

Eternal Care UK Limited

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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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eternal Care UK Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 55 people were receiving personal care.

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

People and their relatives told us people were safe and that staff treated people well. The registered manager completed risk assessments for each person using the service. Staff administered people's medicines safely and protected people from the risk of infection. People were supported by effectively deployed staff and the registered manager monitored visits. The provider carried out comprehensive background checks of staff before they started work. The provider had a system in place to manage accidents and incidents.

People's care plans reflected their current needs. Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People knew how to make a complaint. The registered manager knew what to do if someone required end-of life care.

Systems and processes to assess, monitor and improve the quality and safety of the service were in place. There was a clear management structure in place and staff were aware of the roles of the management team.

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eternal

Care UK Limited on our website at www.cqc.org.uk.

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 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 ●

Eternal Care UK 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

This inspection was completed by two inspectors and two Experts by Experience. The Experts by Experience made telephone calls to people and their relatives to obtain feedback about their experience of the care provided. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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. Inspection activity started on 25 May 2021 and ended on 03 June 2021. We visited the office location on 27 May 2020.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. 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. We used all this information to plan our inspection.

During the inspection

We spoke with seven people and 15 relatives of people who used the service about their experience of the care provided. We spoke with seven members of staff, including the deputy manager, the registered manager and the provider. We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care records, medicines management and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had not always adequately assessed risks to people or taken action to mitigate areas of risk where they had been identified. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Assessing risk, safety monitoring and management

- People were kept safe from avoidable harm. One person said, "They [staff] do risk assessments every year. As a result of risk assessments three hoist have been adapted." One relative told us, "Yes, my loved one needs lifting with a ceiling hoist and they [staff] do that fine. I feel quite safe when they are lifting and moving my loved one with no concerns for their safety."
- Risks to people were identified, assessed, documented and reviewed to ensure their needs were safely met.
- Care plans contained detailed assessments of risks to people's health and well-being. Assessments included identified levels of risk for people in areas such as moving and handling, mobility, nutrition and hydration, catheter care, Epilepsy, Diabetes and medicines amongst others. This provided staff with up to date information about how people's identified risks should be managed to help keep them safe. For example, supporting people to manage their physical health conditions and or with the use of equipment such as hoists and walking aids to ensure safe transfers and mobility.
- Staff told us these records provided them with the relevant information they needed to understand people's needs.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were safe and that staff treated people well. One person told us, "I feel safe with my carers helping me to do things and being very clean." A relative said, my [loved one] is safe. They need a double up call as they need hoisting and they [staff] see to that in a very safe manner." Another relative commented, "Very safe, my loved one needs help with everything; turning, eating, washing, dressing, and has no comprehension of anything. So yes, they [staff] look after my loved one very safely."
- The provider had policy and procedures in place to protect people from the risk of abuse. Staff had completed safeguarding training and understood the different types of abuse and the signs to look out for. They were clear about their responsibilities to report any concerns to the registered manager.
- The provider kept records of safeguarding alerts and monitored their progress and shared learning.
- We saw that where safeguarding concerns had been raised the provider worked effectively with local authorities and health and social care professionals to address concerns and they notified the CQC of these as they were required to do.

Staffing and recruitment

- People were supported by effectively deployed staff. Staff had enough time to travel between calls and stayed the full time with people. One person told us, "They [staff] are good on time, no missed calls. Always stay with me and do not go early." One relative said, "Timing is very good, not had a missed call and they spend time with my [loved one] talking which means a lot, so never leave early at all."
- Staff told us they felt there were enough staff to meet people's needs safely and appropriately.
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, applicant's full employment history, employment references, Disclosure and Baring Service (DBS) checks, health declarations and proof of identification. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Using medicines safely

- Staff administered prescribed medicines to people safely. People told us they were happy with the administration of medicines. One person told us, "Yes, they [staff] do that all for me with a drink and it's always on time." One relative said, "Yes, they [staff] get medicines for my [loved one] out of a blister pack and my [loved one] takes with some water, it's all done as required."
- Medicines risks were assessed, and the level of support people required to manage their medicines was recorded.
- Medicines risks were reviewed regularly and kept up to date with any changes in medicines or people's personal circumstances.
- Staff recorded when medicines support was provided. When staff administered medicines, records showed they were given as prescribed. Medicines records were checked by the staff to make sure they were accurate. Information on individuals prescribed medicines was available and staff could access guidance to ensure 'when required' medicines were to be administered.
- Staff received training in the safe handling of medicines and were checked to make sure they were competent to give medicines safely.
- Medicines policies and procedures were up to date and available to staff.
- Regular medicines checks were carried out and if any areas of improvement identified, learning was put into place to avoid any further issues.

Preventing and controlling infection

- People were protected from the risk of infection. During our inspection we observed there were good supplies of Personal Protective Equipment (PPE) within the office for staff use.
- We observed staff compliance with PPE within the office environment and PPE usage was also monitored through spot checks of staff working in the field.
- Staff understood the importance of effective hand washing and wore the appropriate PPE, including aprons, masks, gloves. They disposed of waste appropriately, to protect people and themselves from the risk of infection.
- The provider had good infection prevention and control procedures in place and staff had completed training in this area.

Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff knew how to report accidents, incidents and concerns and records showed they had taken appropriate actions in response when required.

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 as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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.
- People's communication needs were identified and documented in their plan of care to ensure staff had relevant information on how best to support them.
- Staff understood the importance of effective communication when supporting people and the service could produce information in different formats that met people's needs, for example, easy to read or pictorial versions of the service user guide.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves. One person told us, "Yes, I have full input into my care plan which is all up to date and I have a copy of it here. I am able to make all my own decisions." A relative said, "Yes, I do all my [loved one's] planning and care plan, it is all in order and at the house."
- Staff told us, before they went to people's homes, they looked at their care plans to know how to support them.
- Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and would do so if necessary.
- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives. Complaints were managed in line with the provider's policy.
- The provider maintained a complaints log which showed when concerns had been raised the registered manager had investigated them and responded to any complaints in a timely manner. Where necessary they held meetings with the complainant to resolve their concerns.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The registered manager and staff were aware of what to do if someone required end-of life care to ensure people's end of life needs were met. The provider told us no one was receiving end of life care at the time of the inspection.

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 as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

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

- People and their relatives commented positively about staff and the registered manager. One person told us, " I have found [Name] to be accessible, very lovely and helpful. Any problems [owner] sorts out very quickly. Is very well managed." A relative said, "Excellent, I am extremely happy. [Name] runs the service very well indeed and is accessible to us as well."
- Staff described the leadership at the service as approachable and supportive. One member of staff told us, "The training we have is very good and helpful with the people I support. The manager is always available if we need them and I get good support. Another member of staff said, "The manager is good, I think they are very understanding with calls and any query you might have. For example, I asked for someone to cover my shift as I had to go to hospital appointment, they covered my shift."
- Audits and checks were in place to help support management oversight of the service and to ensure safe service delivery. For example, these were carried out in areas such as, medicines management, care plans and records, staff training and recruitment, safeguarding, staff deployment, spot checks and accident and incidents amongst others.

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

- There was a clear management structure at the service. Staff were aware of the roles of the management team.
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- There was an electronic system in place to monitor calls, to ensure people received the care they needed at appropriate times.
- The service had a registered manager in post who was registered with CQC. They were aware of their

registration requirements with CQC and the legal requirement to display their CQC rating.

- The registered manager understood the importance of quality monitoring and for continuous learning and improvements within the service.
- There was a duty of candour policy and the registered manager understood their roles and responsibilities. Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

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

- The provider sought people's views using satisfaction surveys. We found most of the responses were good and staff had acted to make improvements where people had made suggestions. For example, in relation change of visit times.
- Staff meetings were held to discuss any changes in people's needs, guidance for staff about the day to day management of the service, coordination with health care professionals and any changes or developments within the service.

Working in partnership with others

- The registered manager had worked in partnership with a range of professionals as and when required. For example, they worked with commissioners, GPs, and district nursing.
- The registered manager remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.