

EBS Instant Care Limited

EBS Instant Care LTD

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

EBS instant care is a Domiciliary care agency providing personal care to 12 people aged 65 and over at the time of the inspection. The service can support up to 15 people.

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

People were not always protected in a safe way as risk to their health and wellbeing was not managed appropriately. People received their medicines as prescribed, but Medication Administration Records were not always completed correctly. People and their families felt safe with the staff that cared for them. Safeguarding systems were in place. Recruitment processes were robust enough to ensure people employed were safe to work with the people who used the service. People were protected from cross contamination because staff followed infection control policy and procedures.

People's needs were assessed, but care plans did not always contain the detail required for staff to support people effectively. 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; but this was not always recorded correctly. Staff received training but were not fully supported to ensure they had the confidence, skills, and knowledge they needed to perform their roles effectively. People's dietary requirements were recorded, and they were supported with their meals. People were supported to access other healthcare professionals.

Staff treated people with kindness and their dignity and privacy was respected. People had an opportunity to discuss their care and support on a regular basis. Advocate support was acquired if people needed support to express their views. People were shown respect and their dignity was protected.

Systems to monitor complaints were in place, but not always dealt with in a timely manner. Care plans were reviewed but not always up dated to reflect people's current needs. Call times were unpredictable. People's wishes at the End of Life had not been fully explored.

Management of the service was disorganised. The provider did not always submit notifications to CQC. The providers monitoring systems were not robust to identify and manage all risks. The last CQC rating of the service was displayed appropriately.

Rating at last inspection

The last rating for this service was Good (Published 20 October 2017)

Why we inspected

The inspection was prompted in part due to concerns received about assessing risk and the way the service was run. A decision was made for us to inspect and examine those risks.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

EBS Instant Care LTD

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

This inspection was announced.

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

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is

required to tell us about).

The registered provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

In addition, we considered our last CQC inspection report and information that had been sent to us by other agencies such as commissioners who had a contract with the service.

We used all this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the providers representative, the registered manager, senior care workers, care workers, office administration and a care coordinator.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four 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 quality assurance records.

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 now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Systems in place to manage and assess risk were not robust to ensure potential risks to people's health and safety were assessed correctly.
- Risk assessments were not always in place to identify known risks. When a person was at risk of being alone and isolated there was no plan in place to notify relevant professionals to areas of concern.
- People at risk of falls had no risk assessments in place to reflect the level of risk. The registered manager told us they were in the progress of addressing this and were working closely with the local authority. They had assessed the level of risk for people. However, we found no instructions on people's care plans for how staff should manage any risks to ensure people were kept safe. There was a risk staff may not always support people in a safe way.

Using medicines safely

- People who received support with their medicines told us staff supported them. One person said, "I have a blister pack (a blister pack is where tablets are put into daily sections by the pharmacist) and sometimes they [staff] have to help me with it [medicines]. They will also ask me if I have taken my tablets." A relative told us staff helped support their relation take their medicine and document this afterwards.
- People's medicines were clearly recorded in their medication administration record (MAR), which helped to reduce risks for people receiving the wrong medicine. However, we found gaps and crossing out in some of the MAR Sheets, as the records were incomplete the provider could not show people had always had their medicines as prescribed.
We checked medicine audits that the provider undertook each month, but these audits had not found any issues. We spoke with the registered manager and they told us they would address this. They told us they would review the audit form and make it more robust. They would reiterate to staff the importance of completing the MAR correctly.
- Where changes had been identified to prescribed medicines, these had two signatures to clarify changes made.
- Staff had received training to administer medicines safely. We saw further training had been booked. The registered manager told us staff competencies had been completed to ensure staff were administering safely, but these had not been recorded.
- Where people were responsible for their own medicines the level of support did not match the providers policy. There was no risk assessment in place to identify risk for people who were responsible for their own medicines. We identified this was a recording issue.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that cared for them and relatives confirmed their relation was safe with the service. One person said, "Basically I get the same carers and they tell me who is coming next, as we don't get a list. I require two staff and they usually arrive a couple of minutes between them. They wouldn't try moving me or anything until they are both here." One relative said, "[Relation] usually gets the same care staff and one of them speaks my relations language, so attends the call more often, which is great."
- Systems were in place to enable the registered manager and staff to report any safeguarding concerns in relation to people's safety.
- Staff had received safeguarding training and were aware of the processes and procedures they should follow to ensure people were protected.
- This included reporting to the local authority. Where required the provider completed an investigation. However, the provider had not shared all safeguarding information with CQC. We identified this as a recording issue.

Staffing and recruitment

- There were processes in place to enable staff to be recruited safely. Checks had been made with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.
- A process was also in place to ensure references were requested to provide assurance about staff members previous employment.
- People told us they mostly had the same staff team. One person said, "There is a small team of staff who know me, I sometimes get ones[staff] I have never met before."
- No one said there was not enough staff.

Preventing and controlling infection

- People were protected from the risk of cross infection. People described the equipment used when staff provided personal care. One person said, "Staff wear gloves and aprons whilst carrying out personal care and administering medicines." We saw minutes of meetings where the registered manager had discussed the importance of wearing personal protective equipment to prevent cross contamination of infection and reiterated where staff could replenish their supply to ensure staff did not run out.
- Staff had received infection control training and the provider had policies and procedures in place to support good practice.

Learning lessons when things go wrong

- Lessons were learnt from when things went wrong, and actions were taken to reduce the risk. The service had implemented new emergency contact details in large format and ensured the details were in the front of all care plans due to an issue raised by people who used the service.
- Where learning points had been identified, the registered manager shared them with the staff team.

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 now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed by the management team when people were first referred to the service to provide their care and support.
- People's care plans contained information for specific health conditions, dietary requirements and daily routines. However, there was no detailed information on how staff should support people if they had health conditions or use of specialist equipment such as a catheter. The registered manager told us they would address this.
- Assessments were kept under review to ensure people's needs were met.
- Staff we spoke with demonstrated their understanding of equality and diversity principles and understood how to support people where any needs or wishes were identified.

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's needs had been assessed and delivered as reflected in their care plan.
- MCA had been taken into consideration when there was concerns with people's capacity. Staff supported people in their best interest when they lacked capacity. However, some information shared with us regarding people's capacity was incorrect. Where it had been identified that power of attorney was in place the provider had not seen copies of information to identify the level of consent the family had for a person. We requested the provider to obtain this information, which they did after our inspection. The provider also

reviewed MCA assessments and updated the records where required after our inspection.

Staff support: induction, training, skills and experience

- Staff supervision and appraisals had not taken place on a regular basis. We found supervision notes were not robust. There were no discussions on staff training and development. Answers were short, and we were not able to clarify discussions were relevant to the staff role. The registered manager told us they had identified dates for supervision as the local authority had identified concerns with the (lack of) supervision processes in place for staff at their last quality monitoring visits. We were unable to clarify if supervision was relevant and appropriate because none had taken place at the time of the inspection.
- Staff received opportunities to update their skills and knowledge through training they received.
- People told us they felt staff had the correct skills to support them.
- One person said, "They [staff] are all pretty clued up, I would tell them if they were not doing it right. I used to be a carer, so I know what should be done. We work together." Another person said, "Some staff are better than others." One relative told us their relation had mobility problems and the staff coped well when supporting them. They said, "Staff follow what the doctor says."

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

- People's dietary needs were assessed and monitored. Where required people were supported with the preparation of food.
- Staff told us they were very aware of people's dietary needs. One member of staff gave us examples of how they spent time with people and prepared their meals. They said, "Sometimes at a 30-minute call it can take 25 minutes to prepare the meal especially if they want a freshly cooked meal."
- Dietary needs were recorded in people's care plan for nutritional needs and daily logs told us what meals and drinks people had daily.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they had a good relationship with healthcare professionals and when the need arose they made referrals to the GP or district nurse. They said they implemented recommendations from healthcare professionals and included them in people's daily routines to help them achieve positive outcomes. For example, one person who was at risk of falls. The registered manager made relevant referrals to health care professionals and acquired the appropriate equipment to ensure the person's falls were kept to a minimum.
- Staff were aware of how to protect people who were at risk of skin damage. One member of staff described the procedure they would take to ensure the person's skin remained intact and the care they provided was effective, such as regular turning in bed and the use of barrier creams.

Adapting service, design, decoration to meet people's needs

- People were responsible for their own home environment. Risk assessments for the environment were undertaken at the initial assessment. Any hazards were identified and removed with the person's permission.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care professionals when needed.
- Records showed people's health needs were being met. We saw records of when a GP or District Nurse had visited people.

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 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 told us they found staff to be caring and kind. They treated people with dignity and respect.
- One person said, "They [staff] are very much caring and support my independence. I have a mixture of male and female staff, which is fine." Another person said, "They [staff] are caring and compassionate. They check I am ready to get up and make sure they close the door and keep me covered particularly whilst I am in the hoist. We have a laugh at times."
- Staff who cared for people on a regular basis showed an understanding of their needs, preferences and routines. One staff told us about a person they cared for. They said, "I care for a person who is very lonely, so when I go daily I try and cheer them up. The person is a practicing Christian so likes reading the bible, praying and singing. Due to their condition they are no longer able to go to church, so I make a point to sing and pray with them and on Sundays I read the bible to bring the church experience to them, so they don't miss out."

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

- People had the opportunity to discuss their care and review their needs. One person said, "I was visited by someone from the company admin section at the start and they asked me a lot of questions." People were aware of the care records that were kept in their home.
- People were supported and helped to express their views; where required people would be supported by an advocacy service. We saw where the service supported a person to access an advocacy service when they were receiving specialist treatment and were required to make an informed decision about their care and welfare.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld.
- Staff were very respectful when they spoke about people they cared for.
- Staff described how they promoted dignity and independence to the people they cared for. One staff said, "I let people make their own choices and involve them with discussions relating to their care. I always respect their personal space."
- Care records were securely stored, and computers were password protected.

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 now deteriorated to requires improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider had systems in place to monitor and respond to complaints. However, we could not identify if concerns and complaints had been dealt with in a timely manner. The record for complaints was kept electronically. However, the registered manager did not have access and was unsure how many complaints had been received.
- There was no analysis or monitoring procedures to identify any themes or trends should they occur.
- People told us knew how to raise a concern if needed. One person said, "I would speak to the team leader first as I see them regularly." "I have had to make changes to my call times on all but one occasion when there was a massive amount of confusion, it went well. It does appear that messages don't always get through."
- People told us they had contacted the office. One person said, "They are easy to get hold of and the office staff are very polite and pleasant. I think they would listen if I had a complaint." Where people had raised complaints, they told us action had been taken.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew them well and understood their preferences.
- Each person who used the service had a care plan that set out their needs and how staff should support them. Care plans were reviewed regularly, but changes to people's needs were not always updated in a timely manner. There was a risk people may not receive personalised or responsive care if the care plan was not up to date. We identified this as a recording issue.
- People were aware of their care plan and that staff updated the records daily at each visit.
- Call times were unpredictable. One person said, "Times vary considerably, one week they were late every day." Another person said, "They don't always come when they are supposed to. There have been occasions when no one has arrived." A third person told us they were extremely happy with the care Monday to Saturday. They said, "Sundays are terrible. I never know who is or if someone will arrive." We spoke with the registered manager and they told us there had been an issue with staff attending calls. They had implemented a new system to reduce the risk of late and missed calls. The system was more robust however not all people were signed up at the time of the inspection. We could not clarify if this was effective.

End of life care and support

- There was nobody receiving end of life care when we inspected.
- People's wishes about the care they would like at the end of their lives had not been discussed or

recorded.

- Staff were knowledgeable about caring for people at the end of their life. One staff told us they had supported a few people at end of life. They also told us about a person who had been placed on end of life care but due to the care provided the person was no longer at risk.
- Staff told us they had received end of life care training, but when we checked the training matrix there was no specific training in this area that confirmed his.

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 communication needs were assessed, and it was clear how information should be shared with them. People received information in different formats, such as, large print.
- The registered manager said, "We employ staff who speak other languages. When we find there is a language barrier and people's first language is not English we try to match staff and people who speak the same language or use a language translator from the internet." They told us where this form of communication had been successful.
- Staff confirmed the service had employed staff who speak a variety of different languages, senior staff told us they try to allocate the staff who understand the person's language to ensure communication is effective. Where required staff were requested to enrol in basic English courses.

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 requires improvement. At this inspection this key question remains the same requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibilities.

- The provider is required by law to notify CQC of reportable incidents. This enables the CQC to monitor the service and ensure they are following regulatory requirements.
- We saw where safeguarding's had been reported to the local authority, but not shared with CQC. Serious injuries or allegations of abuse had not been submitted to CQC. The registered manager told us they were aware of some notifications they needed to share with CQC, but not all. At our last inspection we identified similar concerns. This meant the provider was not following their legal requirements.

This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009

- The provider had a system to plan staff rota's and monitor care calls and this was monitored daily. Forward planning for staff rotas were sent to staff electronically and they had easy access to them. However, some people did not know who was attending their care call daily. One person told us they had a small team of staff who knew them, but sometimes they received care from staff they had never met before, which meant they were unaware who was providing their care call.
- People told us they would recommend the service to others. One person said, "I had them recommended to me and although the care is very good, and I would recommend them I am not so sure about the organisation around timing and rostering."
- We had received concerns regarding the call times and had asked the provider to investigate these concerns which they did. The registered manager told us the new system they had in place for staff to log in and out calls was still being embedded and were working at improving in this area,

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

- Records relating to care and treatment were not always kept up to date. Risk assessments did not contain detailed or up to date information to mitigate risks. There were no risk assessments for people who were responsible for their own medicines.
- The registered provider had systems in place to monitor the quality of the service provided. Audits and systems were in place to ensure the service and staff were providing quality care, for example spot checks

and telephone interviews. However, some audits were not robust to ensure the care was effective. For example, medication audits did not identify issues and concerns. Care plan monitoring did not make sure care plans were current and up to date. Complaints were not always investigated in a timely manner.

- At our last inspection we found similar concerns that medication audits were not robust or fit for purpose.
- Records and documents were not always fully completed to show changes in circumstances or accurate and current information.
- Although there was a registered manager in post, a new registered manager was being recruited.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were involved in discussions regarding their day to day care.
- Team meetings were held monthly. Staff confirmed they attended team meetings. One staff told us they found the meeting useful and were able to share information with others in the team.
- The provider had vision and values for the service. Staff demonstrated their understanding of the vision and values and how they had used them in their role. One staff said, "EBS aim to provide very flexible and high standard community-based support to people. This motivates and inspires me to do my best when caring for people."
- The registered manager told us they encouraged staff to work well together as their relationship may impact the people they cared for. The registered manager also ensured the management team had regular contact with staff to keep communication lines open for staff to feel comfortable and able to raise issues and concerns if needed.

Continuous learning and improving care

- The management team were working closely with the local authority to ensure risk levels were current and contained sufficient detailed information to identify and support risks to people.
- There was an action plan with clear timescales of improvement to be made and by when.
- The providers representative told us they were restructuring the management team and moving office premises. The providers representative acknowledged that records and systems had not been fully completed. They said they required more office staff to cope with the work load.

Working in partnership with others

- In March 2019 the local authority suspended the service contract. The provider is working with the local authority to address this.
- People were supported to access healthcare professionals. The registered manager told us they worked well with external professionals in the ongoing care of people's needs. The service worked with Occupational Therapists, District Nurses and GP's to ensure people had the right support for their needs. We saw examples where people's health had improved with support from the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications of incidents had not always been reported as required. 18(1)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records relating to the care and treatment of people were not always completed or accurate, detailed or kept up to date. 17(2)