

ACH Healthcare Limited

ECHAD SERVICES

Inspection report

11-15 Bush House
Bush Fair
Harlow
CM18 6NS

Tel: 01279909157
Website: www.1and1.co.uk

Date of inspection visit:
20 October 2021
21 October 2021
28 October 2021

Date of publication:
25 November 2021

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

ECHAD Services is a domiciliary care service. It is registered to provide personal care to people living in their own homes. At the time of our inspection, two people were using the service. 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 wide social care provided. Both people using the service received personal care.

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

The management team completed regular checks to monitor the quality and safety of the service. However, improvements were required for some aspects of quality monitoring which had not been identified by the management team prior to our inspection. Despite our findings, people and their relatives told us they received a good service and spoke highly of the management team and staff. The registered manager was open and transparent throughout our inspection and welcomed all CQC feedback and took immediate action to address identified shortfalls within their quality assurance processes. We have made a recommendation in relation to developing quality assurance systems.

There were enough staff available to meet people's needs. People received care and support from a consistent staff team which enabled continuity of care. We have made a recommendation about the provider's recruitment processes.

Staff had received safeguarding adults from abuse training and knew how to act on any concerns. Risk assessments were in place to manage potential risks to people's health and well-being. Effective infection control processes were in place. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection.

Staff received mandatory training to fulfil their role and responsibilities. They felt supported and valued by the provider.

People and their relatives spoke positively about the kind, caring attitude of staff and were satisfied with the care and support they received. Staff treated people with dignity and respect and people's independence was promoted.

People were supported to maintain good health and access health care professionals. Where required, people were supported with their nutritional needs.

People had individualised care plans which met their needs. People, and their relatives, were consulted over their care and support needs and were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were complimentary of the service they received and, without exception, would recommend ECHAD Services to others.

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 6 August 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time the service was registered and when they commenced providing a regulated activity.

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

ECHAD SERVICES

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 undertaken by two inspectors.

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. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 6 October 2021 and ended on 28 October 2021. We visited the office location on 21 October 2021.

What we did before the inspection

We reviewed information we held about the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, care coordinator and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment, training 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.

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

- Safeguarding systems and policies were in place to support staff with reporting any concerns about the people they were supporting.
- Staff received training to recognise and report any potential risk of harm or abuse. One member of staff told us, "I would report any concerns to the manager or senior. I would go further if they refused to do anything and raise my concerns with the [local authority] safeguarding team."
- People's relatives confirmed they felt their family members were safe when staff supported them.
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. This included areas such as personal care, medicines, mobility and the environment.
- Staff were made aware of potential risks. They told us they had read care plans and associated risk assessments which provided them with clear guidance on how to reduce the risk of harm, and support people safely.

Staffing and recruitment

- People received care and support from a consistent team of staff who knew them well.
- Relatives confirmed staff arrived on time, stayed for the duration of the care call visit and were reliable.
- Staff recruitment processes were in place to ensure staff had the right skills and experience and were suitable to work with people who used the service. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, we noted not all staff records contained references or had gaps in their employment history. We discussed this with the registered manager who took immediate action to rectify this

We recommend the provider considers current best practice guidance for the safe recruitment of staff.

Using medicines safely

- At the time of our inspection, one person received occasional support with administration of their medicines.
- People were being supported with PRN 'as and when required' medicines. Protocols were in place to guide staff when these should be administered.

- Staff had received medication training to ensure they managed medicines consistently and safely.
- Audits of medicines administration records were carried out to ensure people received their medicines when they needed them, and as prescribed.

Preventing and controlling infection

- Staff took appropriate measures to protect themselves and people from the risk of infection.
- Staff had access to enough supplies of personal protective equipment (PPE) and understood their responsibilities to prevent the spread of infection whilst working between people's homes.
- People's relatives told us staff always wore PPE during their care call visits.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents.
- The registered manager told us there had been no significant accidents or incidents since the service had become operational in February 2021. They said any incidents would be investigated and lessons learned shared with staff to reduce the risk of them happening again.

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 received individualised care which was centred around their assessed needs, choices and decisions.
- People's relatives confirmed assessments of people's needs had been completed before care commenced.
- People's needs were continually assessed to ensure as their needs changed they continued to receive care that met their specific needs.

Staff support: induction, training, skills and experience

- Newly appointed staff received an induction to the service. They told us, they felt supported in their role and received the training they needed to meet people's individual care needs.
- People's relatives felt staff had the right skills and knowledge to support people.
- No formal competency checks of staff practice had been undertaken. However, the registered manager worked alongside staff. They told us they were in the process of formalising and recording competency checks.
- Staff told us they were able to approach the registered manager and care coordinator for support and advice at any time.

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

- If required, staff supported people to have access to food and drink that met their needs and preferences.
- Staff had completed food hygiene training ensuring food preparation was carried out safely.

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

- If staff were concerned about a person's health and wellbeing, staff were aware they needed to inform the registered manager. One member of staff said, "If it was an emergency, I would call 999. I would also call [registered manager]. There is a 24 hour on call system."
- The registered manager told us they would work closely with other professionals to ensure people received good outcomes. For example, staff encouraged one person to carry out exercises which had been recommended by their physiotherapist.

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 and their relatives had been involved and consulted with regarding their care and treatment.
- Staff told us they always sought people's consent and offered choices to people during their care. A relative told us, "[Staff] allow [name] to make their own decisions regarding food and care 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's relatives were complimentary about the care and support provided by staff. Feedback included, "Staff are always kind and respectful. I wouldn't stand for it if they weren't." And, "They go over and above. They have been very good."
- The registered manager and care coordinator were committed to ensuring continuity of care by allocating regular care workers. This was confirmed to us by relatives and staff.
- Staff respected people's wishes and had received training in equality, diversity and human rights.

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

- The care coordinator visited people and completed a full assessment of their needs to ensure the service was able to meet their needs.
- People were supported to make their own decisions about how they wished to be supported.
- People and their relatives had been involved in the development, and on-going review, of their care plans. People had copies of their care plans in their homes. These could be accessed by them at any time.
- People were given the opportunity to provide feedback about the service and the care they received. This was usually done via telephone calls, home visits and surveys.
- The service held information on local advocacy services. The registered manager informed us no one was currently using advocacy services. An advocate supports people to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- Relatives' and staff feedback confirmed people's privacy and dignity were respected.
- Importance was placed by staff to encourage people to maintain their independence and do as much as they could for themselves. This was confirmed to us by people's relatives.

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 were supported by a consistent team who knew their needs well.
- Care and support was planned and tailored to people's individual and specific needs. Care plans were personalised and contained information to guide staff on the nature and level of care and support each person needed, and in the way they preferred. A member of staff said, "The first thing I do is go through the care plan to see how best to support [name]. The care plan contains all the information I need." A relative said, "[ECHAD Service] is very flexible on changing the number of required caring hours and at implementing care cover at short notice."
- Communication between people, relatives and staff was effective. People's relatives told us there was regular contact by the service to ensure they were happy with the quality of care and support.
- Any changes to people's care and support needs were recorded and care plans updated. The registered manager told us, "If there are any changes, I speak to staff individually. I prefer to call them to ensure they are aware of any changes as messages may not be read."

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.

- The registered manager told us no one would be discriminated from accessing the service and they would ensure information was available in formats which people could understand.

Improving care quality in response to complaints or concerns

- The provider had systems in place for responding to concerns and complaints. There had been no complaints since the service had been operational.
- People's relatives knew who to speak with if they had a complaint and felt confident their concerns would be listened to and acted upon.

End of life care and support

- The registered manager told us they would work with other health professionals to support people at the end of their life.
- The registered manager was in the process of arranging for staff to receive end of life care training to ensure people had a comfortable, dignified and pain-free death.

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 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.

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

- The service was small, and we had no concerns with the care provided to people. However, not all the quality checks undertaken by the registered manager were formerly recorded. For example, we found there was no formal audits of staff files or competency checks of staff practice.
- Improvements were required to ensure all recruitment checks were in line with schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, not all staff had references in place and had gaps in their employment histories. The registered manager took immediate action to retrospectively address these shortfalls when we shared our findings.
- We discussed the quality assurance systems and processes in place with the registered manager and care coordinator. They understood that some improvements were needed to ensure the safety and quality of the service provided could be fully monitored. We discussed the need to set up a robust quality assurance system, which would need to be in place if the company was to expand their care packages and their staff team.

We recommend the provider looks at best practice and guidance in relation to quality assurance processes.

- Both the registered manager and care coordinator were open and transparent during the inspection and demonstrated their commitment and passion to ensuring people received safe, high quality care.
- Systems were in place to ensure any accidents, incidents or safeguarding events were recorded and investigated .
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.

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's relatives were complimentary about the registered manager and care coordinator and said they were approachable, friendly and helpful. Relatives' feedback included, "I can think of no improvements. I like it the way it is. If you have a problem they listen and, if you need something, they get it. Last week they called and asked if I am satisfied with how everything is going, and I said yes," and, "There is good communication to us from [care coordinator]. The paperwork is very thorough, and carers are very

attentive."

- Staff enjoyed working at the service and were clear on their roles and responsibilities. They said they felt supported and valued by both the registered manager and care coordinator.
- The registered manager and care coordinator engaged with people regularly to request feedback about the service. This was usually undertaken via phone calls, home visits and surveys. We noted returned survey responses had been positive.

Continuous learning and improving care; Working in partnership with others

- The registered manager was completing a train the trainer course to enable them to deliver in-house training to staff.
- The registered manager informed us they worked closely in partnership with others, such as GPs, district nurses and occupational therapists to ensure people received the right support and care.