

ETA Care Solutions Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 5 February and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be in the office. The service provided domiciliary care and support to people living in the Lutterworth area of Leicestershire. At the time of our inspection there were ten people using the service.

There is a registered manager at the service. 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.

People told us that they felt safe with the staff team from ETA Care Solutions. Staff members had a good understanding of the various types of abuse and knew how to report any concerns.

People had consistent staff that supported them. People told us that staff always arrived when they were expecting them. Staff confirmed that they had regular people that they visited and that they were provided with the time that they needed to meet people's needs.

People were supported to take their medicines safely. People were supported by staff that had received appropriate training to assist them to meet people's needs.

The registered manager understood the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities around this. People using the service told us that staff always obtained their consent before they provided their care and support. Staff members confirmed this and told us that if they identified any concerns about a person's capacity to consent then they would contact the registered manager.

Care staff had a good understanding of people's dietary needs. They were aware of people's food allergies and we found that there was sufficient information about people's dietary requirements within their care plans. The staff team ensured that people's wellbeing was supported and maintained.

People received their care from regular staff that got to know them well. Staff members were kind and caring. Staff respected people's privacy and dignity and promoted their independence.

People contributed to an assessment of their needs and received care that met their needs.

People felt able to raise concerns with the service. People were satisfied with the services response to their concerns. Information relating to how to make a complaint was included within the service user guide that was provided to people when they first started to use the service.

People felt able to speak to the management team at the service. They felt that they were open and

approachable.

The staff team had a consistent understanding of the purpose of the service. They worked together to achieve the service's aims.

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.

People were supported by staff that had a good understanding of the various types of abuse and knew how to report any concerns.

People had regular staff and received their calls at the time they had agreed.

People were supported to take their own medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had sufficient skills and knowledge to meet their needs.

The staff team understood the principles of the Mental Capacity Act 2005 (MCA). People's consent was obtained before their care and support was provided.

People were supported to access appropriate health care professionals when required.

Is the service caring?

Good ●

The service was caring.

People told us that the staff team were kind and caring.

Staff team knew the people they were supporting well and knew about their personal preferences.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People contributed to an assessment of their needs.

People received care that met their needs.

People felt able to raise concerns with the service. People were satisfied with the services response to their concerns.

Is the service well-led?

The service was well led.

People told us the service was well managed and the management team were open and approachable.

People and staff were provided with opportunities to provide feedback about the service.

The staff team had a consistent understanding of the purpose of the service.

Good ●

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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.

This inspection took place on 5 February 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 asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We also viewed other information that had been reported to us about the service.

We spoke with five people that used the service and four relatives of other people that used the service. We spoke with the registered manager, the deputy manager and three carers that worked for the service.

We looked at the care records of three people that used the service and other documentation about how the service was managed. This included policies and procedures, three staff recruitment records and records associated with quality assurance processes.

Is the service safe?

Our findings

People that used the service and their relatives told us that they felt safe when staff were supporting them. People also told us that they felt safe because they knew that a carer from the service was going to visit them. One person told us, "It gives us piece of mind knowing that someone will definitely be visiting." Another person told us, "They have never let us down, they always come and always on time."

Staff had a good understanding of the various types of abuse and knew how to report any concerns. The provider had a safeguarding policy in place which information about the various types of abuse and where guidance about how to report any concerns. However, this policy was dated January 2015 but referred to Commission of Social Care Inspection which was replaced by the Care Quality Commission in 2009. It also only contained contact details of the city council safeguarding board and the service was based within the county. It did not contain the relevant contact numbers to report safeguarding concerns too. We discussed this with the registered manager who was going to take action and amend the details.

We saw that risk assessments in relation to people's care had been carried out. They were specific to people's needs and identified the hazard, the risks and any actions that staff needed to take to reduce the associated risks for the person using the service. For example one person was at risk of not eating if they were not reminded to do so, staff were required to prompt and remind this person to eat during their visits. The risk assessments were available in people's files in the office. Staff also confirmed that these were available in people's homes for staff to follow.

The service had produced a business continuity plan which provided information about how the service would continue to operate in case of an emergency situation or untoward event. This had been put together when the service first started and required updating to reflect the current size of the service. We discussed this with the registered manager who advised us that they would ensure that this was amended.

People told us that they had regular staff and that they received their calls at the times they had agreed with the service. One person told us, "I have regular carers," another person told us, "They always turn up dead on time." This showed that the service had enough staff working in the right place at the right time to meet the needs of the people that used the service. We spoke with the registered manager about the staffing levels. They explained to us how before they agreed to provide a new service for a person they ensured that they had regular staff to cover their needs.

Staff members told us that they were always provided with sufficient travelling time between people's calls. They told us how this enabled them to provide people's care at the agreed times. One staff member told us, "They allow you the travelling time you need."

Staff members told us about the recruitment process they had been through. This included the completion of an application form, an interview and the carrying out of pre-employment checks prior to them starting work. We looked at the recruitment files of three people that worked at the service. We found that all of the required pre-employment checks were carried out. These included Disclosure and Barring Service (DBS)

checks. These checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. Where people had portable DBS checks the service carried out a risk assessment and undertook a new DBS check if required. A portable DBS check is one where people can take their DBS certificate from role to role within the same workforce where the same type and level of check is required. Employers can make instant online status checks of DBS certificates linked to an individual's subscription.

People told us that staff reminded them to take their medicines. Staff confirmed that they prompted people to take their medicines. They told us information about people's medicines were recorded in their care plans and that they received training in medication awareness. We saw records that confirmed this. We found that medication risk assessments were carried out for people. There was clear information in care plans for staff about the support with medication that people required. The provider had a medication policy in place that provided staff with guidance and support to assist them in the safe management of medicines. This enabled people to be supported to take their own medicines safely.

Is the service effective?

Our findings

People told us that staff knew how to meet their needs. One person told us, "The ones [care staff] that I've had so far have all done care before but they still do additional training." A relative told us, "Oh yes, they [the care staff] do training." Staff told us that they felt they had completed enough training to enable them to carry out their roles. They told us that although they had worked in care before they received training before they started work, records that we saw confirmed this.

The registered manager told us that three staff were completing the Care Certificate at the time of our inspection. The Care Certificate was introduced in April 2015 and consists of workbooks that cover 15 standards of care. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff members confirmed they were working through the Care Certificate and told us that they also had a period of time when they shadowed other staff members when they first started with the service. They told us that this enabled them to learn about people's individual needs.

Staff told us that they had received field observations from a senior member of staff. We saw that these had taken place. The deputy manager told us they planned to undertake field observations every three months. We saw for staff that had been in post longer than three months that these usually took place within this frequency. Staff felt well supported in their roles and told us that were able to meet people's needs.

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. We checked whether the service was working within the principles of the MCA. Staff told us how they always gained people's consent prior to supporting them with any care. The registered manager had a good understanding of MCA and was able to tell us about the action they would take if they had any reason to believe that a person did not have the capacity to consent to anything relating to their care. This included the carrying out of a MCA assessment and making a best interest decision if required. We saw that documentation to assist the provider with this was available.

People told us that staff supported them to eat and drink a balanced diet. Care staff had a good understanding of people's dietary needs. They were aware of people's food allergies and told us that they had sufficient information about people's dietary requirements within their care plans. We saw that information about people's dietary needs and preferences were recorded.

A relative told us, "They always let me know if [my relative] is not well." Records showed that the staff team acted upon concerns relating to people's health and welfare. This included them contacting a person's GP when they had become unwell. This showed that the staff team ensured that people's wellbeing was

supported and maintained.

Is the service caring?

Our findings

People spoke positively about the staff that supported them. One person told us, "They [the staff] have really good attitudes." Another person told us, "They are so helpful, very helpful, they always make sure that I am alright." They went on to tell us, "We work together, they know exactly what I like and how I like it and I keep the same staff." A relative of a person told us, "They are very friendly and we are very happy with them." Another relative told us, "They keep the same staff so they get to know [my relatives] needs. [My relative] knows who to expect and so they feel comfortable and have built a relationship with them."

A staff member told us, "This is the only homecare service that I have worked for that really gives people the time that they need. It means that we can really get to know people and provide care how they want it." Staff confirmed that they had regular people that they supported and they told us how this enabled them to really get to know people. Staff members were able to tell us about people's likes, dislikes and preferences and information about people's life histories.

People told us that staff respected their privacy and dignity. Staff had a good understanding of how they were able to respect people's privacy and dignity while assisting them with personal care. For example they explained to us how they waited just outside people's bathroom doors to ensure that they were nearby in case they were needed but to allow people to have private time while completing their personal care.

People told us that they were able to be as independent as they wanted to be and that staff supported them to do this. Staff gave us examples of how they were able to promote people's independence through their work by supporting and encouraging people to do as much for themselves as possible.

People had been involved in deciding what care and support they needed and they had shared their likes, dislikes and preferences with the service. These were then included in people's care plans. This provided the staff team with the information they needed to enable them to meet the individual needs of those they were supporting. People told us that staff listened to them.

People told us that if they had new staff members they were always introduced to them before they visited them alone. They told how this enabled them to get to know the people that were supporting them. Staff told us that they were usually introduced to people but if this wasn't possible due to care being provided at short notice then they would always be provided with sufficient information to enable them to understand the person's care and meet their needs.

Is the service responsive?

Our findings

People told us that before they started to use the service a member of the office staff visited them and they contributed to an assessment of their needs. One person told us, "[Office staff referred to by name] visited me and went through what I needed and wanted." A relative told us, "They came and met us and discussed what [our relative] needed. They put a care plan together to meet [our relatives] needs." They went on to tell us, "I can always ring them if we need anything adding [to the care plan], they are very accommodating."

We saw that people's care plans included information about people's likes, dislikes and preferences with regard to how people wanted their care and support provided. They also included the tasks that the staff team were required to carry out at each visit. This provided them with the information they needed in order to provide the care and support that people preferred.

People told us that they always received the care that they needed. One person told us, "They do just what I need." Another person told us, "They do everything that I want." Relatives confirmed this was the case. People received regular care workers that had sufficient information about how people liked to receive their care and support. We saw from daily records that people received care in line with their assessed needs.

People told us that they were happy with the care that they received. One person told us, "They are reliable and I would highly recommend them." Another person told us, "I am very happy with them." A relative told us, "They always listen to you." Another relative told us "I can ring with any problems and they will always sort it out."

One person told us that they had raised a concern with the service and that it was dealt with without any delay. They told us, "It was dealt with in such a way that it wasn't made an issue of." They went on to tell us that they were satisfied with the way it was handled and the registered manager and care coordinator had spoken with them and explained about the actions they had taken in response to their concern.

People told us that they felt able to talk to staff members or contact the office if they had any problems. The service had a complaints policy. Information relating to how to make a complaint was included within the service user guide that was provided to people when they first started to use the service.

Is the service well-led?

Our findings

People felt able to approach the management team with any queries or concerns. One person told us, "They are approachable." Another person told us, "I can talk to them." A third person told us, "They [the management team] always take notice." People also told us how pleased they were with the service overall. One person told us, "They are absolutely brilliant." Another person told us, "They are the best care agency I have ever had," they went on to tell us, "They are reliable and I would highly recommend them."

People told us that they were happy with the care they received and that they were given the opportunity to share their views about the service. The registered manager and care coordinator were involved in the day to day delivery of care which meant that they had regular contact with people that used the service. They told us that they used this as an opportunity to get feedback about the care that people received and ensure that people remained satisfied with the support they received.

Staff told us that they felt valued and their views were listened to. For example one staff member told us how they felt that one person they supported required additional time. They told us that they were listened to and allocated additional time for them. Another staff member told us how they thought that additional services would benefit one person they supported. They told us how the office staff were looking into this for the person. This showed that staff were actively involved in developing the service to meet people's needs.

Staff told us that they were in regular contact with the office team and that monthly staff meetings took place. They also told us that the registered manager and care coordinator undertook spot checks. These were used as a type of quality assurance check of the service that was being provided. We saw records that confirmed that these had been carried out.

We looked at the daily records that were completed by staff members. These showed us the times staff members arrived and left each visit, the duration of each visit and the staff members who attended. They also included the tasks that had been completed. These records showed us that people using the service had received the care and support that was consistent to their care plans and in line with what they had agreed too.

The registered manager at the service was aware of the requirements and responsibilities of their role. Policies and procedures to guide staff were in place. However some of these required updating to ensure that they were relevant to the service and reflected the correct organisations and contact details. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, medication and health and safety.

A statement of purpose, setting out the provider's aims and objectives was in place and a copy of this had been provided to everyone using the service. The staff team were aware of the aims and objectives of the service and explained that these were fundamental in everything they did. One staff member told us, "It's

about quality not quantity." Another person told us, "They [the management team] always ensure that we have the time that people need and give people the opportunity to be supported how they want to be without being rushed." People confirmed that this was the case.