

Ethica Services Limited

ETHICA CARE REDBRIDGE & EPPING FOREST

Inspection report

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Date of inspection visit:
23 August 2022

Date of publication:
15 September 2022

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

Ethica Care Redbridge and Epping Forest is a domiciliary care agency providing the regulated activity of personal care. The service provides support to older adults and people with physical disabilities. At the time of our inspection there were three people using the service.

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

People expressed satisfaction with the service. This was summed up by one person who told us, "I would highly recommend them to anyone. I can't fault them, they are excellent."

Systems were in place to help safeguard people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. There were enough staff to meet people's needs and robust staff recruitment practices were in place. Steps had been taken to help prevent the spread of infections. Systems were in place for investigating accidents and incidents.

Initial assessments were carried out of people's needs before they started using the service to see if the provider could meet them. Staff received training and supervision to support them in their role. People were able to make choices about what they ate and drank.

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.

People and relatives told us that staff were kind and caring and treated people well. People were supported to have control and choice over their daily lives. People's privacy was respected, and staff understood the importance of maintaining confidentiality.

Care plans were in place which set out how to meet the individual needs of people. People and relatives were involved in developing these plans, which meant they were able to reflect people's needs and preferences. People's communication needs were met. People and relatives told us they had confidence that any complaints raised would be addressed.

Quality assurance and monitoring systems were in place to help drive improvements at the service. There was an open and positive culture at the service, which meant people, relatives and staff could express their views. The provider worked with other agencies to develop best practice and share knowledge.

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 1 September 2018 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative. We spoke with six staff. The registered manager, care manager, recruitment and compliance officer, two care assistants and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed, including various policies and procedures.

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 of 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 and processes were in place to safeguard people from the risk of abuse. Policies were in place to provide guidance on this issue, including whistle blowing and safeguarding adults policies. The latter policy made clear the provider's responsibility to report any allegations of abuse to the local authority and Care Quality Commission. The registered manager told us there had not been any allegations of abuse since the service became operational, and we found no evidence to contradict this.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any suspicions of abuse. One member of staff told us, "If I thought someone is being abused, I would report it to the office."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These included information about the risks people faced, and how to mitigate those risks. They covered risks including moving and handling, personal care, health conditions and the physical environment.
- Risk assessments were subject to regular review. This meant they were able to reflect the risks people faced as they changed over time.
- People told us they felt safe using the service. One person said, "Yes, definitely, 100% safe." A relative told us, "Oh yes, the first day I worried how (person) was feeling, but by the second day it was awesome."

Staffing and recruitment

- There were enough staff to support people in a safe way. Staff told us they had enough time to carry out their duties and people and relatives told us staff were generally very punctual. One person said, "(Carer) is brilliant, they come on time." A relative told us, "They (staff) come here on time."
- The registered manager told us as there were currently only three people using the service, they were able to monitor staff punctuality through spot checks and regular discussions with people.
- Checks were carried out on prospective staff to help ensure they were suitable to work in the care sector. These checks included employment references, proof of identification and criminal record checks.

Using medicines safely

- At the time of inspection the service did not support anyone with taking medicines. However, the registered manager told us this was something they could provide support with if required. To this end, staff had undertaken training about managing medicines safely, and the provider had various policies in place providing guidance about how to manage medicines.

Preventing and controlling infection

- Steps had been taken to prevent and control the spread of infection. The provider had an infection prevention and control policy in place to provide guidance in this area. At the time of inspection, staff were taking regular tests to check if they had COVID-19.
- The registered manager told us staff were expected to wear PPE when providing support with personal care. Staff and people confirmed this was the case. One person said, "Yes, they (staff) wear PPE." A member of staff told us, "I wear my full uniform, gloves, apron and a mask."

Learning lessons when things go wrong

- The registered manager told us there had not been any significant accidents or incidents since the service became operational. There was a policy in place which stated that significant incidents should be recorded and monitored for any trends. This would enable lessons to be learned from accidents and incidents.

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 needs were assessed by the provider to determine what they were, and if the service could meet those needs. Assessments covered needs in relation to personal care, moving and handling, eating and drinking, medicines and equality and diversity issues. Assessments were focussed on what was important to the person and included their views about the support to be provided.
- Assessments were developed by the care manager, with the input of people and relatives. A person told us, "I spoke with (registered manager) about what I needed help with." A relative said, "The (registered) manager came here for the assessment. They came to see (person's) physical abilities, cognitive abilities, they looked at everything."

Staff support: induction, training, skills and experience

- Staff were provided with support and training to help them in their role. Staff undertook an induction training programme on commencing work at the service. This included a mixture of on-line and classroom based training, as well as shadowing experienced members of staff to learn how to support individuals.
- All care staff completed the Care Certificate as part of their training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The nominated individual told us they valued giving staff training and development opportunities to help with their career progression. Staff were supported to gain relevant qualifications such as NVQs. The nominated individual said, "It helps to motivate staff and keep them involved in the business."
- Staff had regular one to one supervision meetings with a senior member of staff. This gave both parties the opportunity to discuss issues of importance to them. Records showed supervision included discussions about training, issues related to people who used the service and teamwork.
- People and relatives told us staff had the skills and knowledge to support them. One relative said, "Yes, they (staff) have a good idea on that."

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

- People's needs in relation to eating and drinking were covered in their care plans. At the time of inspection, no one required support with eating and drinking. The service did provide support preparing food and drink for one person, but they were able to choose what staff prepared.

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

- The registered manager told us that all three people using the service had commissioned the care on a private basis. They added that people did not require support from the service to work with other agencies or access healthcare professionals. Rather, people and their relatives were able to manage this side of their care needs for themselves. Care plans did include contact details of people's GP and next of kin, in case of emergency.

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 MCA 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.

- Care plans covered people's mental capacity. The registered manager told us, and care plans confirmed, that people had the capacity to make decisions for themselves. Staff were aware of the importance of supporting people to make their own decisions about their care, and people confirmed they were able to do so.

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 were well treated by staff. To help ensure continuity of care, people had the same regular care staff. This enabled them to build relations with the staff. People told us they were treated well. One person told us, "My carer is wonderful. I've no problems whatsoever. They are really helpful and kind." A relative said, "(Staff) are very caring and very lovely. The care is awesome. The (care staff) we have is more of a companion to my (relative). They talk to them and read to them. I would give five stars (presumably out of five, though this was not checked)."
- People's needs around equality and diversity was respected. Policies were in place around this to provide guidance to staff. Care plans included information about people's equality and diversity needs. Staff understood people's individual needs and the registered manager told us, speaking about people who used the service, "We respect anyone, whatever their beliefs, sexual orientation or gender." They told us how they sought to meet needs around equality and diversity. For example, one person was looking for a care agency that had staff who spoke their language and the service sought to recruit a staff member who spoke that language.

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

- People were supported to express their views and be involved in making decisions about their care. People told us that from the outset, they were involved in planning and developing their care and they signed consent forms to agree to the provision of care in line with their assessed needs. They said they were able to make choices about their daily care. For example, a relative told us, "They ask (person) what snacks they want."
- Staff supported people to make choices and told us people had the capacity to make decisions for themselves, for example, about what to wear or eat. A staff member said, "I ask (person) what they want to wear, and they will take it out of the wardrobe."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us people were treated with dignity and that their privacy and independence was promoted.
- Staff were aware of the importance of promoting privacy and independence and told us how they did this. One member of staff said, "It's important to know what they can do for themselves. I assist with what they need and encourage them to do what they (person) can for themselves." The same staff member added, "When it comes to privacy, I shut the blinds or the curtains."
- The provider had a policy on confidentiality which provided guidance to staff on this subject. Staff understood about keeping personal information about people private. Confidential records held by the

provider were stored in locked filing cabinets and password protected electronic devices.

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

- Care plans were in place for people providing guidance about how to meet their needs. Care plans were person-centred, based around the needs of the individual and covered needs including personal care, communication and likes and preferences of the person.
- Plans were subject to regular review. This meant they were able to reflect people's needs as they changed over time. Staff told us they were expected to read care plans and demonstrated a good understanding of people's individual needs.
- Care plans were drawn up with the involvement of the person and their relatives where appropriate, who had signed the plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us all of the service users at the time of inspection were able to speak and read English, and that information was in an accessible format to people. The PIR submitted by the provider set out a range of different ways communication could be made accessible to people if needed, including through the use of Braille and large print documentation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of inspection the service did not support anyone to develop and maintain relationships or to take part in activities. However, care plans included information about people's interests, and staff told us they used this information to help build relationships with people. For example, one person was very interested in football, and staff told us they chatted to the person about football when supporting them.

Improving care quality in response to complaints or concerns

- Systems were in place for responding to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us there had not been any formal complaints received since the service became operational and we found no evidence to contradict

this.

- People and relatives told us they knew how to make a complaint if necessary, but added that so far they had not needed to. One person said, "I've never had any problems, but if I did, I would ring (registered manager)."

End of life care and support

- At the time of inspection the service did not support anyone with end of life care. The registered manager told us this was a service they could offer in future if required. There was a policy in place on this subject to provide guidance.

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 provider had an open and positive culture to help achieve good outcomes for people. Staff spoke positively about the working culture and the registered manager. One staff member told us, "Communication is of a high standard, they (the provider) are so supportive of their staff." The same staff member described the registered manager as, "Good", and added, "I don't have any problems with them. I can always go and talk to them about confidential stuff." Another member of staff told us, "I love working here. It's not just a job, you can really tell you're making a difference." The registered manager told us, "I get fantastic support from (their line manager, the nominated individual)."
- Care was person-centred, which helped to achieve good outcomes for people. Staff understood people's needs, and people and relatives were involved to help ensure care reflected people's wishes and preferences.

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 provider understood their obligations to be open and honest with relevant persons when things went wrong. There were systems in place to identify and address shortfalls. For example, the accidents and incidents policy made clear that accidents should be reviewed to identify any shortfalls in care provided and there was a complaints procedure in place to respond to concerns raised by people.

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

- Managers and staff were clear about their roles. There was a clear management structure in place and staff understood who they reported to. Staff were provided with copies of their job description to help provide some clarity about their role.
- The provider understood issues relating to quality performance, and had a number of systems in place for monitoring and improving quality at the service.
- The registered manager was aware of their regulatory requirements. For example, the provider had employer's liability insurance cover in place, and the manager was aware of their legal responsibility to notify the Care Quality Commission of significant events.

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

- People, relatives and staff were engaged in the service. An annual questionnaire was sent to people and relatives, the most recent one was in December 2021. Completed surveys contained positive feedback about the service.
- The registered manager told us they had not yet held any staff meetings due to the small number of staff employed, but said this was something they would do as the service grew. They added that their door was always open to speak with staff, and staff confirmed this. A relative told us, "They are very professional, I am very pleased with them."
- Equality characteristics were considered. For example, this was covered in people's care plans, and staff recruitment was carried out in line with good practice in regard to equality and diversity.

Continuous learning and improving care

- Various quality assurance and monitoring systems were in place to help continuous learning and improving care. Senior staff carried out unannounced spot checks on care staff as they carried out their duties. These included checking staff punctuality, if staff followed health and safety procedures, was the care plan followed and how the staff interacted with the person.
- Telephone monitoring was also carried out by the provider, giving people the opportunity to provide feedback on the service they received. In addition, a senior member of staff visited each person weekly to ask how they were getting on and if there was anything they would like done differently. A person told us, "(Registered manager) rings me now and then to see if everything is ok." A relative said, "(Senior staff member) calls to see how we are doing, to see what I think about (named care staff)."

Working in partnership with others

- The provider worked with other agencies to help share knowledge and develop best practice. For example, they were a member of a professional body, which, according to the registered manager, "Give us information about what is happening in care." The registered manager also attended a provider forum run by the local authority.