

Escoben Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Escoben Care Ltd is a small domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection five people were 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

People and their family members told us they were happy with the care and support they received from Escoben Care Ltd and that they would recommend the service to others.

There were systems in place to help make sure people were protected from the risk of abuse. Staff were aware of safeguarding procedures and understood how to protect the people they supported. Staff knew the risks people faced each day and helped make sure they stayed safe. For example, staff knew about people's risk of poor health or their risk when moving around their home.

People were cared for by staff who received the right training and support to do their job well. The registered manager made sure only suitable staff were employed to work at the service. Staff felt supported by the registered manager and felt they could talk to them about any concerns they had and the registered manager would make changes to make things better

People and their family members were involved in making decisions about their care and care records reflected this. 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 and their family members liked their regular care staff and thought they were caring. Staff knew people well and people's care records told staff how best to support them. People told us staff respected their privacy and dignity. People were asked about their food and drink choices and staff assisted them with their meals when needed.

People and their family members said they would complain if they needed to and knew who to complain to. The registered manager made regular checks to make sure the care people received was good. When people's needs changed the registered manager reviewed people's care and support and made sure other healthcare professionals were involved if they were needed.

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 01/11/2016 and this is the first inspection.

Why we inspected

This was the first inspection for this service. We inspected because we needed to be sure people were receiving appropriate safe care and support.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Escoben 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

One inspector carried out this inspection.

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 11/05/21 and ended on 20/05/21. We visited the office location on 11/05/2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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. We reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service

During the inspection

During our inspection we spoke with the registered manager and a personal assistant of one person using the service. We looked at three people's care records, three staff files as well as a range of other records about people's care, staff and how the service was managed.

After the inspection

After our inspection we made contact with three family members and friends of people who used the service. We also spoke with two members of care staff. We were sent additional information such as service user guides and policies.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People liked and trusted the staff they received care and support from. One relative said, "We don't worry about [person's name] anymore we know they are safe."
- Staff knew what to do if safeguarding concerns were raised. Staff understood what abuse was and what they needed to do if they suspected abuse had taken place.
- The registered manager had systems and procedures in place to report, investigate and review safeguarding concerns. The registered manager understood their responsibility to report any allegations of safeguarding to the local authority and the CQC.
- Staff had received training in safeguarding and this was renewed regularly to keep their knowledge current.

Assessing risk, safety monitoring and management

- Staff knew about the risks people faced and supported people to be as independent as they could be while remaining safe. Staff gave us detailed examples of how they managed risk. For example, one person was at increased risk with their diabetes. Staff worked with the person's family and district nurse to manage their risk of fluctuating blood sugar levels.
- Risk assessments covered people's physical, emotional and environmental risks. These were centred around individual risk management and included risk around mobility skin integrity and nutrition and hydration. Reviews of risk were completed when people's needs changed.
- The registered manager provided on call support to people and staff, this meant there was out of hours support available if there was an emergency or additional support was required.

Staffing and recruitment

- There were enough staff to care for people and the registered manager made sure additional staff were available should they be needed.
- People told us staff arrived on time and stayed the right amount of time. Staff would tell people if they were going to be late or if a different staff member would be supporting them.
- The registered manager explained they would introduce staff to people when the package first started and kept the same staff team with the same person for continuity of care. People we spoke with confirmed this.
- The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of each staff member. This included up to date criminal records checks, at least two satisfactory references, photographic proof of identity and eligibility to work in the UK.

Using medicines safely

- Medicines were managed safely. People's care records specified the level of support they required with

their medicines. Records were completed when people had taken their medicines and reporting procedures were in place if medicines were refused so family or healthcare professionals could be contacted to make sure the person was not at risk.

- Staff received training in medicines management and were assessed for their competence before they were able to administer people's medicines. Regular training and competency assessments were provided for all staff.
- People's medicines were checked during spot check visits to people's homes and medicine records were checked regularly to ensure accuracy. We did not see any recording errors in the documents we reviewed.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place to record, review and analyse any accidents and incidents. These were monitored by the registered manager so any trends or risks to people could be identified quickly and acted upon.

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.

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

- People were asked about the support they needed and any information concerning their physical, mental health and social needs when they first started to use the service. This meant the registered manager was able to plan and deliver care effectively
- The registered manager was in regular contact with staff, people and their families and knew when people's needs changed, for example, changes in people's medicines or care needs. This meant they could adapt people's care and support plans and update staff immediately with any necessary changes.

Staff support: induction, training, skills and experience

- Care staff were provided with an appropriate induction, training and ongoing supervisions to perform their roles.
 - The induction included the Care Certificate, for those staff new to care, as well as practical training with moving and handling and medicines. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in the health and social care sectors.
- Staff told us they received regular training and updates to give them the knowledge and skills to help them with their job.
- The registered manager was qualified to train staff in the practical skills of manual handling. They worked with staff, people and appropriate healthcare professions to make sure staff were competent and confident using equipment to support people's mobility in their homes.
- Staff received regular supervisions and an appraisal system was in place for when staff had been in post for a year.

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

- People's nutritional needs were recorded in their care plans. When required, staff supported people with their meals.
- When people needed additional support with their eating or drinking, or where risks had been identified details were recorded in their care records, so staff were able to support them appropriately. For example, one person's risk of choking had been assessed and staff had guidance in place to help them manage the risk.

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

- When people required support from healthcare professionals, this was arranged and staff followed the guidance given. For example, staff had identified issues with one-person skin integrity and notified the

appropriate healthcare professionals so they could reduce the risk of pressure sores developing.

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. 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.

- People gave their consent to care when they first started to use the service and staff gave us examples of how they made sure people were involved in decisions about their day to day care.
- The provider had systems in place to make sure they could support people appropriately when they lacked the capacity to make certain decisions. Policies and procedures were in place, staff were regularly trained in MCA and people were advised to access an advocacy service should they require additional support making decisions about their care and support needs.

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

- People and their families were happy with the care and support they received. Comments included, "We are very happy with the way things are", "I can't praise staff enough for the care they have given. They are so understanding and caring they look after [person's name] like one of their own" and "The staff are like a right arm I am so happy with them."
- People told us how staff respected their equality and diversity. For example, one person liked to eat certain types of food that had a cultural importance to them. Staff told us how much they enjoyed their mealtimes and would make sure they visited the specialist shops to buy the person's groceries for them. The person's friend told us, "Staff will go over and above what is expected of them, they make sure [person's name] gets the food they love to eat, [person's name] is very, very happy."
- People's care records included information on their spiritual and cultural beliefs and staff were respectful of these needs. For example, during our inspection a request was made for staff to accompany one person to a religious service that was important to them.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- People were involved in decisions about their care and family members were consulted, when appropriate, regarding care and support of their relatives. Care records provided detailed information to help staff understand the best way to support each person.
- The registered manager visited and telephoned people to make sure they were happy to their care and support and made changes when required. People told us staff listened to them and relatives felt it was easy to discuss changes with staff. One relative told us, "Staff are so easy to talk to and will change anything if necessary, we just have to say."
- People's family members told us staff encouraged their relatives to be as independent as they were able to. Staff gave examples of how they respected people's privacy and dignity and encouraged people to make choices in their everyday life, such as the clothes people wore and the food they ate. One person had limited verbal communication and staff explained how they could still make choices using non-verbal cues.

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 and their relatives felt involved in developing their care and support plans. People were happy with the level of support they received and felt comfortable speaking to staff or the registered manager if changes were required.
- People's care records were regularly updated to make sure they reflected people's care and support needs. Care records clearly identified the support required and how this should be achieved.
- Staff informed the registered manager if there were any changes to a person's needs and care records were reviewed accordingly.

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 carer's.

- Staff considered people's communication needs as part of the assessment process. Information and communication were available in different formats to help meet people's needs and the registered manager used various information technology platforms to do this. The registered manager explained care records were available in a larger print if required and they would look at alternative methods of communication to address language barriers if needed. Staff supported people who were not always able to verbally communicate their needs. Family members confirmed staff used non-verbal cues to help communicate with their relative.

Improving care quality in response to complaints or concerns

- People and their relatives told us their concerns were listened to and acted on. The registered manager was very responsive to their feedback or any concerns they reported.
- The provider's complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise concerns or make a complaint. At the time of our inspection no complaints had been made. However, the registered manager had a clear procedure in place for investigating and responding to concerns and complaints.

End of life care and support

- Although no one was receiving end of life care at the time of our inspection the registered manager had received training from the local hospice and had maintained good links with them to make sure staff had access to the training and support they needed should they start to care for someone nearing their end of

life.

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 has been rated 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; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives knew the registered manager and spoke highly of the staff at Escoben Care Ltd. Everyone we spoke with told us they would recommend this agency to others. Comments included, "[The registered manager] is fantastic, if ever a carer is struggling, she will help. I would recommend them. They have never let us down" and "[The staff] go over and above...they are always cheerful. They have been so wonderful and I have already recommended them to others."
- People and their relatives spoke about the regular calls from the registered manager asking for feedback about the service. Staff told us they were encouraged to speak openly to the registered manager and they would receive any support they needed. One staff member told us "[The registered manager] is brilliant...I would not change her at all. She is good with all of the clients and makes sure they are OK and is always checking on them and us."
- Staff were contacted using various methods to make sure they were aware of new updates and best practice. Although staff meetings were informal staff told us communication was good and the registered manager was supportive. One staff member told us "[The registered manager] is supportive and explains what needs to be done before going to a new client or if there are changes in someone's care. Communication is very good. I am very happy working for Escoben."

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

- Regular spot checks and telephone checks ensured people were receiving the care and support they needed, when they needed it.
- The registered manager checked daily notes and people's medicine records to help make sure people received their care in line with best practice guidelines.
- Leadership was visible and accessible to people and staff across the service and staff understood their roles and responsibilities. Staff we spoke with were motivated and committed to improving people's lives.
- The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare.

Continuous learning and improving care; 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

- There were systems in place to make sure improvements were made and lessons were learnt when things went wrong. Staff were open, honest and transparent and they were open to suggestions and showed a willingness to learn and improve. The registered manager understood their duty of candour and were transparent with people, relatives and professionals if a mistake was made.

Working in partnership with others

- The service worked closely with healthcare professionals in relation to people's care. This included joint working with occupational therapists, specialist nurses and the local authority to ensure people received the care and support that was right for them.