

Eagle Care Alternatives Ltd

# Eagle Care Alternatives Ltd

## Inspection report

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18 April 2019

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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: Eagle care Alternatives Ltd is a domiciliary care agency. It provides personal care to people living in their own houses or flats. At the time of the inspection eight people were using the service. Everyone using Eagle Care Alternatives received personal care.

People's experience of using this service:

- People received safe care and they were protected against avoidable harm, abuse, neglect and discrimination.
- People's individual needs, risks and diverse needs had been identified. People were involved in the planning of their care.
- People's care needs were managed and reviewed regularly.
- Staff recruitment procedure was followed to ensure suitable staff were employed.
- There were improvement to the system to ensure staff were trained and supported to carry out their roles and their performance was monitored.
- Staff supported people with their medicines, ensured they had enough to eat and drink and attended health appointments as needed.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were encouraged to make decisions about all aspects of their care.
- There were improvements made to people's care plans. These were personalised to reflect people's wishes about how they preferred to be supported and their interests.
- Care plans and other information was produced in easy read format to help people understand.
- People were supported by kind, caring and consistent staff who respected their diverse needs.
- People's privacy and dignity was protected. People's independence was promoted where possible and they were supported to develop new skills; maintain relationships and socialise.
- People knew how to raise a concern or make a complaint. There was a system in place to respond to complaints and advocacy support was available.
- People, their relatives and staff were encouraged to give feedback on the service and to influence how the service develops.
- The registered manager understood their regulatory responsibility and were transparent in line with the Duty of Candour.
- The provider had policies to support practices. Audits were completed and reviewed regularly to monitor the quality of service.
- The registered manager demonstrated a positive approach to learning and development. Any lessons learnt from incidents and feedback was shared with the staff team.

Rating at last inspection: Requires Improvement (published 7 December 2018).

Why we inspected: This was a planned inspection based on the rating of the last inspection. We checked whether the provider had made improvements to meet the legal requirements and regulations with the Health and Social Care Act 2008.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Good ●

The service remained 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 remained caring.

Details are in our Effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Effective findings below.

# Eagle Care Alternatives Ltd

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

This is a domiciliary care agency. It provides personal care to people living in their own houses or flats. The service supports older people and people with a learning disability and autism. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on 16 April 2019 and ended on 18 April 2019. We made telephone calls to people, their relatives and staff on 16 April 2019. We visited a person in their own home and spoke with the staff member who supported this person. We visited the office location 18 April 2019 and spoke with the registered manager, the administrator and to review care records, and policies and procedures.

#### What we did:

We reviewed the information we had about the service. This included notifications the provider has sent us. A notification is information about important events the service is required to send us by law.

During the inspection visit we spoke with three members of staff, the registered manager, four people, and two relatives of people who could not speak with us directly. We reviewed a range of records. This included four people's care records, three staff files in relation to recruitment, training and support. We looked at other records relating to the management of the service including staff rotas, meetings, feedback and audits. Additional evidence we had requested after our inspection was received and used to inform our judgement of the service.

# 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.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe receiving care from the staff. A person told us, "I have the same carer, [they] make me feel safe."
- The provider had safeguarding and whistleblowing systems and policies in place which included the contact details of external agencies people and staff could contact.
- Staff had received training on safeguarding adults. Staff had a good understanding of abuse and the actions they should take if they had any concerns that people were at risk.

Assessing risk, safety monitoring and management:

- People and relatives told us risks were managed. A person said, "[Staff] help me to get into the shower. There is a chair I sit on if I feel a bit unsteady."
- People had risk assessments in place. Each person's risks had been identified and care plans provided guidance to staff about how to safely manage people's risks which included equipment used to promote safety. For example, a care plan stated, '[Name] walks with a walking stick and encourage [name] to rest or sit down if they feel unsteady'.
- Staff understood how to manage risks to keep people safe. A staff member said, "I make sure the water is warm before [they] have a wash."
- All risk assessments had been regularly checked and updated as people's needs changed.

Staffing and recruitment:

- All new staff had been safely recruited in line with the provider's recruitment policy.
- Staff records showed the provider had carried out an enhanced Disclosure and Barring Service (DBS) check, obtained references and confirmed their identity and right to work.
- The registered manager had a clear oversight of staffing levels and skills required to meet people's diverse and complex needs.
- People told us staff were reliable and on time. People received support from the same staff team which promoted continuity of care.

Using medicines safely:

- People received appropriate support with their medicines. A relative said, "Staff supports [name] with [their] medicines; [name] is much better because [name] is taking [their] medicines on time."
- The provider's medicine administration procedure was accessible to all staff. Only trained staff supported people with their medicines and their practice was checked regularly.
- People's care plans included information on how they liked to take their medicine and the level of support they needed.

- People's daily care logs and medicine administration records (MAR charts) were signed to confirm people were supported with their medicines.

#### Preventing and controlling infection:

- People and their relatives told us staff wore disposable gloves and aprons provide support with personal care needs and to prepare meals. One person said, "I make sure them to wash their hands and will tell them if I think they have forgotten."
- Staff had completed training on infection control and were aware of good practices such as hand washing techniques. Staff practices were checked during unannounced spot checks.

#### Learning lessons when things go wrong:

- The provider's accidents and incidents policy clearly set out the reporting procedures.
- Accidents and incidents were regularly audited to look for any trends or patterns and any learning was shared with the staff team.



# 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 consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- At the last inspection in July 2018 staff were not adequately trained to provide effective care.
- At this inspection we found staff had completed training essential for their role. Training was up to date and equipped staff with the knowledge and skills needed to support people with learning disability and behaviours that means people may harm themselves or others.
- A new staff member said, "I had an induction and shadowed experienced carer for a week; I had time to read people's care plan and get to know them."
- A relative said, "Staff seem to be trained. They understand the needs for people with a learning disability and behaviours and know what to do."
- Staff received regular supervisions where they discussed their work and identified any training needs. A staff member said, "I spoke with [registered manager] regularly since I started, and my supervision is this week."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before the service began to provide support. Assessments were detailed and included people's diverse needs and preferences in relation to all aspects of their lives such as their cultural needs, interests and lifestyle.
- A relative told us they were involved in the assessment process and had supported their family member to plan their care and ongoing support.
- People's care was delivered in line with their needs and how they preferred to be supported, for example by male or female staff.

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

- People told us they were happy with the support staff offered to plan and prepare meals.
- A relative said, "[Name] chooses what [they] want to eat. "[Staff] encourages [name] to eat healthy if possible."
- Care plans included information about people's dietary needs and preferences.
- Staff were trained in food safety and nutrition and were aware of people's dietary needs such as soft food choices and cultural diets and the level of support required.

Staff working with other agencies to provide consistent, effective, timely care:

- The registered manager had good relationships with other agencies and healthcare professionals. This helped to manage and monitor people's care and help them to provide safe and consistent care.
- Each person had a completed emergency grab sheet. This document provides healthcare professionals

with information about people's individual needs, support with communication and prescribed medicines in the event of an unplanned hospital admission.

Supporting people to live healthier lives, access healthcare services and support:

- People accessed health care services as needed. A person said, "Carers will call the GP if I need to see one."
- A relative told us their family member was supported to attend routine health checks.
- Staff supported people to live healthier lives. For example, one person exercised regularly and made healthy food choices.
- Staff knew people well and could identify when people's needs had changed. Records showed staff had sought advice and made referrals to professionals when needed.

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.

- We checked whether the service was working within the principles of the MCA and found they were. The registered manager and staff team had a good understanding of the MCA.
- Staff ensured people were involved in decisions made about their care and knew what they needed to do to make sure decisions were taken in people's best interest.
- One person said, "They always ask me if they can help me." A relative said, "[Name] has been involved in decisions made about [their] care. [Name] is not restricted in any way."
- Where people could make decisions for themselves records showed they had agreed with the care that was to be provided.
- Applications had been made to the Court of Protection where people were being deprived of their liberty in their best interest.

# 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 told us they were respected and treated well. One person said, "I like having [staff name]. [Staff] is lovely; a star because [staff] is kind and listens to me. [They] will do anything for me."
- People's care records included a brief life history, interests and important events in their lives. This information was helpful to staff to get to know people and build a good relationship with the person.
- We saw a staff member used short phrases, words and gestures, so the person could understand. The staff member was caring in their approach and responded accordingly as they knew what the person wanted help with.

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

- People were involved in the care planning and made every decision possible about their care.
- The care plans showed people had been asked about their likes and dislikes. Decisions made were documented.
- Staff knew people's preferences and what was important to people such as family members, interests and any cultural needs. A staff member said, "I encourage [name] to make decisions and help [them] to do the best thing for [them]. We can all make choices, so I will explain to [name] what could happen if they make a different decision."

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

- People and relatives told us staff respected their people's privacy and dignity.
- One person said, "[Staff] makes sure the door is closed when I'm using the toilet and [they] help me to wash [part of the body] that I can't reach."
- Staff knew how to promote people's dignity and privacy. A staff member said, "[Name] needs help to wash, you give [them] the wet flannel and show [them] how to wash [their] face; [they] may do it if [they] feels like it."
- People were offered support by gender specific staff for personal care delivery.
- People were supported to maintain their independence where possible. A staff member told us how they supported a person to live independently and to keep their home clean and tidy.
- People's information was managed and stored securely in line with the provider's confidentiality policy and electronic records were password protected.

# 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:

- At the last inspection in July 2018 we found key inconsistencies in the assessment and care planning processes. People's needs were not always monitored and reviewed regularly.
- At this inspection the electronic care planning system was being used effectively. Care plans had been updated to ensure people's care was planned and reviewed regularly.
- Information was available in easy read style for people to understand. This meant the service complied with the Accessible Information Standard, which ensures people with a disability or sensory loss can access and understand information they are given.
- The service understood the needs of different people and promoted equality. People's personal history, interests, individual choices and preferences including those related to the protected characteristics to protect people against discrimination were documented. This helped staff to provide care with was individualised.
- People told us they were introduced to care staff. This helped to make sure people felt comfortable and confident that staff knew how they wished to be supported.
- One person said, "I was asked about the care I needed, and I was told how staff would help me. I've been asked if I'm happy with my care and also asked if there's anything else I needed."
- People were aware of their care plans. They were involved in planning and review of their care. This helped staff to provide the appropriate level of support people needed which could vary depending on the activity or how the person was feeling.
- A relative said, "[Staff] are good to [name]. They understand and help [name] to have a structured life, which has benefitted [them]. For example, if [name] goes to the shop [they] will leave a note for the carer to say when [they] are coming back."
- A relative told us staff worked flexibly to support their family member plan and shop for groceries and go to the barber.
- Staff showed a good insight into the lives of people with a learning disability or autism and the impact of how surroundings may affect them. A staff member told us they made sure outings were planned to avoid busy and noisy environments to reduce the risk of distress for a person.

Improving care quality in response to complaints or concerns:

- People and relatives knew how to make a complaint. A person said, "I've got no complaints. They are delivering what they said they would."
- The provider's complaint procedure was easy to understand and included advocacy information if people need help to complain. Staff knew how to respond to complaints.
- The service had not received any complaints since the last inspection. There was a system to manage complaints which included sending correspondence to the complainant as to the outcome of their

complaint and when required a written apology.

End of life care and support:

- The provider had a policy in place for supporting people with end of life care.
- People had the opportunity to express how they wished to be cared for at the end of life.
- There was no one in receipt of end of life care at the time of our 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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People's care was planned, monitored and reviewed regularly. Care plans had detailed information about the support people required and respecting their wishes whilst promoting their safety and independence, where possible.
- People and relatives told us the service was well managed. Their comments included, "I am happy with the agency and the care provided to [name]. Eagle Care does well within the time frame to support [name] and it's good value for money."
- The registered manager and staff team had a clear and consistent vision of what good care looks like. A staff member said, "Overall I think the service is delivering what they say they will - It's about promoting better quality of life for people who used it."
- Duty of candour requirements was understood by the registered manager.
- The latest Care Quality Commission inspection report was available at the office and the rating was displayed at the office and on the provider's website.

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

- We saw evidence of audits completed for a range of checks including care plans, medicines and staff files. Staff practices were checked through unannounced spot checks.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks and regulatory requirements. These were supported with policies, procedures and a business continuity plan to ensure service delivery was not interrupted by unforeseen events.
- Staff had clear lines of responsibilities. There was a system in place to ensure staff received regular training and any learning needs identified by staff had been catered for.

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

- Everyone we spoke with knew who the registered manager was and how to contact them. One person said, "Manager is good but [staff name] is fantastic."
- A staff member told us, "[Management] seem well organised. They have been responsive and dealt with things, for example, changed shifts so [staff] could support [person's name] to attend appointments and kept up to date with changes to [name] needs."
- People and relatives had opportunities to share their views about the service individually and through

care review meetings. The completed surveys were all positive. The registered manager told us they planned update the surveys with different set of questions and pictures.

- The service had received compliments, cards and letters of thanks about the care provided.

Continuous learning and improving care, and Working in partnership with others:

- A system was in place to ensure staff training was kept up to date.
- Staff were kept up to date and their views were sought about developing the service through supervisions, staff meetings and day to day conversations with the registered manager. A staff member said, "Meetings happen every few months with everyone and we talk about different things like training, new policies and share ideas."
- The registered manager demonstrated an open and positive approach to learning and development. The registered manager also kept their training up to date and trained as a trainer to deliver medication training to the staff team.
- The registered manager participated in forums and networked with other care providers and professionals to expand their knowledge and skills of running a service like this and to help benefit people who used the service.