

East London Care and Support Limited

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Inspection report

2A Wanlip Road
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Date of inspection visit:
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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

East London Care and Support Limited is a domiciliary care service providing personal care to adults and children. Not everyone who used the service received 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. At the time of this inspection there were 58 people receiving a personal care service.

People's experience of using this service

People using the service had risk assessments carried out to protect them from the risks of avoidable harm. Staff knew about safeguarding and whistleblowing procedures. People were protected from the risks associated with the spread of infection and medicines were managed safely. The provider had a system in place to record accidents and incidents.

Staff were supported in their role with training, supervision and appraisals. People's care needs were assessed before they began to use the service and were regularly reviewed to capture any changes needed to their care plan. Staff supported people with their nutritional, hydration and healthcare 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 provider and staff understood the need to obtain consent before delivering care.

Staff demonstrated they knew people and their care needs well. The provider and staff understood how to provide a fair and equal service. People and their families were involved in making decisions about their care. Staff knew how to support people to make choices. People's privacy, dignity and independence were promoted.

Care plans were detailed, personalised and contained people's preferences. Staff understood how to deliver a personalised care service. People's communication needs were met. Staff supported people to maintain their religion, participate in activities and maintain social links. The service had a system in place to record and handle complaints. The provider had a policy in place to provide people with end of life care if required.

The provider had a system in place to capture feedback from people and relatives about the quality of the service provided. Staff had regular meetings to stay updated on service development. The provider carried out quality checks to identify areas for improvement. The service worked jointly with other agencies to improve outcomes for people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published on 19 December 2016). Since this rating was awarded the registered provider of the service has changed the service name and has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

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 ●

East London Care And Support Limited

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

Our inspection was completed by one inspector.

Service and service type

East London Care and Support Limited 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. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on 20/01/2020 and the provider arranged for staff to come in to speak with us.

What we did before the inspection

We reviewed information we had received 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.

During the inspection

We spoke with the registered manager and four care staff. We reviewed a range of records. This included six people's care records including risk assessments. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including health and safety checks and quality assurance were reviewed.

After the inspection

The provider sent us documentation we requested. We contacted the local authority to seek their views about the service. We spoke with two people who used the service and three relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. Responses included, "I trust [staff member] completely" and "Oh gosh, yes definitely safe."
- Relatives also told us they felt their relative was safe with staff. One relative said, "We trust them. For a solid two years we have had the same [staff]."
- Staff received training in safeguarding of vulnerable adults and children.
- Staff described the action they would take if they suspected somebody was being abused. One staff member told us, "First of all I have to tell the office [staff]." Another staff member said, "I would directly talk to my manger."
- We asked staff what they understood by the term whistleblowing. One staff member told us, "A term used for if you suspect abuse and you report it and nothing is being done, then you go to the local authority, the police or CQC."

Assessing risk, safety monitoring and management

- People had risk assessments which gave clear guidance to staff about how to reduce the risks of harm people may face. These included, mobility, specific health conditions, pressure care, nutrition and social isolation.
- The registered manager told us, "Within the risk assessment we make sure there is guidance for the carers about what they need to do."
- For example, records showed staff had guidelines to follow for people who used a wheelchair to reduce any risks and ensure this was safe to use. The guidelines included checking the wheelchair seat belt, the wheels and the breaks were working before use.
- People's care records contained information about specific health conditions such as epilepsy or diabetes which gave staff clear guidance about what actions to take in an emergency.
- The provider had a policy about managing people's finances. Staff were required to complete a finance record regarding each transaction and attach receipts of expenditure.

Staffing and recruitment

- People and relatives told us staff never missed a visit and always arrived on time.
- Staff told us they had enough time to complete required tasks at each visit. One staff member added, "We can stay longer if we need to."
- The registered manager confirmed there were enough staff employed to cover planned and unplanned staff absences.
- The provider used an electronic call monitoring system in place which meant they were alerted when a staff member did not attend a visit or was late. This reduced the risk of people using the service missing a

visit.

- The provider had a safe recruitment process in place to confirm staff were suitable to work with people. This included staff providing written references, proof of identification and right to work in the UK.
- Criminal record checks for new staff and regular updates were done to confirm continued suitability of staff.

Using medicines safely

- The provider had a policy in place which gave clear guidance to staff about how to safely administer medicines.
- Staff received training in how to safely administer medicines.
- People using the service who needed support with their medicines had a medicine care plan and risk assessment. They were asked to sign to consent to staff assisting them with their medicines.
- Medicine administration charts were returned to the office every four weeks so they could be checked. Records showed when issues were identified these were discussed with the staff member responsible.

Preventing and controlling infection

- People and relatives confirmed staff maintained good hygiene practises and cleaned up after themselves before leaving the visit.
- The provider had an infection control policy which gave clear guidance to staff about how to prevent the spread of infection.
- Staff told us they were provided with personal protective equipment (PPE) such as gloves and aprons. One staff member told us, "We can get them [PPE] anytime we need them."

Learning lessons when things go wrong

- The provider had a system to record accidents and incidents which detailed the actions that staff took in response.
- The registered manager gave an example of an incident when a staff member found a person using the service to be unwell, called an ambulance and informed the office. The staff member left for their next visit and the operations manager stayed in touch with the person over the phone until the ambulance arrived.
- The registered manager said the lesson learnt was they changed the policy and briefed the staff that if this situation was repeated they should stay and wait for the ambulance so the person is not left alone.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. 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 had an assessment of their care needs before the service began working with them to ensure their needs could be met.
- Assessments included how many visits per day were needed and the tasks to be completed at each visit.
- Assessments also included what support was provided by the family, the person's history and the desired outcome from the visits.

Staff support: induction, training, skills and experience

- New staff were supported with an induction which covered the Care Certificate standards and included shadowing experienced staff. The Care Certificate is training in a set of standards of care which care staff are recommended to receive.
- Staff told us they found training useful. Responses included, "[Training] is very helpful" and "[Training] is good to refresh my memory."
- Training records showed staff had access to a variety of training opportunities including moving and handling, fluid and nutrition, food hygiene, health and safety and first aid.
- Staff had regular supervisions. Topics discussed included the well-being of people using the service and their feedback on the service, work related skills, training needs and accidents and incidents.
- Staff told us they found supervision useful. One staff member told us, "If I feel I am not doing something, it gives you the opportunity to build towards it."
- Staff also had an annual appraisal which included looking at the staff member's progress over the past year, training needs and professional development.

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

- People told us they were satisfied with the support staff gave them with their nutritional and hydration needs.
- Relatives told us staff supported their relative with their nutritional needs and were aware of their dietary requirements.
- Staff confirmed they supported people with their nutritional and hydration needs as required which in some cases included meal preparation and other cases included feeding.
- Care records detailed the support people needed with their meals which included food and drink preferences, pureeing food for people with swallowing difficulties and feeding through a feeding tube.

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

- People told us staff supported them with their health needs including attending health appointments with them.
- Relatives described how staff supported their relative to maintain their health. One relative told us, "They make sure [relative] gets exercise so they take them to the park and around the block for walks."
- Staff explained how they supported people to maintain their health. One staff member told us, "I make sure [person using the service] is clean. I check their skin during shower. I help them get ready for medical appointments."
- People's care records had guidelines in place for staff to follow to help people to maintain their health. For example, care records for people who needed to follow a physiotherapy exercise program contained the recommended exercises.
- Staff completed charts as required so healthcare professionals could monitor people's health such as oral suctioning, flushing of feeding tubes, catheter care and continence.
- People's care records also contained healthcare correspondence regarding the outcome of medical appointments and referrals to health professionals such as the district nurses.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- At the time of this inspection there was nobody receiving a service who needed their liberty to be restricted.
- Care records showed people were asked to sign a form to consent to receiving care, to have their photograph taken and for information to be shared with other agencies when needed.
- Staff understood the need to obtain consent before delivering care. Responses included, "I always gain consent for everything. I always ask" and "You need to take the consent for everything."

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. 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 and relatives told us staff were caring. One person told us, "[Staff] are excellent." A relative said, "[Staff member] uses common sense. We call her our angel. The odd ones we have had in between are just as good."
- Staff described how they got to know people using the service and their care needs. One staff member said, "Before I go, the office [staff] explains what the person needs. I look through the information and I can ask the family."
- Staff told us how they provided a fair and equal service to people. One staff member said, "There is no discrimination, whatever their [person using the service] religion, we are treating [them] equally."
- The registered manager told us, "We ask about the languages and cultural and if they have any preferences. We try to assign carers that are familiar with that culture and speak that language."
- Staff told us how they would support somebody who identified as lesbian, gay, bisexual or transgender [LGBT]. One staff member said, "We maintain their [people using the service] dignity and do not discuss these things with anybody, because it is their personal matter."
- The registered manager told us the service had previously supported people who identified as LGBT to attend LGBT groups and LGBT sports events.

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

- People said staff respected their preferences. One person told us, "[Staff member] comes shopping with me and helps me to pick the best things."
- Relatives told us they were involved in decision making about their relative's care. One relative told us, "Excellent communication. I can contact [management] and they make sure the [staff member] knows."
- Staff told us how people and their families were involved in making decisions about the care. One staff member told us, "I ask [person using the service] and talk to them about the care."
- Another staff member said, "Whoever the [person using the service] is, the family is involved so they are always included in the decision making."
- The registered manager told us, "It's an element of listening and acting on what people want us to do. On a day to day basis we have lots of contact. Sometimes [people using the service] come here and sometimes they phone us."
- Staff described how they encouraged people to make choices. Responses included, "[People using the service] always have favourite places and things to do" and "Usually I give people options and then they can choose."

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their privacy and dignity. One person explained they liked to soak in the bath without being rushed. The staff member would tidy up outside the bathroom and periodically knocked to check they were okay.
- Staff understood the concept of confidentiality. One staff member told us, "Confidentiality is we do not discuss [people using the service] with others. We never go with our family to drop us off [at the person's home]."
- Staff described how they promoted people's privacy and dignity. One staff member told us, "If [person using the service] is in the toilet, you leave the room. Cover them when they are ready for the shower. Close doors. Close the blinds."
- People were supported to maintain their independence. One person explained they were on the waiting list for a wheelchair for a long time and the operations manager helped them to obtain a wheelchair quickly.
- Staff understood how to maintain people's independence. One staff member told us, "Whatever [person using the service] can do themselves, we encourage it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives confirmed the care was personalised. One person told us, "[Staff member] helps me everywhere." A relative said, "The only thing we did was change the timings [of visits] and they were really flexible about it."
- Staff understood how to deliver a personalised service. One staff member told us, "Person-centred care is where you are caring for the person in a way that makes them comfortable and happy and suits them."
- Care records contained people's preferences, likes and dislikes. For example, one person's care plan noted they liked music but disliked loud noises.
- People and relatives told us their care plans were reviewed. One person told us, "They do [care plan reviews] at times. The thing is I am really happy with the way things are."
- Records showed people's care plan were reviewed annually and when there was a change in need.

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 identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- The registered manager told us, "When we assess their needs, we take into consideration [communication needs]. We could use large print to help [person using the service] to read the document. We would look at hearing aids so they can hear."
- Care records showed the support people needed with communication.
- Care plans were in a pictorial format where people using the service required this.

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

- People using the service were supported to participate in activities outside their home. Care plans contained timetables of activities staff supported people with.
- Care plans included details of skills required by staff to support people with their activities. For example, the ability to get on a trampoline or get into a swimming pool to support a person.
- The provider also provided a day service at their premises at the weekends for people to participate in activities such as a cooking and social club.
- Records showed people were supported to attend their chosen place of worship.

Improving care quality in response to complaints or concerns

- People and relatives told us they had not needed to make a complaint but knew how to should they become unsatisfied with the service.
- The registered manager told us no complaints had been made since the last inspection.
- The provider had a complaints policy which gave clear guidance to staff about how to deal with complaints.
- Staff knew what action to take to respond to complaints. One staff member told us, "I would give them the number to call the office. I would find out what they wanted to complain about and guide them in the right direction."

End of life care and support

- At the time of this inspection, nobody needed palliative or end of life care.
- The provider had a comprehensive end of life care policy which gave clear guidance to staff about how to deliver this type of care sensitively. This meant staff would be prepared should anybody require end of life care.

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.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the service was well managed and the management was approachable. One person told us, "I have got [the operation manager's] personal number on my phone."
- Relatives told us they were happy with the management of the service. One relative said, "I could not find any fault with the way [service] is managed. [Operations manager] has been the main [contact] all the way through."
- Staff told us they felt supported by the management. One staff member said, "I think they [the management] are pretty good." Another staff member told us, "Our managers are just a phone call away."
- The registered manager told us, "The staff come to the office all the time. I make sure I go downstairs to have a chat with them. I always make sure I am available for them to come and have a chat."

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 legal responsibility under duty of candour. They told us, "As a registered manager, it is important I am transparent and making sure we recognise when things go wrong. I make sure I apologise when there is a mistake."
- The registered manager understood their duty to notify CQC and the local authority about incidents and safeguarding concerns as required. However, they had not needed to do this since their last inspection.

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

- The registered manager was supported with the management of the service by an operations manager, a quality assurance officer and three care co-ordinators.
- Staff told us there were effective communication systems in place. One staff member told us, "We sometimes find the changes [in people's needs] and we will tell the managers."
- The registered manager told us how they ensured staff had their voice heard. They said, "We invite the staff to come to the team meeting. We have specific gatherings for Eid and for Christmas."
- Staff told us they found staff meetings useful. One staff member said, "It is direct communication. We are always well informed."
- We reviewed the minutes for the most recent meetings held in November and December 2019. Topics discussed in the staff meetings included the local authority provider forum, training, feedback surveys and quality assurance.

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

- The provider had a system of carrying out annual feedback surveys with people who used the service. People and relatives confirmed they were asked to complete these questionnaires.
- The registered manager told us when people did not respond to the survey, the managers would phone them and complete the survey with them over the phone.
- Relatives confirmed the service phoned them to check they were happy with the service. One relative said, "They [the provider] are quite good like that."
- We noted from the 2019 survey, there were 58 respondents and all thought the service was good, staff arrived at the time that suited the person using the service and staff listened and responded positively.
- Comments made in the surveys were positive and included, "The services are great. Always supportive and understanding" and "Excellent service. Excellent carer. Thank you."
- Staff told us they were treated equally. One staff member told us, "[Managers] do treat us equally."

Continuous learning and improving care

- The provider had various quality checks in place. The registered manager said, "We try to match the training we give to [staff] to the needs of the person they work with. We do telephone monitoring and the managers fill out a log about what they do."
- Staff completed a log sheet at each visit to indicate what tasks were completed. The log sheets were returned to the office every two weeks to be checked. Records showed identified issues were dealt with the staff member concerned.
- The provider carried out spot visits to observe staff working and check care records kept in the home of the person using the service. These visits checked whether any improvements in staff performance were needed.
- Records showed identified issues such as timekeeping were discussed with the staff member being observed.
- The provider also carried out regular visits to people using the service to check how satisfied they were with the service and whether any changes in the care plan were needed.
- We reviewed seven records of these visits and noted comments from people included, "[Person] is very happy with her carer and with all support provided by the company."

Working in partnership with others

- The registered manager confirmed they worked jointly with other agencies. They told us, "Working in a holistic way with [people using the service] is very important. If somebody wants to go to college we will support [them] with that."
- The registered manager told us they worked jointly with GPs, hospitals, occupational therapists, physiotherapists, district nurses, dieticians, wheelchair services and sometimes with housing associations.
- The registered manager also told us they attended the local authority provider forum and they were now top of the provider list due to the high quality service they provided. They told us, "We take on board what is being said to us about our service."
- Records confirmed the service worked in partnership with health and social care professionals in order to achieve good outcomes for people.