalised care and were routinely consulted about the support they received.

Staff knew people well and worked flexibly to meet their needs.

There were arrangements in place for people to raise complaints and give feedback about the service they received.

Is the service well-led?

Good

The service was well-led. Required notifications had been submitted to CQC and improvements needed to people's support plans were being addressed.

People benefitted from a personalised service where they were valued as individuals.

The registered manager was accessible and worked openly and inclusively to improve the service.

Easy Living Solutions

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 02 and 04 October 2017 and was announced. We gave the service 48 hours' notice of the inspection because they provide a domiciliary care service and we needed to be sure they would be in. We asked the registered manager to seek consent from people for us to be able to visit them in their own homes alongside staff providing care. One inspector carried out the inspection.

Before the inspection, we reviewed information we hold about the service including notifications. A notification is a report about important events which the service is required to send us by law. A Provider Information Return (PIR) was not requested prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was gathered at the inspection.

As part of this inspection we observed staff supporting seven people. We spoke with four people using the service and four people's relatives. We reviewed all seven people's care records and checked medicines records for five of these people. We reviewed the processes in place for managing medicines and the use of 'as required' medicines. We spoke with the registered manager and the owner/director of the service and spoke with four care staff. We looked at recruitment records for three staff, staff training records, complaints, accident and incident records, feedback obtained and quality assurance systems. We spoke with two external health or social care professionals who regularly worked alongside the service.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse as staff understood their role in protecting people and the processes in place to safeguard them. Staff had completed training in the safeguarding of adults and knew how to recognise and respond to potential indicators of abuse, such as unexplained bruising. Information about local safeguarding procedures was accessible to staff. They were confident any concerns they raised would be listened to and acted upon; they knew how to escalate concerns to the provider or external agencies if needed. We saw people were relaxed with staff and they confirmed they felt safe with them. Their comments included, "They're very good. They all keep an eye out for me." There had been no safeguarding incidents in the year before this inspection.

Risks to people were minimised while their freedom was supported. An assessment of people's needs was completed before they started using the service. This included assessment of the safety of the person's home environment. The registered manager told us they made a referral to the fire service if they had any fire safety concerns. The fire service had checked two people's homes since the registered manager had been in post.

People had individual risk assessments in place which identified potential risks to them and there were measures in place to reduce these. These included use of moving and handling equipment and safe management of medicines. Referrals to health professionals were made when an unmet need or new risk was identified. For example, one person who had been "having lots of falls" before using the service, told us about adaptations an occupational therapist had since made in their bathroom. A standing mobility aid had been introduced for another person to assist them to mobilise around their home on "bad days", when their mobility was poor. Staff worked with this person's close family member and checked daily records, to enable them to identify "bad days", before assisting this person to mobilise. A relative said, "It's peace of mind, knowing they're going in every few hours." Accident and incident records demonstrated risks were managed effectively.

People were protected against the employment of unsuitable staff because adequate recruitment procedures were followed. All required checks had been carried out before new staff were employed to support people. Staff told us they had been working additional shifts to cover summer holidays and recent staff changes. Management records demonstrated further recruitment was planned. Staff, people and their relatives confirmed people received the support hours they expected. Comments included, "I quite often go over times on [name]'s calls. I like to make sure she's safe" and "When they started they used to find it quite difficult to get everything done… [registered manager] has put in for more time." Staff confirmed they were given enough time to travel between visits. They were confident in their roles and were able to access appropriate support at all times.

People's medicines were managed safely. Records detailed who was responsible for obtaining, returning and giving medicines and how medicines should be stored. Staff confirmed they had completed training in giving medicines and their competency had been checked. No 'as required' or 'over the counter' medicines were being managed by staff for the people we visited. A gap in recording for one person, on the previous

day, was reported to the registered manager by the staff member, so this could be followed up. Codes were used to indicate where family members had assisted people with their medicines.

Good

Is the service effective?

Our findings

People using the service were supported by staff who received suitable training and support for their role. Staff received basic training including health and safety, first aid, moving and handling, infection control and food hygiene. A combination of online and face to face training was provided, some with the local authority. This included The Mental Capacity Act (MCA) and local procedures for safeguarding vulnerable adults. Staff also completed specialist training to meet the needs of people using the service. This included dementia and end of life care. Staff were positive about the support they received within the organisation.

New staff completed an induction programme consisting of training the provider considered necessary, supervised practice and competency checks. Staff that were new to care completed the care certificate. The care certificate was introduced nationally in 2015, with the aim of equipping care support workers with the knowledge and skills they need to provide safe and compassionate care. Staff told us they had been able to work alongside experienced staff members until they felt ready to work alone. One said, "They didn't push me. It was when you're ready." Staff were encouraged to complete relevant qualifications in social care once they had passed their probationary period. Staff routinely completed nationally recognised qualifications in care if they did not already hold these qualifications.

Staff were confident when interacting with people and demonstrated appropriate knowledge when describing people's support needs. They told us they met regularly with a more senior staff member to discuss their performance, support and training needs. One person commented, "They've done a good job these ladies, they're brilliant. I'd recommend them to anyone."

People were routinely asked for consent before support was provided. For example staff said, "Are you ready to walk to your room then?", "Are you alright for me to take these [socks] off?" and "Would you like me to make you a hot drink?" Staff waited until people indicated they were ready and respected their decisions if support was declined. People had signed copies of their contract with the provider in their records and had signed to say who the service could share information about them with. People had involved their close family members in decision making. One person said, "We saw the advert…I was a bit apprehensive but it was one of the best things that we did."

People's capacity to make choices about their day to day care was considered in line with the Mental Capacity Act 2005 (MCA). The 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. Staff demonstrated reasonable knowledge of this legislation and routinely supported people to make their own decisions. Staff and the registered manager told us everyone they were supporting at the time of the inspection was able to make decisions about their care. One person had given their relative Lasting Power of Attorney to make financial decisions for them. The registered manager planned to attend MCA practitioner level training with the local authority, which would assist them in completing MCA assessments when necessary.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires applications for people being supported in their own homes to be submitted to the Court of Protection, for authority to restrict people's liberty. No DoLS applications were required at the time of the inspection as no-one had been deprived of their liberty.

Staff were attentive to people's dietary needs. People were encouraged to follow a healthy diet and the meals prepared for them reflected their cultural choices and preferences and individual needs. People had few special dietary needs at the time of our inspection. A relative told us health professionals had previously contacted the service as they had been concerned about their relative's health and eating habits. They told us, in response to this, staff were "doing more to make sure [person] has taken this on board" and this was "making [person] stronger." The registered manager told us this person knew how much they should drink each day and they managed this themselves. People were supported to eat and drink in a variety of ways, depending upon their preferences and needs. This included preparing fresh meals, prompting people to eat and drink and ensuring adapted utensils were used to enable one person to eat independently.

People received timely support to access healthcare services and maintain their well-being. Staff noted how people were during their visit, for example, if they were feeling low, were less mobile or more sleepy than normal. Concerns were shared with people's families and health professionals when indicated. One person's relative said, "She [registered manager] lets me know when [relative] doesn't feel too good. They are good at communicating." Health and social care professionals told us referrals to them and GPs had been timely and appropriate. One said, "They are on the ball" and "If we've got any concerns [about someone] we can approach them." One person told us about the support staff gave them to care for their legs and feet each week. They said, "They [legs] are a lot better now than they were."

Good

Is the service caring?

Our findings

People developed caring relationships with the staff that supported them. Staff approached people with sensitivity and respect which had enabled people with apprehension or reluctance about using a home care service to overcome this. One person's relative said "They have been so sweet and good with [person], [person] has reconciled to having them. They've built up an excellent rapport." We observed staff putting people at ease by offering support, making suggestions, chatting and showing interest in the person. When people were reluctant to talk about themselves or declined the support offered with household chores this was respected. At each visit, staff checked what the person wanted, allowing them to remain in control. They ensured the person had everything they needed before leaving them.

Where possible, people received support from staff who knew them and supported them regularly. One person told us the same two staff carried out all their visits. They were clearly very at ease with them, chatting openly and teasing them. Their leg and foot care was given with gentleness and attention to detail. They said, "This is what I call the soothing hour. It's lovely." They later said, "As you can see, I get very poor treatment!" while winking at us and laughing. Another person said, "Three [staff] come normally. All are very compassionate; they are all willing and wonderful."

A health professional said, "They [the staff] are very caring and approachable. They go over and above the call of duty." They told us about a person who had particular dietary needs who "sometimes fancied fish and chips" or something other than the meal they had planned. They told us staff would go to the chip shop or supermarket to get what the person wanted, although this wasn't expected of them.

People were able to express themselves verbally and discuss the support provided to them at each visit. When people wore hearing aids or glasses, staff were attentive to their use: Removing one person's hearing aids before washing their hair to avoid damaging them, then replacing them afterwards. They assisted two other people to put their hearing aids in and switch them on to ensure they could communicate effectively with them. One of these person's relatives said, "[Person's] not well but the girls [staff] seem to get through to [person] quite well." When offering a choice of desserts to a person who could be confused at times, the staff member took a selection to the person. They responded with, "Let me see", before choosing what they wanted. The person ate well and appeared to enjoy their lunch.

People's privacy and dignity were respected. Staff went ahead of us to remind people of our visit and check they were suitably covered and bathroom doors closed, before we entered their homes. Personal care was carried out in privacy and confidentiality was maintained.

The service provided end of life care to people at home. While nobody was at the end of their life when we visited, we noted a number of cards of appreciation from people's families. One said, "You were all so lovely to her and with your help she was able to stay living in her own home until the very end". Two senior staff members, who had recently been appointed as 'team leaders', had recently completed a specialist course in end of life care to ensure they had the right knowledge to meet people's needs at this time.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People were routinely involved in formal assessment and review(s) of their needs. Their wishes and preferences were noted in their care record. Further to this, any requests for changes in the way care was provided were acted upon. For example, one person attended hospital on a regular basis and liked to shave before these appointments. So when the days of their appointments changed, staff altered their routine to make sure the person had a shave before their appointment. New information or requests were noted in people's daily records; to be added to people's support plans when these were updated. Staff told us if they were asked to visit a person they didn't know, they were given a "detailed write-up" so they knew "exactly what they were going into." Staff routinely checked the daily record before giving care. Staff said they could contact the registered manager or 'team leaders' at any time should they have any questions or concerns.

Daily records demonstrated people regularly received support from the same small group of staff. Some people received support visits from staff up to five times a day. It was common for the same staff member to return to the person later in the same day. This continuity allowed staff to work flexibly to meet the person's needs and to check how the person had managed between their visits. Staff understood the importance to people of maintaining their independence. One person told us that because of improvements in their well-being, they could now get their shoes on again.
The registered manager told us their common goal was to get this person more mobile and ultimately driving again, so they could visit a garden centre they used to visit often. Health and social care professionals said, "They [the service] provide a personalised package of care that meets the needs of the person involved." They also described the staff as being, "professional staff that are able to deal with the most complex cases."

There were arrangements in place to listen to and respond to any concerns or complaints. Information about how to make a complaint was available for each person, within the provider's 'service user guide'. This was given to people to keep in their home at their initial assessment. People and their relatives told us they knew how to make a complaint and "wouldn't think twice about it". A relative told us the registered manager responded positively to feedback they had given about a staff member's approach. Their issue was resolved quickly and they had not had any problems since. Another said, "We are more than satisfied, we haven't had one grumble. We've never had any problems at all." One written complaint had been received since the service was re-registered with us in June 2016. Records showed a quick and thorough response by the registered manager to address this complaint. 17 compliments were received in the same time period.

People and their relatives were given opportunities to provide feedback about the service during quality checks and care reviews. A service wide questionnaire had been carried out in January 2017. The feedback received was all positive and included the following comments: "The care provided was beyond my expectations", "[name] always felt very confident in the care of the staff" and "staff responded reassuringly to [name's] changing needs."

Good

Is the service well-led?

Our findings

The registered manager was registered to manage Easy Living Solutions (ELS) in June 2016. The registered manager notified the CQC of important events affecting people using the service as required.

ELS was re-registered with CQC in June 2016 when the provider changed to a limited company. This is the first inspection carried out under this registration.

Staff, people and their relatives spoke highly of the registered manager and the provider and told us they were approachable and accessible. Comments included, "always on call", "very professional", "very supportive" and "the communication is good". Staff told us they were, "happy" in their role and one said, "If you've got any problems you can go into the office and ask; you don't feel uptight." We observed people's relatives and staff calling in to speak with the registered manager and provider in the provider's office, located on the high street.

The registered manager provided personal care to people and carried out all initial assessments and care reviews with people. Quality monitoring checks were carried out as part of the care review. This included making sure that staff were working as expected, records had been completed appropriately, the person was satisfied with the service and that their needs were met. This meant the registered manager understood each person's needs and had regular opportunities to get direct feedback from people and their relatives about their experience of the service. The provider also attended care reviews being carried out by other staff.

The registered manager said, "Because we're a small company we can monitor ourselves and our clients are very good at telling us if anything falls short." All MAR charts and accident and incident records were reviewed by the registered manager. Only three incidents/accidents had occurred since registration. There was evidence that care had been reviewed following these and any appropriate changes were implemented. The registered manager met with the provider every four to six weeks and were in telephone or email contact "every one or two days". Minutes demonstrated that staff capability, capacity, training, people's needs, safeguarding concerns, accidents, incidents, feedback and actions taken were routinely discussed. The provider was responsible for financial management which gave them oversight of staff and support hours provided.

Two senior staff had been appointed into 'team leader' roles in August 2017, replacing the position of 'deputy manager'. Team leaders carried out unannounced spot checks on staff, including their timekeeping, appearance, record keeping, communication and competency. Any shortfalls were followed up through staff supervision. The team leaders reported directly to the registered manager and were responsible for updating people's support plans when changes arose. This was a new responsibility and training was being sourced to assist them with this.

We found information about the support people needed was always included in daily records and risk assessments but had not always been set out clearly in a support plan. We were assured through our

observations and discussions with staff, people using the service and their relatives, that staff had accessed other relevant records and understood how to meet people's needs safely. Our discussions with the provider assured us that that the improvement needed to some people's support plans was being addressed.

Feedback about the service included, "As far as I'm concerned they are excellent" and "I think they do a good job. I'm impressed." Two people we spoke with said they had recommended the service to others. Another said, "I'd recommend them to anyone" and a health professional commented, "If I had to have care for a family member, I would have them."

The provider's expectations of staff were clearly communicated to staff and updates were given through email and staff meetings. Staff had opportunities to give feedback and contribute ideas for improving the service. A staff member said, "I absolutely love my job. I'm really enjoying it."

The provider's aim, to help people "live the best possible life" while they "continue living independently at home" was demonstrated by the registered manager and their staff team in their approach when providing care. Compliments to the service included the following; "unfailingly kind, confidence inspiring and always available. They demonstrated enormous humanity, wonderful team work and continuity" and "such kindness and dedication."