Age Abode Limited

Edyn Care Head Office

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

About the service:
● Edyn Care Head Office is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection there were seven people receiving personal care support.

People's experience of using this service:
● People and their relatives were happy with the care and support they and their family members received from the service. They said they were treated with respect.
● The service provided a person centred service and compassionate care. The minimum call time was two hours, this meant that people and care workers were able to establish close, personal relationships and care was not rushed.
● The provider empowered people by offering them a choice of care workers. Care workers profiles were used and provided to people and their relatives and they were able to choose their care workers based on mutual interests from the information provided.
● People told us they felt safe from harm. Risks to people were assessed and minimised so they were kept as safe as possible.
● People were supported in relation to their medicines, health and their dietary needs. Appropriate care records were kept which people and their relatives were able to access electronically. This helped to ensure people were being supported in a manner that met their wishes and needs.
● Provider used technology as a core component of how it delivered its service. Technology underpinned many of the process used from recruitment of staff, assessment of people's needs, care planning and ongoing monitoring of the service.
● Staff received training that met people's needs and regular supervision.
● Complaints that had been received were investigated and action taken to the satisfaction of the complainant.
● Feedback from people and their relatives was that the service was well-led.
● There were clear company values and ethos based which were understood by people, relatives and staff.
● The service met the characteristics for a rating of "Good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "Good".
● More information is in our full report.

Rating at last inspection:
● This was the first inspection of the service since it had registered with the Care Quality Commission in August 2018.

Why we inspected:
● This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

● We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates a per our re-inspection plan.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Edyn Care Head Office

Detailed findings

Background to this inspection

The inspection:

● We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

● Our inspection was completed by one inspector.

Service and service type:

● This service is a domiciliary care agency. It provides personal care to people living in their own homes.

● 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:

● Our inspection was announced. We gave the service 48 hours' notice of the inspection visit because it provides a domiciliary care service and we needed to ensure the registered manager and staff were available. Inspection site visit activity started on 4 April 2019 and ended on 8 April 2019.

What we did:

● Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

● We visited the registered location on 4 April 2019 to see the registered manager and office-based staff; and to review care records, other records related to the management of the service and policies and procedures.

● We spoke with one person using the service and relatives of three people who used the service.

● We spoke with the registered manager, chief operating officer, chief executive officer, and two care workers.

● We reviewed three care records, three staff personnel files, audits and other records about the management of the service.
● We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:
● The provider followed good recruitment procedures when employing staff. All recruitment was managed electronically, and employees applied directly via the provider website. This was an easy to navigate process where potential employees uploaded information about their care experience, qualifications, background checks, and their interests and motivation for the role. A member of the management team reviewed the information and invited suitable candidates for an interview who were also asked to upload their CV and details of referees to contact. Background checks were covered during interviews. A care worker said, "I was pleasantly surprised, I had a really good experience. The recruitment was very straightforward."
● Care worker files showed that appropriate pre-employment checks were carried out before employing staff. A recruitment checklist was completed for each employed member of staff showing proof of ID, right to work and Disclosure and Barring Service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
● There were enough staff employed to meet the needs of people using the service. Care workers used an electronic logging in and out system when they visited people which was used to monitor their time keeping. The system took a stamp of the location, so the provider could be assured that care workers were attending on time.

Systems and processes to safeguard people from the risk of abuse:
● People and their relatives told us they had no concerns about their safety. Comments included, "Yes, I feel safe, absolutely", "No concerns around safety, I know when [family member] is happy. When the carer arrives, I can see that [family member] has a big smile on her face, she is looking forward to meeting the carer."
● Care workers were aware of what steps they would take to safeguard people and to keep them safe from harm. One care worker said, "Safeguarding is protecting vulnerable adults and children.
I would report to my manager who would contact the safeguarding team." Another explained how they would identify any concerns and reassure people, telling us, "You may see some unexplained bruising, or they may be withdrawn and not their usual self. I would reassure people and be transparent that I would need to tell people to keep them safe."
● Safeguarding training was delivered to care workers as part of their induction training.
● There had been no safeguarding concerns raised against the provider since they had registered with the CQC.

Assessing risk, safety monitoring and management:
● Risks to people were identified during the assessment process which took place in their homes. This included risks associated with aspects of their personal care and environmental risk.
● Care plans included ways in which risks to people could be reduced and to keep them safe from harm.

These were specific to each person.
● Care workers demonstrated a good understanding of risks to people and how they supported them to lead safe lives. These were in line with the steps recorded in their care plans.
● Training in basic first aid, fire awareness and moving and handling was delivered to care workers.

Using medicines safely:
● People were supported to take their medicines in a safe manner.
● Medicines training was delivered to care workers during their induction.
● Care plans included information about the medicines that people were prescribed, along with details about the dosage, storage and other information such as their use and any side effects.
● Care workers completed medicine administration record (MAR) charts when they supported people with medicines. These were completed correctly.

Preventing and controlling infection:
● Care workers received training in food hygiene and infection control. They demonstrated a good understanding of infection control practice when supporting people. One care worker said, "I wash and dry my hands before preparing food. I use gloves when carrying out personal care."

Learning lessons when things go wrong:
● Incidents that had occurred were recorded electronically and reviewed by managers. These evidenced what had occurred, the action taken, and any learning points.
● We saw evidence that the provider used any incidents as an opportunity for learning and to make improvements. For example, following a medicines related incident, extra training was arranged for care workers and care plans reviewed. In addition, the medicines training was reviewed to see if it needed to be changed and whether care workers needed better support. A relative said, "There was an incident, a fairly minor drug error and I was very surprised with how seriously they took it. I found it very reassuring."

Good

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.

Good: People's outcomes were good, and people's feedback confirmed this.

Staff induction, training, skills and experience:
- Care workers said they were happy with the training and support on offer. Comments included, "We had three days of training, it was very detailed. We had follow-up e-learning" and "Happy with the training, it was very informative and there was also a test to monitor what we learnt."
- New care workers received a comprehensive induction which was classroom based. This included an introduction to the service and its values. The Chief Operating Officer (COO) told us "We give a broad overview of the company, outline our values and go through our stories - why we do what we do and our approach to care."
- Care workers completed training that was relevant to the needs of people using the service, this helped them to carry out their roles effectively. Topics covered included, personal care, personal safety, dementia care, confidentiality and nutrition and diet. All training modules had an associated exercise to test their knowledge and understanding of the topic.
- Care workers received regular quarterly supervision during which they were able to discuss their work practice and identify development opportunities.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- Care records showed that appropriate assessments had been completed for people.
- Relatives told us the process was smooth and easy. One said, "From the time I contacted them, the whole procedure was very quick which is not always the case. I wasn't kept waiting, I like that the whole procedure was quick."
- Following an enquiry over the phone or via the provider's website, the care manager and the field care supervisor carried out an assessment in people's homes. During this process, they explored people's support needs, identified any risks, found out about their background, interests, lifestyle and daily schedule. This information helped them to identify suitable care workers during the matching process. One relative said, "We found a wonderful full-time carer following a careful assessment."
- The assessment process was fully electronic. People, or their relatives if appropriate, were given a login to the system and once an assessment had been completed, they were able to access it electronically. People were able to make any changes to the assessed needs before agreeing to them.

Supporting people to eat and drink enough to maintain a balanced diet:
- People using the service and their relatives told us they received adequate support with their nutritional needs. They told us that care workers helped to prepare meals that they wanted. One person said, "[The carer] makes the food that I like, very competent."
- Care records included details of people's dietary support needs, including their likes and preferences in relation to their food and drink.

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

- People's health care needs were met by care workers.
- People's health needs were recorded in their medical profile. This included details about their general health such as allergies but also any long-term health conditions such as epilepsy or diabetes.

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 with appropriate legal authority. In community services that application must be made through the Court of Protection. We checked whether the service was working within the principles of the MCA.

- There was evidence that people using the service consented to their care by accepting the content of their care records. People's capacity to consent to their care was considered during the assessment period and, where appropriate, relatives were involved in assessment meetings to ensure care was delivered in line with their best interests.
- Care workers had received training in MCA and were aware of its implementation. They told us, "MCA is knowing whether they have capacity to make decisions. Where people can't make decisions, you involve the family members" and "[Person] is able to make her own decisions with help, I offer a her a choice and she is then able to decide."

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
● People using the using and their relatives told us that care workers were kind and compassionate. Comments included "My carer is absolutely excellent. I have a good relationship with her. What's important to me is whether we get on, if I like her and I do get on", "Very happy with the carer" and "I'm very happy with the care."
● The minimum length of a visit was two hours. This meant that care workers were given an opportunity to get to know people better, allowed relationships to be built and deliver care that was not rushed. There was a good level of consistency of care and people were supported by care workers who were familiar to them. One care worker said, "We have the two-hour call and so the first hour is for personal care and the other hour you sit down and talk."
● People were allocated care workers with shared interests and according to their preferences. People were given a proposed list of care workers, each with their own personal statement or profile. We saw that this was being used in the service, for example, one person with a learning disability who enjoyed outdoor activities was paired with a care worker whose interests included exercise, dancing and sport. One person said, "The carer they found was a good fit which shows they are listening." A relative said, "We get a choice of carer, there was a choice to begin with out of three." Care workers told us, "[Person] is interested in plants and flowers, so when we go for walks she will identify different trees", "She likes the news and we do the crosswords together. She is interested in the politics and I studied that at university, so we have interesting conversations."
● People were always given the opportunity to meet their care workers prior to care starting. The provider sometimes used technology to enable this. They gave an example where a person who preferred to speak over the phone was introduced to her carer workers over phone in a face time call.

Supporting people to express their views and be involved in making decisions about their care:
● Care records were person centred and fully considered the views of people using the service and, where appropriate, their relatives. People and their relatives confirmed that they were in control of their care and care workers supported them in line with their wishes.
● Care records included a personal profile which included a one-page profile which gave information about people's background and family life, including their early years, education, work and their current lifestyle and daily schedule.
● Care workers said they cared for people according to their preferences as recorded in their care records.
● Relatives of people that were not able to consent to their care were involved as advocates and decisions taken in their best interests.

Respecting and promoting people's privacy, dignity and independence:

● People and their relatives said care workers were respectful and treated them with dignity.
● Care workers encouraged people and promoted their independence and were aware of how they would respect their privacy and dignity. They said, "I prepare breakfast for her but encourage her to pour the milk", "If I am washing in intimate areas, I will give a heads up or ask if they want to do it themselves" and "First of all I would ask their permission and make sure nobody is around and their privacy is protected. If there is a window, I make sure it is shut."
● The provider recruited people based on the values they demonstrated. Care workers were asked about their understanding of person-centred care, treating people with respect and dignity and what this meant.

Good

Is the service responsive?

Our findings

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

Good: 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's care records reflected people's current needs and were updated when there were any changes to people's support needs.
● The provider was committed to running a paperless environment and technology was used to support people to receive timely care and support. People were able to access their care plans and other records via the online system. They told us this system was very easy to use and they preferred having their care records easily accessible to them. They said, "The electronic care plans are great, I like they are automated. I can see all the notes the carer has written. I can alert them of any changes, I like the way they work", "I have got a login which I use quite a lot, I have made suggestions and recommendations", "Their portal attracted me to them. I have found having the care plans and the invoicing readily available very helpful and useful", "My [family member] does not sleep properly, they log the sleeping patterns and it is almost instant and the information is available to me."
● Care records were split into six main areas of support, medicines, personal care, meal preparation, companionship, housekeeping and mobility. Each area included the level of support required along with any associated risks.
● Care plans included communication profiles with clear guidelines on how to communicate with people, for example using simple gestures or Makaton. These helped to ensure their communication needs were identified and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
● People's interests and activities were recorded. One relative said, "The carer picks her up and takes her out to the community such as gym, sauna or cinema. Initially I showed her bits and pieces and she made notes, she was being very attentive. I have been out with them and observed them and I am very happy."
● Carers completed a summary at the end of each visit. They also completed a 'wellness plan' following every visit, which considered people's comfort levels and their overall mood.
● The wellness plan was a relatively new initiative and was used to create wellbeing metrics so that over a period an overall picture of people's mood and their baseline mood could be built. Part of the provider's continuous improvement plan was to develop this further and to draw out outcomes for people.
● When care workers had supported people with the relevant area of support, they marked the task as complete on their mobile device. This was then visible to people and/or their relatives.

Improving care quality in response to complaints or concerns:
● There had been one formal complaint received since the provider had registered. This had been dealt with immediately to the satisfaction of the complainant.
● People were given a welcome pack which provided information on how to make a complaint. There was also a feedback form on the 'client portal' where people and their relatives were able to provide feedback.

People and relatives told us they had never raised any formal complaints but were familiar with the staff and the manager should the need ever arise. One person said, "If I had any concerns I know who to contact. They are available all the time."

● The registered manager had a personal relationship with people and their relatives. She told us, "I talk to all of the families regularly, I have a very good relationship with them. They will openly say if they have any concerns."

End of life care and support:

● The service was not supporting people who were on palliative or end of life care.

Good

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

● People and relatives felt that the service was well-led and the management team were approachable and open to feedback. Comments included, "Easy to get hold of, I email them, and I get a response very quickly", "I like [the Chief Operating Officer], I find him very easy to talk to. He is very caring", "The top-level people genuinely care, you can tell. You can't each people to be caring, it comes from inside and [the COO] cares so it all stems from there" and "They are ready to admit if they haven't got anything right, that's something to be respected", "Management really do work tirelessly", "Really impressed, would recommend them without hesitation."

● Managers were aware of their regulatory responsibilities with respecting to notifying the relevant authorities of any notifiable incidents or safeguarding. The registered manager told us that all the leadership team were currently studying for a level 5 leadership course in health and social care.

● Managers and staff were clear about the values and ethos of the company and the culture they wanted to cultivate. The COO said, "We value our clients and our carers. At its centre, it's about making our care professional, personal and proactive. And these are the values that we look for in carers." One care worker said, "The delivery is very technology based and the care is personal to the client, they try and match us closely. They are concerned and focussed on wellness." Another said, "The main ethos is to help the client to lead independent lives in their own home with the support of the carers. The technology is an enabler, to help us to carry out our duties but also so people and relatives can see what help we are giving. Anyone with a smartphone can get to grips with it very easily. All the information we need, care plans and the policies are all on the system."

Continuous learning and improving care:

● One relative said, "They are very keen to continue to learn and make changes, aiming to always provide an exceptional service."

●Managers were clear about the key challenges for the service and the areas they wanted to focus on for both the short and long term. The CEO spoke about how this process worked within the organisation. Various management meetings took place on a quarterly, monthly and weekly basis where goals and objectives were identified and followed up. The CEO met with team members every month to oversee this. There was a 'roadmap' which outlined milestones the organisation wanted to achieve over a period. Team members identified actions they would individually take to bring the company closer to its goals. Every week a 'retrospective' meeting was held where team members outlined what went well, what didn't go well. These helped to ensure that staff bought into the culture of the service and were each responsible for

ensuring the company tried to meet its objectives. The CEO said, "My role is to look at how we can continue to improve the service against the roadmap. How we can develop a culture for continuous improvement."

● There was an improvement plan for the service that was based against the CQC Key Lines of Enquiries (KLOES), with identified actions, outcome and status. This demonstrated the provider was striving for improvement and looking at ways in which they could develop further. For example, in caring they were considering ways in which care workers could be upskilled by promoting dignity champions, dementia friends and mental health wellness champions. Also, for well-led they were considering adding a care worker or a person using the service to the advisory team.

● There was an advisory team with a wealth of experience from the industry with a good understanding of the sector, they provided guidance on the strategy. Some were investors in the company.

● Quality assurance audits and regular monitoring took place.

● Care plans were reviewed and monitored on an ongoing basis. People and their relatives said, "They are always on hand on, they will always just give me a call just to see how things are going" and "Somebody has already been round to do a review."

● The registered manager or the field care supervisor carried out regular spot checks where they reviewed the quality of care, the relationship and whether the carer was following good hygiene and medicines practice.

● Formal reviews with staff took place every three months.

● Medicine audits were completed and were effective in identifying areas of improvement.

Engaging and involving people using the service, the public and staff; Working in partnership with others:

● People and their relatives told us they were kept up to date by the provider. The managers were known to people and they often communicated with them directly.

● Care workers told us they felt like they had an important role to play within the company and told us they felt comfortable approaching the manager if they had any concerns. Regular staff meetings were held during which they were given an opportunity to put forward their views or information be passed to them. Carer socials were held, these were either lunches or evening drinks.

● Newsletters were produced and distributed to people and care workers to keep them informed.

● The CEO spoke about some of the outreach work and community initiatives they had done. He said, "It's important for us to support the local community." They done some community speaking events such as attending the Wandsworth senior community meet up where they did a presentation on the use of technology. They ran a campaign in the local community through leaflet distributions, offering a free, no commitment conversation with the team.

● The provider had carried out some focus groups during the development of the care planning system to ensure it was fit for use and met the needs of the business. The CEO said, "All our technology is in house, so we can iterate it."