

ECare Ltd

E Care Wickford

Inspection report

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19 January 2022

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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

E Care Wickford is a domiciliary care service registered to provide personal care to people living in their own homes.

E Care Wickford provides short term reablement support packages for up to six weeks. The aim of the service is to promote people's independence in their own homes following discharge from hospital, and to avoid hospital admissions/readmissions and/or residential care.

At the time of our inspection, the service was providing care and support to 33 people, all of whom were receiving 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 felt safe and were protected from avoidable harm because staff knew how to identify and report any concerns. Risks relating to people's health and safety were identified, assessed and regularly reviewed.

Safe recruitment systems were in place. Appropriate checks were undertaken to ensure staff were suitable to work at the service. Staff received training to develop their skills and knowledge, were well supported and worked effectively as a team. There were enough staff available to meet people's needs. People had not experienced missed care call visits.

Where required, people were supported with their medicines. Staff had received training and systems were in place for the safe administration and auditing of people's medicines.

People were complimentary about the support they received and the kind, caring attitude of staff. Staff treated people with dignity and respect and people were supported to regain, and maintain, their independence. Everyone we spoke with told us they would recommend the service to others.

People received a person-centred service. People were consulted over their care and support needs and support was flexible, adjusting to their changing needs. 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; the policies and systems in the service supported this practice.

The service was well led. The registered manager provided clear leadership and was committed to providing high quality care. Staff felt valued and supported and enjoyed working at the service. The registered manager had established strong working relationships with health and social care professionals. Systems and processes were in place to monitor the quality and safety of the service and to drive continuous improvement.

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 23 December 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 well-led.

Details are in our well-led findings below.

Good ●

E Care Wickford

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 team consisted of 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 11 January 2022 and ended on 20 January 2022. We visited the office location on 19 January 2022.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of 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 five members of staff including the registered manager, trusted assessor, and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two 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. We reviewed feedback received from four health and social care professionals.

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

- Systems were in place to protect people from the risk of abuse.
- Staff had completed safeguarding training and knew how to report any concerns.
- Safeguarding and whistleblowing policies were in place to support staff and safeguarding was a standing agenda item at staff meetings.
- People told us they felt safe when staff were in their homes.

Assessing risk, safety monitoring and management

- Assessments were undertaken to determine people's risks.
- Risks relating to people and staff were identified, evaluated and reviewed.
- Staff were aware of how to report any changes about people's care and support needs and told us they could call for additional support and advice from management at any time.
- Any changes in people's needs were communicated to staff and people's care plans were updated. This meant new care instructions were immediately available.
- Priority risk assessments were completed for people. These would be implemented in the event of an adverse event such as staff shortage or weather conditions impacting the delivery of care.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Due to the need for the service to accommodate people's fluctuating care and support needs, people were given a timeframe within which they could expect care staff to arrive.
- Care call visits were monitored by a dedicated team. There had been no missed calls.
- The provider's provider information return stated, 'It is embedded within our service provision and the ethos of the business that we have staff available before we increase our hours. The ethos of E Care is that we do not take on hours that we cannot provide care for.'
- Safe 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.

Using medicines safely

- Systems were in place for the safe management of medicines.
- Where people required support with administration and management of their prescribed medicines, this was detailed in their care plan. The registered manager told us, "We promote self-medication so tend not to

get involved if we don't need to as we are a reablement service. We work hard with people and work with them and look at assistive technology to support them."

- Staff completed training in the administration of medicine and regular assessments of their on-going competency to administer medicines were undertaken.
- Medicine administration records (MAR) were completed and audited regularly.

Preventing and controlling infection

- Staff completed training in infection control and had access to personal protective equipment (PPE) such as masks, gloves, aprons and shoe coverings. People and relatives confirmed staff wore appropriate PPE when they visited their homes.
- The provider was following government guidance and information to support people and staff members safety.
- Staff were regularly tested for COVID-19.

Learning lessons when things go wrong

- Systems were in place to record incidents and accidents.
- Incidents and accidents were shared with staff with the aim of improving the service and mitigating the risk of reoccurrence. One member of staff told us, "We learn by mistakes that have been made. We look at why this has happened, how it has happened and what measures we can put in place to stop this happening again."
- The registered manager told us there had been no significant incidents since the service had become operational in January 2021.

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's care and support needs were assessed prior to being accepted into the service to ensure these could be met safely and effectively.
- People's care continued to be assessed and reviewed during their six week reablement care package to ensure their needs were being effectively met.
- People's protected characteristics under the Equality Act 2010 were identified as part of the assessment process. This included people's religious beliefs, backgrounds and personal preferences.
- The registered manager and provider kept themselves up to date with current guidance to ensure care and support was delivered safely and appropriately.

Staff support: induction, training, skills and experience

- Staff completed an induction programme to understand their role and responsibilities. The induction included shadowing more experienced staff.
- The provider had a training centre and dedicated training manager to support staff's learning.
- Staff completed mandatory training and spoke highly of the training they received. Feedback included, "I have had very good training." And, "There's always training being offered to us, they are supportive like that."
- Supervisions, staff meetings and observations of staff's practice were used to develop and motivate staff, review practice and address any concerns.
- The registered manager told us they operated an 'open door' policy. They said, "When [staff] come into the office to collect their PPE on Tuesdays they have the opportunity to come and speak with me. It's important for me staff are supported."
- Staff spoke highly of the support they received from the registered manager. One member of staff said, "[Registered manager] is always on the end of the phone if we need help and advice. I also feel that other management are approachable and always there to support or advise."

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

- No one currently using the service had any specific dietary needs.
- The registered manager told us some people were supported with the preparation of their meals as this formed part of their reablement support package. One person described to us how they were now able to prepare their breakfast and lunch time meals themselves, but staff continued to support them with the preparation of a daily hot meal.

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

- The service worked closely with health and social care professionals to support people to achieve good outcomes.
- The registered manager explained trusted assessors had received training which enabled them to assess people's needs and directly order equipment such as handrails and toilet seats. They said, "The outcomes for our clients are paramount, one piece of equipment can make all the difference."
- We received positive feedback from health and social care professionals. Comments included, "[Staff] show dedication and compassion in supporting vulnerable adults enabling them to reach their baseline, promoting dignity and positive individual wellbeing." And, "Without E Care in the community, discharges from hospital would have been delayed and more bed blocking. [Registered manager] is always courteous, approachable and professional. [Registered manager] knows the clients very well and I have had no complaints [from people]."

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.

- The registered manager understood their responsibility to ensure people were being supported in line with the principles of MCA.
- Staff had an awareness of the MCA and had received training. One member of staff said, "Every adult, whatever their disability, has the right to make their own decisions wherever possible. We should always support a person to make their own decisions if they can." Another said, "We have had the training on MCA. The MCA is put in place to protect people. We have to assume everyone has capacity and, wherever possible help people to make their own decisions."
- People told us staff always asked for their consent prior to carrying out any tasks.

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 told us they were treated with kindness and compassion. One person told us, "The carers are all so very kind. If they were all lined up and I was asked to choose the one who was the most kind I wouldn't be able to choose. They are all caring, compassionate, angels on this earth, absolutely lovely."
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.
- It was evident from our discussions with the registered manager and staff that their motivation and passion for their roles was at the forefront of care delivery.

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 and, where appropriate, their relatives were involved in decisions about their care and how they wished to be supported.
- Importance was placed by staff to encourage and enable people to increase their independence and do as much as they could for themselves. One person told us, "I am an independent person and do what I can for myself to maintain my independence as much as possible and never get the impression [staff] are rushing their visit." Another person described how their care call visits had dropped from four to two calls a day following support from staff to regain their independence.
- Without exception people confirmed their dignity and privacy was always respected. A member of staff told us, "When assisting someone with personal care we encourage people to do as much as they can. We assist with areas they struggle with this is normally their back, legs and feet. I know some people like their privacy so I normally say I will wait outside or turn away making sure they have a towel to hand so they can cover themselves."
- 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.

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 received person centred care which was tailored to their needs.
- The aim of the service is to provide up to six weeks' reablement care and support. However, if it became apparent people required on-going care and support, the service continued to support people until a long-term provider could be sourced.
- The registered manager placed great importance on working closely with other health and social care professionals to ensure people's needs were met. This included attending multi-disciplinary meetings weekly to discuss people's progress.
- We received complimentary feedback from health and social care professionals including, "E Care are very approachable and happy to assist with any queries. They accommodate social care visits and multidisciplinary meetings to support assessments and delivery of care. They provide relevant and up to date information regarding the adults they support and, in my experience, deliver a person-centred approach in both the care [they provide] and documentation."

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 provider met the AIS.
- People's needs were assessed and recorded in their care plans.
- The registered manager told us no one would be discriminated from accessing the service and provided examples of how they communicated information to people in a way they can understand.

Improving care quality in response to complaints or concerns

- The provider had a complaints system in place.
- Information on how to raise a concern or complaint was included in people's 'client guide' booklet which they received when they started using the service.
- People and relatives felt confident if they had any concerns they would be listened to.
- There had been three complaints since the service had been operational. These had been investigated and responded to appropriately.

End of life care and support

- No one currently using the service were receiving end of life care.
- Although end of life care was not ordinarily provided, staff had completed end of life training. The registered manager told us staff would work with healthcare professionals to support people with end of life care support.

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

- The service was well led.
- Throughout our inspection the registered manager demonstrated their passion and commitment to providing a high-quality personalised service to people, enabling and empowering them to achieve good outcomes. A member of staff told us, "I enjoy working with people and helping them. Working in reablement is a rewarding job. You can see people's progress every six weeks and it makes you feel good that you have helped them back on their feet."
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff.

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 registered manager understood their responsibility to be open and honest when things went wrong.
- Systems were in place to monitor and investigate incidents, accidents, safeguarding's and complaints as part of the service's ongoing development and improvement.
- The registered manager was aware of their responsibilities to report notifiable events to CQC.

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

- The registered manager and staff were clear about their roles and responsibilities.
- Systems and processes were in place to monitor the quality and safety of the service.
- The registered manager was aware of their responsibilities to report notifiable events to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and, where appropriate, their families were involved in the planning on on-going review of their care. During people's reviews, feedback was sought to monitor the quality of the service and help drive improvements.
- Without exception, people and relatives we spoke with told us they would recommend the service to others.
- Staff told us they felt listened to. Communication was good and information was relayed to them in a

timely way to ensure people received safe and effective care.

- Staff felt valued and supported and enjoyed working at the service. Feedback included, "I do feel a valued member of staff and I am clear about my role within the company. I know I can always talk to [registered manager] if I have any issues, they are very supportive." And, "110% supported by [registered manager]. They are brilliant and approachable at any time."
- The provider and registered manager placed great importance on the wellbeing of staff. At the start of COVID-19 they had set up two hubs. These were accessible to staff 24/7 where they could relax between care call visits.
- The management team were committed to ensuring staff were constantly motivated to do their jobs well and to feel supported and valued and had introduced several recognition initiatives. A member of staff said, "They do look after their staff."

Working in partnership with others

- The registered manager and provider had established effective links with other organisations such as the local authority and hospital discharge team to ensure effective joined up support.
- The registered manager attended weekly multi-disciplinary meetings to review people's progress, ensure all their needs were being met and discuss their proposed discharge pathway.
- We received positive feedback from health and social care professionals. Comments included, "It is my view that [registered manager] is a highly conscientious and effective manager with a clear focus on the welfare [of people]...[Registered manager] is a highly pragmatic individual who is able to think creatively when an issue(s) arises... and has worked collaboratively with the local authority in very trying times and I speak very highly of their continued commitment and drive."