Eden Brook Home Care Limited

Eden Brook Home Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Eden Brook Care Providers is a domiciliary care agency providing care and support to people in their own homes. The organisation offers support to people living in
Chelmsford and the surrounding area. At the time of our inspection there were 52 people using the service.

The service was last inspected in 2015 and was rated good.

We have made a recommendation about safeguarding in that staff need to be given details of external agencies to contact.

We have made a recommendation about staff training in that staff competencies need to be carried out.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 and associate Regulations about how the service is run. Whilst the registered manager took overall responsibility the care manager took responsibility for the day to day management of the service.

People were safe and staff knew what actions to take to protect them from abuse. However, none of the staff we spoke with were aware of what external organisations to contact if they had concerns . The provider had processes in place to identify and manage risk.

People received care from a consistent staff team who felt well supported and trained. However, competency assessments had not been carried out of staffs practice. Therefore people could not always be confident about the skills and competence of the staff.

Care staff understood the need to obtain consent when providing care.

The systems in place to support people to take their prescribed medicines safely needed some improvements.

People were supported with meals and to make choices about the food and drink they received. Staff supported people to maintain good health and access health care professionals when needed.

Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

The service benefitted from a clear management structure and visible leadership. However, audits carried out needed to be more robust in order to monitor the quality of the service and drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff followed correct procedures for supporting people with their medicines so that people received their medicines safely and as prescribed but some improvements were required with the recording on the MAR charts.

Staff understood how to protect people from harm and abuse.However, none of the staff we spoke with were aware of what external organisations to contact if they had concerns .

There were enough staff to support people in a safe way.

Staff were recruited appropriately within the required legislation. However, staff files did not consistently contain all of the necessary documents to ensure that staff were recruited safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not always receive training relevant to their roles and did not have their competency assessed. Staff training was not in place around the care certificate.

Staff received regular supervision but this was not clearly documented.

Staff sought consent before providing care and supported in line with the legislation of the Mental Capacity Act (MCA).

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff did not always developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The systems in place to monitor identify and manage the quality of the service required improvement they had not identified the issues we had found.
Management team were approachable and a visible presence in the service.

Eden Brook Home Care

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 20 July 2017 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service, and the manager is often out supporting staff or providing care. We needed to be sure that someone would be available. The inspection team consisted of two inspectors and one expert by experience. An expert by experience is someone who has experience or has a family member who has experience of using a similar type of service.

Before the inspection we reviewed the information we held about the service, this included notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us.

On the day of the inspection we spoke with the registered manager, care manager and the operations manager at the agency's office. We also spoke with two support staff.

Following the inspection we spoke with 16 people who used the agency, four relatives and received information from two additional staff.

We looked at seven people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Requires Improvement

Is the service safe?

Our findings

People we spoke with confirmed that they felt safe using the service. One person told us, "Yes, always especially on my last call, my carer draws the curtains makes sure the windows are closed and before they leave always lock the door and put the key in the special safe. I know I will be fine till the next morning" And, "My carers have a special knock so I know it is them."

Other people we spoke to also confirmed that staff ensured their safety when entering and leaving their home. One person commented that staff used the key safe system to access their house, and always ensured it was securely replaced on leaving. They said that staff would only disclose the number in an emergency to health care professionals.

Staff told us they carried a mobile phone and had direct contact to the office or to the on-call manager whenever they needed it. One member of staff told us, "There is always someone on the end of the phone to ask for help or advice.

The care manager told us that all of the staff were flexible and able to cover if necessary, for example if someone was off sick or on annual leave. The managers told us that if staff were unable to cover then they themselves would carry out the care visits. Staff confirmed that on occasion this happened.

All of the staff we spoke with told us that they were allocated sufficient time to be able to provide the support people required. Staff told us if there was a problem with the timings they would contact the office and the care manager or operations manager supported them by stepping in to assist with the provision of care. The care manager told us there had been no missed calls and if staff were ever running late it was their responsibility to call and inform the person. However, when we spoke with people who used the service comments included, "Sometimes they are running up to 45 minutes late I would appreciate a call to let me know" and, "I have never been called when they are running late I don't mind but it would be nice to know."

The provider had a recruitment policy in place however, it was not robust and the staff files did not consistently contain all of the necessary documents to ensure that staff were recruited safely. For example, we found that not all of the files contained two references. We reviewed seven staff files and found that whilst each file contained a copy of the member of staff's job descriptions and proof of identity there was no evidence of a completed application form or that a face to face interview had been conducted. However, staff told us they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. We discussed our findings with the provider and registered manager who informed us that the office had recently had a break in and some paperwork had been stolen. We saw that a Disclosure and Barring service (DBS) check had been undertaken before the member of staff could be employed, this was carried out by the DBS to ensure that the person was not barred from working with people who required care and support.

Staff told us they had been provided with training in safeguarding people from abuse, which was confirmed in the records we looked at. Most of the staff understood their roles and responsibilities regarding

safeguarding, including the different types of abuse and how to report concerns. However, none of the staff we spoke with were aware of what external organisations to contact if they had concerns and one staff member was not clear about what constituted as a safeguarding alert.

We recommend that the provider ensures that staff have the contact details of external agencies to contact if a safeguarding concern is identified.

People who needed support with their medication told us that they are happy with the arrangements. One person told us, "I always receive my medication on time it is important I have it on time because of my condition." Staff told us, "I am trained to give medication and I make sure I complete the chart, I would let the office know immediately if there was a concern about someone's medication." Senior staff monitored people's medication records to check people were receiving their medication correctly. However, when we looked at people's Medication Administration Records (MAR) although they had been signed to say medicines had been administered they did not clearly state what medicines people were taking or the amount. Staff were directed to look at the blister packs. Staff were also hand writing out the MARS which is open to error. We discussed our findings with the care manager who immediately contacted the pharmacy to arrange for pre-printed MAR charts for blister packed medicines.

People had detailed risk assessments which were reviewed regularly. The risk assessments were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks of falls and risk of dehydration or malnutrition.

Requires Improvement

Is the service effective?

Our findings

Staff told us they received the training and support they needed to do their job well. However, staff training and monitoring records did not show any evidence of any face to face training taking that had taken place. Staff had only completed on line sessions no competency assessments had been carried out to determine their understanding of these sessions. This meant we could not be assured that staff had the skills to effectively put the training into practice.

We recommend that the provider ensures competency assessments are carried out of staff training.

There was no up to date training matrix in place to record what training staff had competed or to identify when their training was due for renewal. The care manager told us that the service had previously employed an in house trainer who had provided face to face training in areas including manual handling and medication. However, they had not been in post since February 2017. The service had also recently sourced training from another provider for a short period of time. However, this relationship had broken down and this training opportunity was no longer available. This meant that at the time of the inspection the provider had no provision for face to face training for the staff team.

Newly appointed staff completed an initial induction including shadowing more experienced workers to learn about people's individual routines and preferences, before working on their own. Staff told us they felt the induction training they received was good and provided them with the knowledge they needed. However, the induction was not linked to the care certificate which is a set of minimum standards that should be covered as part of induction training of new care workers. It consists of fifteen modules which require observational assessments of the staff putting into practice what they have learnt on the computer. There was no evidence these had been carried out. This was a concern because several of the new staff had not previously worked in care. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that's should be covered as part of induction training of new care workers.

Senior staff explained that they observed staff and supported them as they provided care and support to ensure they were competent in their job role by carrying out 'spot checks'. However, these were not documented as competency assessments of staffs learning.

Records we saw confirmed that face to face supervisions took place on a regular basis. However, the outcomes of supervisions were not clearly documented and both parties did not sign to say they agreed with any objectives that may have been set it. Also it was not clearly evidenced in all of the staff files we looked at that staff had received an annual appraisal. In one person's file an appraisal record had identified that the staff member was required to undertake some training and an action plan was in place for it to be completed within two weeks. However, there was no recorded evidence that this had happened and there was no record of what the training was so it was not possible to identify from records as to whether the staff member had completed it.

The service had introduced an electronic system which staff used to record the time that they arrived and left people's homes. This enabled the management team to monitor the length of call times and whether or not staff were running late. However, it was unclear how effectively this system was being monitored. On a day to day basis the management team in the office used their computer monitors or mobile phones to monitor staff's route. Whilst this system was effective when staff were at their desks it meant that when the management team were involved in other activities or outside of working hours and at the weekend there was no-one monitoring the system. The registered manager told us that they analysed a print out of the system at the end of each month. We saw that on one occasion it had been identified that a member of staff had repeatedly not been staying for the allocated length of time for ones person's visit. This had however happened on seven occasions during the month but had not been identified and addressed with the staff member until the end of the month. People told us, "Sometimes the staff go early I don't mind as long as I am not being invoiced for the full amount of time" and, "Some of the carers arrive late and rush because they need to get to the next call."

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, "Brilliant the girls do everything I need them too nothing is too much trouble."

People's consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us the staff asked their consent before they provided any care. Care plans had been signed to give permission for the information in them to be shared with others.

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. The registered manager told us that they were following best practice guidance about mental capacity and best interest decisions. Staff understood their responsibilities under the Mental Capacity Act and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

Where needed, people were supported to have sufficient to eat and drink and had their nutritional needs met by staff. One person told us, "Drinks are always left for me so I can reach them" and, "I am left with everything I need when the carers go." Staff had information about people's likes and dislikes. Staff told us that they would know if there were any concerns from talking to people about their diet and observing any food that had not been eaten.

When a person's health was of concern they would refer to health professionals if needed. One staff member told us, "We phone the office if we have any concerns but would ring the emergency services if we felt the need to. We have emergency contact details in people's homes."

Requires Improvement

Is the service caring?

Our findings

We received mixed feedback from people who used the service to the question, "Are staff kind and caring?" Half of the people we spoke were positive about the care they received. Comments included, "I couldn't be treated better", "I feel lucky to have such good care" and, "Carers couldn't be better at looking after me and yes I do think they care." However, the other half of people we spoke with were negative about the care they received. Comments included, "There is one girl who doesn't seem to care", "There is one carer I am not happy with but I don't want to upset the apple cart." And, "One girl just came her and sat saying she needed to have a rest." Another person told us, "There is one carer we have asked not to come again they really upset my [relative]."

Most people told us that they felt the staff listened to what they said and acted upon their comments. One person said, "The staff ask me if I want them to do anything more for me before they leave" and, "I am encouraged to do what I can by the girls, I would do more but my daughter is worried that I will fall she makes me wait to get up until the carers come." This confirmed to us that the staff promoted and respected people's independence. However, one person told us how they had asked for staff to help them as their stair lift would not work properly and their relative had got stuck at the top of the stairs a staff member told them, "It is not my job you will just have to stay there" Another member of staff reassured the person and said they would get help and they managed to get the stair lift started working again. Another person told us, "My [relative has Alzheimer's and can be quite stubborn [name of staff] rubs them up the wrong way and I can hear them arguing it is no good and upsets us both." This person had not let the office know they were not happy with this particular staff member.

People confirmed their privacy and dignity was respected at all times. Staff understood the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this by ensuring curtains and doors were closed before delivering personal care. One relative told us, "I can hear the carers chatting in the other room with my [relative] they are always treated with respect."

The staff told us they had when possible regular schedules so that they saw the same people and this enabled them to build up positive relationships. One person told us, "It is really nice to have the same carer so I get to know them, I am not always told if they will not be coming though which is disappointing." Staff told us they tried to accommodate people's needs as much as possible. For example, if a person was going out and required an earlier call in the morning to help get them ready this was normally possible.

People's care records identified people's specific needs and how they were met. The records also provided guidance to staff on people's preferences regarding how their care was delivered.

Records showed that people had been involved in their care planning and they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs for care, treatment and support. One person told us, "I have had no trouble at all and have been cared for by the agency for years." Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to be cared for.

Assessments of people's needs were carried out prior to receiving a service from the agency to determine whether the service could provide the necessary required support. Assessment meetings were used as an opportunity to discuss and record people's needs and wishes about their care. A support plan was then developed from the conversation which outlined their needs. People had support plans in their homes and a copy was held in the office. Support plans were regularly reviewed and updated to reflect people's changing needs.

People told us they were involved in the compilation of their support plan and they had involvement in it being reviewed and updated. Most people told us that they were happy with the care and support they received from staff. One person told us, "When we started with the company we were given a folder with all we need to know about the company."

Daily records were well written by staff and contained a good level of detail about the care that had been provided and any issues that other members of staff needed to be aware of. Staff we spoke with were able to outline the needs of the people they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit or log onto the electronic system to check for any updates. People's preferences were listened to and acted upon. For example, one person told us when they were asked for feedback they told the manager they only wanted a female carer as they had been visited by a male carer on one occasion this was altered, they have not been visited by a male carer since.

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in information left in their homes. People told us the office staff ring regularly to ensure they are satisfied with the service they receive. However, one person told us they had rang the office at times and no one had answered the phone. Another person told us, "I don't like ringing the office I never get a straight answer." Other people we spoke to told us, "I know how to complain but I have never had the need to."

Requires Improvement

Is the service well-led?

Our findings

The agency had a clear management structure in place. The registered manager had appointed a care manager who was office based and they were responsible for the day to day running of the care agency. They were supported by an operations manager who also carried out care calls. Both of the managers were relatively new in post. The agency had recently moved premises and therefore the managers were in the process of sorting out the new office. The managers knew the people the agency cared for as they also carried out care calls when required and had been promoted into their new positions from within the company.

Although some audits were completed they were not robust enough to assess and monitor the service. This meant that the registered manager did not have a clear oversight of the service. We met with the registered manager who had a vision for the future of the service but that they needed to ensure that these foundations were in place before they were able to move forward with these plans.

The care manager told us they thought they would benefit from having a regular meeting with the registered manager/provider as they were relatively new in post. They told us this would enable each party to be made aware of any concerns and to ensure actions were taken to identify how they could move the service forward. For example, the registered manager had recently met with a member of staff for a performance review. However, the registered manager had not recorded in full the outcome of the meeting and had not fully informed the care manager.

Staff told us the service was well organised and they enjoyed working at the service. They said the management team had a visible presence in the daily running of the service. They also told us that they were treated fairly, listened and that they could approach them at any time if they had a problem. Staff told us, "I love my job, I feel fully supported."

The Staff told us they had team meetings which enabled them to get together to discuss any issues or concerns and this was confirmed by the records we looked at.

Staff confirmed they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs.

People were visited by the care manager to ask for their views about the service as well as telephoned on a regular basis. People told us they had in the past also been sent a questionnaire however, they had not had any feedback about the outcome. The care manager told us they listened to people's feedback and looked at ways they could make improvements. Although there were no significant complaints, they took minor concerns seriously, acted on them promptly and used them to improve the service.

Care files and other confidential information about people kept in the main office were stored securely this ensured people's private information was only accessible to the necessary people.