Ethos Care Services Limited

Ethos Care

Inspection report

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Date of inspection visit:
26 May 2016
27 May 2016

Date of publication:
06 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on the 26 and 27 May 2016 and was announced. The service provides personal care to older people living in their own homes. At the time of our inspection there were 15 people receiving a service from the agency.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.
Assessments had been completed to identify any potential risks people were living with. One person had risks associated with their weight and nutrition due to their physical and mental health. Reviews of the risk had been completed but were not robust enough. Although a care plan was in place it did not contain information about the actions staff needed to take to minimise any risk to the person of weight loss and poor nutrition. The care co-ordinator told us they would carry out an immediate review of the risk and add more detail to the care and support plan.

Risk assessments had been completed for people who needed support with moving and handling and management of their day to day money. The actions put in place minimised any associated risk to the person. Staff demonstrated a good understanding of any assessed risk and the actions they needed to take to minimise it.

People's Medicine Administration Records (MAR) were maintained and medicines were stored and administered safely. However, care staff were not recording on the MAR chart when they had applied prescribed creams. We discussed this with the deputy care co-ordinator who told us they would have the creams added to the MAR sheets immediately.

People told us they felt safe. Staff had completed safeguarding training and knew how to recognise signs of abuse and the action they would need to take if they suspected abuse.

There were enough staff to support people. Staff had been recruited safely. Procedures were in place to manage any unsafe practice.

Staff received an induction and on-going training that enabled them to effectively carry out their roles. They received regular supervision and an annual appraisal which provided an opportunity for personal development.

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. We found the service was working within the principles of the MCA. Care staff understood their role in ensuring people consented to their care and support.

Care workers had a good understanding of people's food and drink likes, dislikes and allergies.

People had good access to healthcare which included GP's, district nurses and occupational therapists.

People told us the service was caring. Staff had a good knowledge of the people they were supporting. We observed positive friendly relationships between people and care workers. Conversations were relaxed but professional. People were supported to maintain their independence. People and their families felt involved in decisions about care. People told us their dignity was respected. Staff had a good understanding of how to respect a person's right to confidentiality.

People had their care needs assessed and individual care plans had been written that described the actions staff needed to take to meet them. Staff demonstrated a good knowledge of people and how they liked to be supported. People had been supported to maintain links with neighbours, friends and shops in their local community. Staff responded to changing care and support needs of people.

People and their families knew how to make a complaint and felt any issues would be listened to and acted upon. Records showed us that a complaint had been investigated appropriately and the person had been happy with the outcome.

People, their families and staff all told us the service was well led and that communication with the service was good.

Staff had a good understanding of their roles and responsibilities and felt supported by senior staff and colleagues.

Audits were being carried out monthly. Completed audits had captured any areas where action was needed. A quality assurance survey was sent to people, their families, staff and other stakeholders annually. Areas identified that required improvement had been completed and sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Assessments and reviews of people's potential risks were not robust enough and actions needed to minimise risk had not always been identified..

Medicines were stored and administered safely. Prescribed creams needed to be included in the recording process.

Staff had received training that had given them the skills to identify any potential abuse and what actions to take if abuse was suspected.

There was enough staff to support people, they had been recruited safely and there were processes in place to manage unsafe practice.

Is the service effective?

Good

The service was effective.

Staff received induction and on-going training that enabled them to effectively carry out their roles.

Staff received supervision and an annual appraisal which supported them with their personal development.

The service was working within the principles of the Mental Capacity Act.

Care workers had a good understanding of people's food and drink requirements.

People had appropriate access to healthcare.

Is the service caring?

Good

The service was caring.

Staff had a good knowledge of the people they were supporting

and had positive, relaxed, friendly relationships with them.

People were supported to maintain their independence and felt involved in decisions about care.

People had their dignity respected and staff had a good understanding of how to respect a person's right to confidentiality.

Is the service responsive?

Good

The service was responsive.

People had their care needs assessed and individual care plans had been written that described the level of support they needed.

Staff responded to changing care and support needs of people.

People were supported to maintain links with neighbours, friends and shops in their local community.

People and their families knew how to make a complaint and felt any issues would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

People, their families and staff told us the service was well led and that communication was good.

Staff had a good understanding of their roles and responsibilities and felt supported by senior staff and colleagues.

Audits were completed and a quality assurance survey was sent to people, their families, staff and other stakeholders annually. Areas identified that required improvement had been completed and sustained.

Ethos Care

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 was planned to check 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.

The inspection took place on the 26 and 27 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection we looked at notifications we had received about the service and we spoke with social care commissioners to get information on their experience of the service. We also looked at information on their returned PIR. 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.

During our inspection we spoke with two people who used the service and three relatives. We spoke with the registered manager, the care co-ordinator, deputy care co-ordinator and three care workers. We spoke with one social worker who had experience of the service.

We reviewed three peoples care files and discussed with them and care workers their accuracy. We checked three staff files, care records and medication records, management audits, staff meeting records and the results of quality assurance surveys.

We visited two people in their homes and observed staff practice.

Requires Improvement

Is the service safe?

Our findings

Assessments had been completed with people prior to receiving support from Ethos Care. The assessments highlighted any potential risks to a person. One person had potential risks associated with their weight and nutrition due to their physical and mental health. We were told that reviews of the risk were completed monthly. We looked at the review records and found that they were not robust enough. No information was available to support the monthly review findings. Although a care plan was in place it did not contain information about the actions staff needed to take to minimise any risk to the person of weight loss and poor nutrition. We spoke with the care co-ordinator and deputy care co-ordinator. They both agreed more information was needed to ensure risks were identified and minimised. The care co-ordinator told us they would carry out an immediate review of the risk and add more detail to the care and support plan.

Risk assessments had been completed for people who needed support with moving and handling. One review had shown that a sling being used for a person was no longer suitable. A new sling had been ordered and a change to how the person was being supported with moving and handling had been agreed until the new sling arrived. Instructions from an occupational therapist were on the persons file on how to use the sling safely and this was reflected in the care and support plan.

We met one person who needed care staff to support them with shopping. We looked at records for managing the persons' money. Receipts had been provided for any money spent. The person signed the record to confirm the remaining balance whenever there was a financial transaction. The records were audited monthly. The process protected both the person and staff from any associated risk.

Some people needed support with their medicine. People's Medicine Administration Records (MAR) were maintained and medicine audits regularly carried out by the care co-ordinator. However one person needed staff to apply prescribed creams to their skin. The care and support plan contained a body map for each cream which showed the areas were the creams needed to be applied. Support staff had not been recording whether or not the creams had been applied on the MAR chart. This meant that we didn't know whether the person had been having their creams administered. If they hadn't this potentially would be detrimental to the condition of their skin. We discussed this with the deputy care co-ordinator who told us they would have the creams added to the MAR sheets immediately.

Care and support plans contained details of the level of support people required. Support staff had become aware of risks associated with where one person stored their medicine which was having an impact on them receiving the correct medicines. A risk assessment had been completed and a change to the storage arrangements had been implemented to ensure their medicines were stored and administered safely.

People told us they felt safe. "There is not one (support worker) who doesn't want to come or one I don't want to see. I am so happy. I feel absolutely safe". Staff had completed safeguarding training. They were able to explain the types of abuse that vulnerable people were at risk from and how to recognise signs of potential abuse. They knew the actions they needed to take if they suspected abuse which included how to contact the local authority and CQC. We saw a poster on display in the staff area that contained information

about how to keep people safe.

Staff and people told us that there were enough staff to support people with their assessed needs. A support worker told us that when there had been a shortage of staff support had been arranged via another care agency. The service had an on-call out of hour's arrangement that staff told us worked well.

Staff had been recruited safely. Files contained references, criminal records checks and evidenced that staff were eligible to work in the UK. Procedures were in place to manage any unsafe practice.

Good

Is the service effective?

Our findings

Staff received an induction that enabled them to effectively carry out their roles. This included an introduction to the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A support worker told us "Induction has prepared me for work. Great meeting people and shadowing meant I met people I would be working with. Nice having so much support and information about the job. Feel comprehensive and no nasty surprises". Another member of staff had received induction into a senior support role. It had included learning how to carry out spot checks as part of staff supervision, auditing aspects of care and support, providing on-call and supporting new staff.

Training records were kept for each member of staff and included dates it needed to be reviewed. Training had included the Mental Capacity Act, safeguarding, medicine administration and dementia awareness.

Staff told us they received regular supervision and we saw records on staff files. One support worker said "I had supervision last week and we went through how I feel and any concerns". Supervision and appraisal records had included staff discussing future training and their personal development which included diploma qualifications in health and social care.

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.

We found the service was working within the principles of the MCA. One example was a best interest decision had been made for a person who had been assessed as not having the capacity to manage their money and medicines safely. A meeting had been held with the person that had included staff from Ethos Care and other social care professionals. Arrangements had been put in place to reduce the risk of financial abuse and ensure medicines were administered safely.

People had signed forms consenting to their care plans. One file contained copies of power of attorney legal arrangements for a person and staff understood the scope of decisions they could make on the persons' behalf. Support staff understood the need to obtain a person's consent. One told us "It's about rechecking often and offering choices. Asking if they would like a shower or wash, which order they like to do things". We observed support staff verbally asking for consent when supporting people with their morning routine, giving the person time to consider and answer.

Support staff had a good understanding of people's food and drink likes, dislikes and allergies. One person had a poor appetite. A support worker told us "Sometimes says they're not hungry. I offer a range of things to try and encourage them". Their care and support plan listed foods they liked and we observed that what was available in their home reflected this.

People had good access to healthcare. This included GP's, district nurses and occupational therapists.

Good

Is the service caring?

Our findings

People told us the service was caring. One person told us "From the moment they (support staff) come in to when they go out its fun, no innuendoes, nothing personal and I don't have anybody complaining or comparing. We are a team". Another said "I have never met such efficient, kind, happy set of people". We saw compliment notes. One read 'Just to say thank you for the care and friendship'. We saw feedback through a home care website that read 'Carers are always ready to help me any time. I also enjoy talking to them about my family, literature. They are always patient with me'. We spoke with a relative who said "Staff are caring and patient with mum".

Staff demonstrated a good knowledge of the people they were supporting. One said "The rota is really good as I see the same people most of the time and so we get to know each other well". Another told us "It's the little things people tell us they appreciate like collecting a newspaper on the way to a visit".

We observed positive friendly relationships between people and care workers. Conversations were relaxed but professional. We observed staff supporting a person who appeared anxious. The support worker remained patient and calmly offered explanations and reassurances which reduced their anxiety. Another person had a coughing fit and a support worker quickly appeared with a glass of water to help ease the cough.

People were supported to maintain their independence. One person needed support with shopping each day from a local shop. A support worker said "We take the time to include the (person) in walking to the shop with us rather than going on our own".

People and their families felt involved in decisions about care. One relative said "Staff are very helpful and will try and accommodate as best they can". People had been asked whether they would prefer a male or female carer and their preference had been respected.

People told us their dignity was respected. One person said "They respect my dignity in every way. When I have had my shower they show me clothes and say 'What about this'. They offer choices to me. I am never left to feel dirty or smelly".

Staff had a good understanding of how to respect a person's right to confidentiality. One person had a lot of visitors to their home and staff had raised concerns about them having access to confidential information. As an outcome changes were made to where the care and support plans were stored.

Good

Is the service responsive?

Our findings

Pre assessments had been carried out before a person began receiving support. The assessments had included the person, families and other professionals such as a social worker. Assessments included areas a person needed support with and areas the person could manage independently. The care co-ordinator told us "From the pre-assessment we write a care plan before the first visit. We then discuss with staff before they start supporting the person". A relative said "We all contributed to the assessment. We are consulted about everything. We wrote a resume, it included mum's history and hobbies".

People had care plans that described the actions staff needed to take to support them. They included information about how people liked to spend their time, the people important to them, such as family and friends, and their likes and dislikes. We spoke with staff who demonstrated a good knowledge of people and how they liked to be supported. One care worker told us "The care plans have been helpful to me. They reflect care and are comprehensive". Another said "Getting to know people enables you to share likes and dislikes. Looking at the person more as a person and that can make a difference".

One person had enjoyed gardening and care staff offered support with walking around their garden. People had been supported to maintain links with neighbours, friends and shops in their local community.

One care worker described how a person had requested an earlier morning visit and stipulated the care worker they would prefer to support them. The rota and care plan had been changed to accommodate this.

Some people had chronic health conditions and information on how it might affect a person had been provided in care files to inform care staff. A relative told us "They (staff) understand the issues mum lives with".

Staff responded to changing care and support needs of people. One person said "As I have deteriorated my support has increased". One person had a skin condition that needed monitoring by care staff and whenever it deteriorated staff had contacted the district nurse for additional support. We spoke with a social worker who said "They have been responsive. Attended all multi-agency meetings and informed me of any significant developments".

People and their families knew how to make a complaint and felt any issues would be listened to and acted upon. One care worker said "If somebody had a concern I would let them talk to me and let them know I would need to pass onto my manager". One person told us about an issue they had raised with the care co-ordinator about a care worker. They had felt the matter was dealt with quickly and appropriately and had not had any further concerns.

Complaints forms were in people's care files and included contact information. A complaints log had been maintained and included one complaint. Records showed us that the complaint had been investigated and the person had been happy with the outcome. The process included a review with the person of the

outcome a month later ensuring any lessons learnt or changes implemented were embedded.

Good

Is the service well-led?

Our findings

People, their families and staff all told us the service was well led. One person told us "If the girls are going to be late I get a call or if something crops up I give them a call. We work together and there is nothing, and I mean nothing, that I don't like about the firm". A relative said "Whenever I telephone the office they are always respectful and efficient". We spoke with staff who told us they felt able to express their opinion. We read staff meeting minutes which reminded them about the services open door policy if they needed to talk about anything. One care worker said "Since the day of my interview I had a nice feeling about the company. They are very organised".

Notifications were sent to CQC in a timely manner. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

People, their families, other professionals and staff all described communication with the service as good. A care worker said "Communication is good in the organisation. We are on the road so it's vital. Any changes are sent electronically which works well".

Staff had a good understanding of their roles and responsibilities. They told us they felt supported by senior staff and colleagues. A care worker told us "I feel appreciated. It's a good company to work for". Senior staff provided out of hours cover at weekends and in the evening and staff told us this worked well.

Audits were being carried out monthly and included medicine administration, call visit times, spot checks at peoples homes and care and support planning. Completed audits had captured any areas where action was needed. We saw that issues highlighted on audits had been discussed with staff, actions taken and outcomes had been recorded.

A quality assurance survey was sent to people, their families, staff and other stakeholders annually. The 2016 survey had been distributed just prior to our inspection and the results had not been received. Any question that scored less than 60% had been put into an action plan. Areas identified that required improvement had included care workers tidiness, infection control in people's homes and also timekeeping. Actions to address this had included revisiting with staff their roles and responsibilities and increasing spot checks. We read spot check records that showed us that improvements had been made and sustained. This demonstrated that the monitoring systems were effective in improving service quality.