E.C.H.O. Care Limited

Echo Care Limited

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

Echo Care Limited is a small domiciliary care agency located in Horsham. It mainly provides support to adults with learning difficulties and complex behavioural needs primarily in a supported living or shared housing environment. The agency also provides a service to people in their homes. Echo care also provides a domiciliary care service for older people with a range of physical and mental health issues.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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. There was a manager for each of the services; the supported living service for people with learning disabilities and the domiciliary care service for older people whom the registered manager managed.

People told us they felt safe and were happy with the support they received from Echo Care Ltd. One person told us "I feel safe; staff are confident, pleasant and friendly". Another person said "I feel safe, I know the staff well and they help with day to day stuff". People were safe as they were supported by staff that were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. Medicines were managed and administered safely. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the manager.

We saw people were supported by staff that knew them well, gave them individual attention and looked at providing additional assistance as and when required. People were at the centre of their care and staff and the management team promoted this ethos and culture.

The service was well led. There were systems and structures in place to capture people's feedback and to ensure the quality of the care and support provided.

Staff, the registered manager and locality managers were knowledgeable about the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare.

The staff team were responsive to people's social needs and supported people to maintain and foster interests and relationships that were important to them. People were central to the practices involved in the planning and reviews of their support. People were encouraged to be as independent as possible.

People received regular assessments of their needs and any identified risks. Records were maintained in relation to people's healthcare, for example when people were supported with making or attending GP appointments.

People told us that staff were kind and caring. One person said "Staff are really nice, they help me". Another

person said "Staff are definitely kind and caring and I look forward to them coming". We observed staff treating people with dignity and respect and involving them in their care. People told us they were treated with dignity and respect and supported to be as independent as possible. We observed this to be the case.

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 felt safe. There were appropriate numbers of well-trained and appropriately recruited staff to meet people's needs.

Staff were confident about what to do if someone was at risk of abuse and who to report it to. The management team assessed risks to individuals and gave staff clear guidelines on how to protect people.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and dealt with appropriately. Medicines were managed, stored and administered safely.

Is the service effective?

Good

The service was effective.

People received effective support as staff knew people well. They supported people, listened to what they wanted and treated them as individuals.

People were supported to eat and drink a healthy diet which met their dietary and health needs, including people living with medical conditions such as diabetes.

Staff and the provider were knowledgeable about the requirements of the Mental Capacity Act 2005. Staff received regular training, supervision and appraisal which ensured they had the skills and knowledge to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff knew people and their preferences.

Staff were respectful and polite when supporting people who used the service. Staff actively supported people to make day-to-

day decisions about their support and they respected the choices people made.

Staff promoted people's privacy and dignity. Staff supported people to maintain relationships with their family and friends.

Is the service responsive?

Good

The service was responsive.

People received support as staff knew people well. Support plans were detailed, highly personalised and contained information to enable staff to meet people's needs.

Staff communicated with each other and their managers on a daily basis to ensure that information was shared about people's needs.

People and relatives told us they felt confident to raise any issues with staff and the registered manager and felt their concerns would be listened to.

Is the service well-led?

Good

The service was well-led.

People were asked for their views. They and staff could approach the management team with their queries and they were listened to so that improvements could be made.

The management team were visible and approachable and we received positive feedback about the management of the service from people using the service, their relatives and staff.

There were a range of systems in place that showed us that the provider monitored quality and performance regularly.

Echo Care Limited

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 22nd and 26th April 2016. This inspection was announced. The provider was given notice because there are different locations where people receive care and support. The service also provides domiciliary care for people in their own homes. There is a main office from which the service is managed and we needed to be sure that someone would be in and people would be available to talk with us. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the home and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the home is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We visited the central office and two separate locations where care and support was provided. We observed care and spoke with people, relatives and staff. We also spent time looking at records including seven care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

We spoke nine people who used the service and a relative. We spoke with the registered manager, the two managers of each side of the service and seven care staff. Some of these people we contacted by telephone following the days of the inspection. We also contacted health and social care professionals who had knowledge of working with the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the service that was being provided by Echo Care Ltd. People told us they felt safe due to their confidence in the skills of the staff. One person told us "I feel safe, staff are confident, pleasant and friendly". Another person said "I feel safe, I know the staff well and they help with day to day stuff".

Staff understood safeguarding and their role in following up any concerns about people being at risk of harm. Staff were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. One staff member said "I would call my line manager straight away". One member of staff said "We know our clients well". Across the board staff told us that because they knew people and their needs in detail they would be able to identify any changes in behaviour or physical symptoms they might see that may indicate that a person was experiencing abuse which would enable them to gain support for the person as quickly as possible. Staff knew the process for referring safeguarding concerns to the local authority. There was an up to date safeguarding policy with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. The registered manager told us about a piece of work that had been carried out following the identification of safeguarding concerns. We saw that the actions that had been taken had been effective at safeguarding people. Feedback from a representative at the local authority confirmed that this was the case.

People told us they received their medicines and that they had no issues with these. For people receiving a domiciliary care service their medicines were supplied in blister packs. For people living in supported housing their medicines were kept in locked cabinets in their rooms. Some people kept keys for their cabinets others preferred to give staff the keys. Assessments of need in this area were carried out which described the support a person needed, whether someone needed prompting to take their medicines or support with administering them. Echo Care Ltd used the policy and procedure for medicine management as laid out by West Sussex County Council and used their assessment documents. Medication administration records (Mar) sheets were completed by staff. We saw that these had been completed and there were no gaps in these. The management teams checked medicine records to ensure staff were administering them correctly. All staff received training to be able to carry out supporting people with medicine management and staff with management responsibilities were booked to carry out advanced training in medicine management. Staff's practice around this was observed as part of the supervision process.

Clear risk assessments were carried out for people to ensure that they received the appropriate support to keep them safe. Staff we spoke with knew people's care needs and the risks that people may face. For example people receiving a domiciliary care package risk assessments were in place that indicated whether they needed support in a certain area. For one person we saw that they needed support with their continence issues. Clear information was in place that described what support the person needed to maintain good health in this area. For someone receiving support in supported living risk assessments were

in place. For example where people were at risk of financial abuse clear plans were in place for supporting people and people had been refer to a service that supported them with financial management. Where someone liked gardening a risk assessment had been carried out regarding the use of equipment to do this and the support required.

Incidents were recorded in detail and actions taken as a result of this. These were overseen by the registered manager who signed them off and ensured the appropriate action had been taken. For example we could see where there had been an increase in behaviours of concern for one person the appropriate professionals were contacted and advice sought regarding strategies to support the person.

People told us that there were enough staff on duty to ensure that people were safe. People who received domiciliary care calls told us that they received care from the same team of regular carers who they knew well. A relative told us "We get a lot of continuity". Staff told us that there were enough of them to keep people safe and that as a small team they ensured calls were covered. One staff member said "We all chip in and support each other". People told us that they received care calls at the times they requested and that staff arrived on time. People living in supported housing told us that there was always a staff member around if they needed one. Staff rotas confirmed that there were enough staff to keep people safe and provide the care and support needed.

Staff had been recruited through a recruitment process that ensured they were safe to work with vulnerable people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service, records confirmed this.

Good

Is the service effective?

Our findings

People told us that they thought staff had the right skills and knowledge to carry out their roles. One person told us "The girls are very well trained, they have to shadow someone before they're allowed out on their own".

We looked at the training plan and we saw that training was up to date Staff received training in essential areas such as first aid, food hygiene, safeguarding, moving and handling and the principles of care. Staff also had the opportunity to participate in training related to the particular area of the service they worked in. For example for staff working with people with people with learning difficulties there was specific training available regarding the needs of people with learning difficulties. For staff working with older people there was a training course that staff had recently participated in which was a level two diploma in dementia and end of life care. Staff were able to give clear examples of how this training had increased their understanding of the needs of people living with dementia. Staff told us how it had increased their awareness of the need to be patient with people and also to understand the needs of families when supporting a person living with dementia. Diplomas in management were also available for staff to participate in and several managers told us they were enrolled to start these courses. Staff told us they were happy with the amount and quality of training available to them. Staff told us that when they started working with the organisation they had a good induction to the role with training and shadowing fellow workers. A staff member said "I got to find out about each customer before I started". The Registered manager was using the care certificate for new staff and one of the team managers showed us a completed version. The Care Certificate is a set of standards that social care and health workers should work in accordance with. It is the new minimum standards that should be covered as part of the induction training of new care workers.

Staff told us that they received regular supervisions and most staff had recently had their yearly appraisal. These sessions were recorded and we could see that people's workload was discussed alongside their ongoing training needs. One staff member told us how useful they found their supervision sessions and said "I find supervision useful, you can track improvements and actions taken". Staff told us that they felt supported by the management team and that they could approach them at any time for advice 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. Assessments of mental capacity were in place in people's care records where needed. Staff we spoke with had a good understanding of the MCA and knew the 5 principles and understood the context of the legislation and had knowledge of how this was applied to ensure decisions made for people without capacity were only made where this was in their best interests. A member of staff said "Assume people have capacity to make decisions and understand that people have the right to make unwise decisions". Staff gave us examples of how this legislation was implemented in relation to particular people they supported.

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. The application procedures for this in care homes, hospitals and in supported living settings are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made referrals to the local authority for people living at the home that may need a Deprivation of liberty safeguard to be in place and people were awaiting contact from the local authority.

People received support with hydration and nutrition where needed when receiving a domiciliary care service. Some people had support to prepare their meals and to go shopping. Where needed people's food and fluid intake was recorded. People's nutritional needs were assessed and people chose what they wanted to eat with guidance from staff where needed. People living in supported living settings had their likes and dislikes were recorded in their care records. Depending on the setting people cooked together and chose their weekly menus and decided who would cook or people cooked separately and received support to do this where necessary. In both areas of the service associated health needs such as having diabetes were clearly documented. Staff were aware of promoting healthy food choices for people but were also aware that people had the right to make unhealthy choices. Staff were aware that people needed to drink plenty of fluids. One staff member said "In summer we make sure people drink more fluids".

People received support to obtain services they needed in relation to their health and care from a range of healthcare professionals including speech and language therapists, psychologists and occupational therapists. For people living in supported living they had a health action plan that clearly identified their health needs and were recorded for health professionals to be able to understand how the person communicated and anything they needed to be aware of when supporting the person. People's reviews identified the health care they had received and any on-going issues that the person needed support with. People receiving a domiciliary care service told us that staff helped them to access health care support where needed and gave us examples of when the GP or an ambulance had been needed and told us of the swift action taken by staff.

Good

Is the service caring?

Our findings

People receiving care and support from both sides of the service told us that staff were kind and caring. One person said "Staff are definitely kind and caring and I look forward to them coming". Another person said "I like the staff, they're kind and caring, and I get on well with them". A relative said "We find the carers are carers because they want to do it, they do it because they like people".

Staff told us about the people they supported with knowledge and interest. They knew the details of people's like and dislikes and how they liked their care and support to be provided. For example staff told us about a person they supported and the fact that they needed additional support in the morning as they took longer to wake up but in the evening they were much more alert and awake so a different approach to supporting that person was needed in the mornings and evenings. For someone who needed support with accessing the community and participating in stimulating activities they were supported to do this. A staff member said "We've all got the clients best interests at heart".

Interactions we observed between staff and people living in supported living settings were kind, caring and supportive. There was a lot of laughter and humour shared between people and staff. One person told us of staff "I'm glad they grasp my sense of humour, I make them laugh with my impersonations". There was a relaxed atmosphere and it was clear that people and staff knew each other well.

Staff spoke about their roles with commitment and enthusiasm .Some staff members had been in post for a long period of time and attributed this to the enjoyment of their jobs. One staff member said "We've got all the clients best interests at heart". People told us that privacy and dignity were respected. Relatives also told us that staff treated their family members with dignity and respect. One relative said "They do everything that is needed and treat my relative with dignity and respect. Staff gave us examples of how they treated people with respect and protected their dignity. One staff member described how they did this when providing personal care "I check the environment and make sure the curtains are closed". Another staff member said "I always knock on the door before entering someone's room".

Staff also spoke about how they offered people choices and encouraged them to be independent. In the domiciliary care service staff told us of their approach, "We let them take the lead and always give choices for example would they like their hair washed first or to have a shave first". Another staff member told us "We encourage people to do things for themselves". People we spoke with told us that they were offered choices and described the support they received. It was clear that people were supported with tasks that they identified as needing help with and carried out the tasks they wanted to do for themselves. One person told us that staff would get items out of the cupboards such as a saucepan in their kitchen in order to be able to cook their own meals. In the supported living settings there was a clear emphasis on encouraging people to be as independent as possible and to move on to accommodation that is less supported. People were encouraged where possible to access the community and participate in activities. Risk assessments allowed for people to take positive risks to be as independent as possible. For one person who liked to go cycling, clear guidance was in place for them to carry out this activity safely.

People were involved in their care and support. People were consulted regularly about the care they received and any changes that were needed for their care and support. In some of the supported living settings there were tenants meetings where people got together to discuss issues such as activities they may carry out as a group and the menu for the week and who was going to carry out household tasks. People met regularly with their key workers and discuss their goals and priorities for support. A key worker is a person who co-ordinates all aspects of a person's support and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. People told us that they had good relationships with their keyworkers and valued the support they gave them. There was information about access to advocates and staff supported people to access these when needed.

Good

Is the service responsive?

Our findings

People told us that their care was personal to them and reflected their wants and wishes. One person said of staff "They know me quite well and what I need". Another person said of staff "They know my ways and one carer thinks of what I need before I need it, they go the extra mile". Another person said "Staff are really nice and help me". A person we spoke with told us of the particular tasks staff carried out and of their confidence in them to do these. "I'm very happy with my hoist and with the way staff use it, they're all nice people and I'm comfortable with the care that they provide". A professional who gave us feedback regarding the supported living service said "Echo Care present as a service which is continually evolving so as to be able to meet the needs and wishes of the customers they support. This person centred approach is reflected across their service". We observed and heard that the registered manager and her staff were an established team and knew the people they supported in detail.

Staff told us that their approach to supporting people was person centred. One person told us that caring for people was "All about the person, not their illness or disability. Another staff member said "It's all about person centred care, we pride ourselves on it". All staff we spoke with told us of the details of people's care and support. For example staff told us about what people like to buy when they went shopping and what people like to eat. Staff gave us the example of supporting someone to go and have fish and chips at their favourite restaurant on a weekly basis. Staff provided care and support in a supported living setting gave us examples of the type of support they provided and how this met the specific needs of people. This included supporting people to access work and volunteering opportunities. In the supported living service people's individual interests and hobbies were identified and people were supported to participate in these and to establish networks and connections in the local community. These included being supported to work in a local restaurant, volunteering at local stables and attending a social club. People were also linked into local training opportunities. The registered manager told us "We encourage people to be adventurous". One person told us about riding their bicycle and how they liked to get out and do this as much as possible; they also told us about their regular trips to the gym. We saw that plans were in place that described the support the person received to achieve these goals.

Care records reflected people's individual care needs. These were detailed and up to date. Care plans were reviewed regularly. For people receiving a domiciliary care service there were was a detailed description of the care and support people received. This reflected the sequence people liked to receive the different areas of their care and support. Care records for people in supported living were detailed and reflected all the different areas of their lives which included how to communicate with people, support with behaviours of concern and support people with activities of daily living. Before people's formal yearly reviews people had a pre review meeting, this ensured that people were able to express their views and feelings and think about how their care and support was provided. We saw that these reviews were recorded in detail and that people's care reflected what was recorded. In the domiciliary care side of the service people received support to participate in activities such as shopping and visiting cafes and restaurants. This was part of an agreed care plan between the person and the service.

The complaints policy was available and given to people. It was also available with pictorial prompts and an

easy read format for people who needed that. People we spoke with felt confident about what to do if they had a concern and who they would go to. One person said "I'd tell them if I was concerned and they'd sort out the problem". Another person said "If I'm concerned I ring them up and tell them. They do everything I ask". A third person said "The organisation is an open book, they tell us please do ring". The registered manager told us that they wanted people "To come and talk to us, we have an open environment, clients are at the heart of what we do and we like to deal with things as quickly as possible". There had been no formal complaints for us to review.

Good

Is the service well-led?

Our findings

The management structure at Echo Care Ltd consisted of a registered manager and then two managers that managed the two different parts of the service. People told us that they liked the management team and thought the organisation was well led. One person said "I think it's very well run, much better than other companies", another person said "I would say they are leagues above other agencies, they are very organised and efficient". A third person told us "They go that extra mile". Staff told us that they thought the organisation was well led and that they respected the management team. One staff member said "I think it's one of the best organisations I've worked for".

All the professionals we contacted told us that the service was well run and person centred. A social worker involved with the service said "The staff and management at Echo Care work well in partnership so as to ensure outcomes of our customers are met in the most person centred and effective way." Another professional said "I have generally been very impressed with the support that is provided for people, staff appear to understand well the needs of the people they support. The managers are excellent and are very 'hand on'' in their approach".

Staff told us that the management team were responsive to them and provided clear support and guidance. One staff member said "I am happy with the way things are run, when I've needed a manager they've been there". Another staff member said "I have a great relationship with the manager, we're re different from other agencies, and we go the extra mile". People told us that that staff knew their individual needs well and we observed that the organisation had person centred practice at the heart of its ethos and culture. The registered manager told us "We are a small company and we get to know people well, we are customer orientated and this shines through in everything we do".

The management team had systems in place to manage the quality of the service to ensure good standards of care were promoted and maintained. Questionnaires were sent to people asking them for feedback about the care and support provided. For people with a learning disability questionnaires had been adapted with pictorial prompts to promote their involvement. Feedback for the service was positive and we saw this plotted on a graph.

Close and consistent communication supported staff to provide a high quality of care and support. Regular staff meetings took place that addressed the needs of people using the services and supported staff to carry out their roles. These meetings supported clear communication between staff. Both managers of the different parts of the service had a close oversight of the day to day management of their individual services The registered manager worked closely with the two managers to support them and advise them when needed. The management team met regularly which ensured a clear and cohesive management style across both services. Accidents and incidents were checked regularly and patterns identified by the managers and then appropriate ongoing actions taken for example multi-disciplinary meetings where needed. Audits of practice took place and the manager for the supported living service was developing a system of auditing that team leaders for the individual services were to carry out alongside four audits of practice that they would carry out annually to provide management oversight. Spot checks of staff were carried out by the

manager of the domiciliary care side of the service and any areas identified for development were raised in supervision. Strong links with the community were promoted and encouraged for people living in supported housing.