

Eboney Home Care Limited

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Inspection report

West Wing, Prospect Business Park
Crookhall Lane, Leadgate
Consett
County Durham
DH8 7PW

Date of inspection visit:
24 October 2018
26 October 2018
29 October 2018

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own home. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. When we inspected there were 23 people receiving personal care. This inspection took place between 24 October and 29 October 2018.

At the last inspection in June 2016 the service was rated Good. At this inspection we found the service had made significant improvements and we rated them as Outstanding in one domain, namely Caring.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider and the registered manager displayed their passion and commitment to the service, the people who used the service and their relatives.

People and relatives we spoke with praised the staff for the kind, compassionate and caring attention they provided. The service had built warm and open relationships with relatives which had engendered their trust, and meant whenever possible each person had a team of carers built around them including the service and their family. Relatives valued highly the levels of communication between them and the staff. They felt better informed and able to respond to any emerging concerns.

Staff had spent time getting to know people well and were able to anticipate if people needed additional support. They were alert to possible changes which may have suggested a person was becoming unwell.

The service had a 'can-do' culture. This included problem solving when a person needed additional support. Everyone in the service was proud of how they had with the assistance of a relative responded to extreme winter conditions and got to everyone who needed a service.

There were many examples of staff being exceptionally caring from supporting special family occasions to involving the police when people were at immediate risk.

People who used the service were kept safe by a provider who had systems in place to ensure people received person-centred care based on their assessed needs and risks. Assessments which were carried out were used to develop care plans. Care plans documented the outcomes people wanted and how these were to be achieved. These were reviewed and changes made if a person's needs changed.

The provider and the manager understood how to meet the regulatory requirements. They had continued to develop the service and look for opportunities which made a difference to people's lives. Lessons had been learnt by the service and these were described in a CQC publication called, "Driving Improvement" published in June 2018.

The service liaised with commissioning authorities to meet people's needs and enhance the quality of the lives of people who used the service. People were supported towards the end of their lives and their wishes were respected.

Staff felt they had support from the office staff and the management team. They described to us having confidence to contact the office or the managers directly to discuss safeguarding and other concerns. During our inspection we observed staff carrying out tasks to support people in the community.

The numbers of staff employed in the service was monitored by the registered manager and recruitment processes were carried out when necessary. Pre-employment checks were carried out before staff could start working in the service. Staff underwent an induction and they confirmed to us they received annual training updates. They were also supported through the use of supervision meetings with the registered manager and annual appraisals.

People received their medicines from staff who were trained and understood how people liked to take their medicines.

The provider and the registered manager were aware of potential issues of discrimination. Irrespective of a person's age or health condition they had a voice and were listened to. The same non-discriminatory approach was taken to staff.

Health and safety checks were in place to ensure people who used the service and staff could be safe in people's homes.

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 received the support they needed to meet with eating and drinking and to access health care services.

People did not raise any concerns during the inspection but told us they knew how to complain. In the past year the service had received one complaint. It was responded to immediately and a solution sought.

Systems were in place to effectively monitor the service.

Further information is in the detailed findings below

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 provided safe care.

People were provided with safe care by staff who knew and understood risks and took actions to mitigate them.

People's medicines were safely administered.

Staff were trained in how to safeguard people.

Is the service effective?

Good ●

The service was effective.

Staff supported people to maintain good health.

The service obtained people's consent to provide their care which also included specific permission for staff to administer their medicines.

A staff training plan was in place and staff confirmed they were well supported with training to meet people's needs.

Is the service caring?

Outstanding ☆

The care provided by staff was outstanding.

People and their relatives held the service in high regard and valued the care they provided. Staff knew what people liked and successfully worked to promote people's well-being and comfort.

The service worked closely with relatives to care for the family members. This resulted in everyone benefitting from the caring nature of the staff.

There were many examples of an exceptionally caring service.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their needs and provided accurate guidance to staff on how people's needs should be met.

The provider had a complaints policy and treated any complaint as a serious matter.

End of life care was provided and people's wishes about how they wished to spend their time towards the end of their life were respected.

Is the service well-led?

The service was well led.

The provider and the registered manager were committed to continuously learning and improving their service. They were highly responsive to feedback.

There was a 'can-do' culture in the service resulting in resources being sourced for people and their wishes being carried out. Relatives were relieved at the flexibility of the service to respond to people's needs.

The service took an integrated approach and worked closely with relatives to develop a team around each person. Managers were open, honest and transparent and had agreed to share how they had improved their rating in a CQC publication, 'Driving Improvement' published in June 2018.

Good ●

Eboney Home Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 24 October and 29 October 2018 and was unannounced. One adult social care inspector carried out the inspection. Inspection site visit activity started on 24 October and ended on 29 October. It included visiting people in their homes and contacting people and their relatives by telephone to seek their views. We visited the office location on 24 and 29 October to see the provider, the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The inspection was informed by feedback from questionnaires completed by a number of people who used the service and other professionals. using the service. This confirmed improvements and complimented staff on their caring approach.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service. With their permission we visited three people in their own homes. We spoke with six relatives.

We also spoke with six staff including the provider, the registered manager, care coordinators and three care staff. We viewed three people's care record and medicines records. We also reviewed three staff files in detail as well as a range of other records relating to the management and safety of the service.

Is the service safe?

Our findings

The provider and the registered manager spoke with us about lessons they had learned. They cited several people and their relatives with whom they had worked and learned about aspects of their care and the way they liked their care to be provided. They also spoke about following inspections in the past they had learned not to take their 'eye of the ball'.

Risk assessments to keep staff safe were in place. These were supported by policies. For example, the provider had health and safety policies such as lone and late working. The registered manager explained they used an external company who supported them with policies and if a new issue came to light they consulted with the company for advice.

Before the service began to work with people the provider carried out a risk assessment to ensure people who used the service could safely work together. The assessment included specific items such as the location of the fuse box in case of emergencies. Staff had put in place individual personalised risk assessments for people who used the service. Where risks had been identified guidance was provided to staff in people's care plans. For example, where a person was at risk of falls, staff were required to ensure people wore their pendant alarm. People told us staff checked to see if their pendant was available to them. One staff member told us they always ensure people have their immediate needs accessible to them, and ask people if they need to go to the toilet before leaving the person's home to reduce falling risks.

A care coordinator managed the rotas for the service. The registered manager liaised with the care coordinator to look at the numbers of staff available to work in the service. They told us recruitment was ongoing and would be heightened if there were any anticipated staff shortages. Care coordinators who were responsible for carrying out assessments and arranging people's service delivery were available to provide care at short notice if required. Staff told us overall their rota was manageable and a common-sense approach had been taken to organising their calls. They also confirmed care coordinators supported them in the community if needed.

The provider continued to operate effective recruitment practices when employing new staff. This included requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

Staff were trained in the safe use of medicines. They spoke to us about the different needs people to whom they administer medicines. People's medicines were listed in their file and Medicine Administration Records were up to date. Relatives spoke with us about staff understanding people's medicines and the need to consistently provide pain relief at regular intervals.

Evidence of the provider adhering to the principles of human rights was evident throughout the service. Good relationships between the service and family members had been fostered to ensure people living with dementia had their needs and wishes considered to live the life they chose. People's right to life was

respected and actions of the staff supported people's choices.

Staff had access to gloves and aprons to use in people's homes and enable them to reduce the risks of cross infection. These were readily available to staff in the office.

People's human rights were protected. The right to life was supported by the service. People were enabled to choose to have the life they wished. One person was supported to return to their home to live out the remainder of their life in their own environment. The right to family life was upheld by staff who engaged with relatives and balanced the support relatives wanted to give their family members with the service they had been asked to provide. One relative explained to us they wanted to support their family member as they had always done but staff supported them to provide the personal care.

People were protected from abuse by staff who were trained to identify the different types of abuse and knew how to report any concerns to their managers. Staff confirmed to us they would contact their managers and were confident they would get an immediate response.

The registered manager told us the provider had a staff disciplinary policy and process in place to protect people from any untoward staff behaviour. There were no on-going staff disciplinary investigations.

Is the service effective?

Our findings

Care records showed people's needs had been assessed to identify how they wanted their care provided. This included a discussion about whether people had needs relating to religion, lifestyle or culture. Relatives had been involved in these assessments and care records documented the outcomes to be achieved.

Staff confirmed they had received training on the issues which affected people who used the service. The registered manager told us they had reviewed the system for training and altered how training was delivered to maximise the time available and ensure staff could attend all courses. Staff had continued to receive updated training each year on topics which included moving and handling, medicines administration, safeguarding, food hygiene. A new plan with a local training provider had been agreed for 2019. The training plan included areas where staff required specific training to meet the more complex needs of people who used the service. Staff were also provided with regular supervision meetings to discuss their worries and consider their personal development. An annual appraisal system was in place.

The provider included food hygiene in their training programme. Staff supported people during their visits to make meals and eat. Care plans provided information about what people liked to eat.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. There was no one using the service who was subject to the Court of Protection decisions. Consent arrangements were in place for people to give their consent to the care provider. People had signed their care plans. Where they were unable to consent to their care plans had been signed by relatives. Specific consent forms had been used for people to consent to staff administering their medicines and calling a GP or 999 if they became unwell. Care plans in place supported people's capacity needs.

An environmental assessment of people's homes was carried out with their permission to check to see if people's home were safe for them and the staff, as well as to provide information which may be needed in an emergency.

Staff worked together as team. We observed conversations being held about who was doing what and communication in the team was good. The service connected with a range of other professionals according to people's needs.

To demonstrate the service supported people to have healthier lives staff provided us with examples of the work they had carried out. This included contacting relatives and medical services when necessary, staying with people as they waited for ambulance services and taking people to their appointments. We found staff were aware of who they needed to contact and understood the ways to obtain the support people may need from other professionals.

Is the service caring?

Our findings

Without exception people and their relatives told us that they held the service in high regard. Irrespective of whether the person we spoke with used the service or was a relative the service had a positive impact on their well-being. One relative told us they could not believe such "Fantastic care companies like Eboney Home Care existed." They said, "Staff went the extra mile for people." Relatives spoke of staff doing the small important things like bringing in the washing or carrying out checks to see if people were safe as making a real difference to them giving them, "Peace of mind." We spoke with relatives who were moved to tears when they talked about the exceptional care provided by the service and how they felt their family members were in really safe hands.

Words such as, "Fantastic", "Absolutely fantastic", "Tremendous" and "Brilliant" were used to describe the caring nature of the staff. People and their relatives described the high standard of care provided and told us, "I can't speak highly enough of them", "They are so kind." Staff were described as, "Lovely". The provider had carried out surveys and asked questions about the care provided by the staff. The survey responses provided similar positive comments about the staff. People and their relatives all described staff as genuinely caring. They told us staff saw beyond the behaviour of a person who may start out the day in a distressed state or may be in pain. They told us staff were consistent in their approach and gave each person time and were very patient with everyone.

We found many examples of a service whose staff were extremely caring and vigilant about people. One relative was moved to write a thank you poem. The poem thanked the staff member for being bright and cheerful and stated they look forward to the call as the staff member always has something nice to say which motivates them to get out of bed. An alert staff member turned on CCTV to capture the image of a person suspected of defrauding vulnerable people in the community. Local police used the image to request information from the public. Another staff member rang 999 when they were concerned about a bogus caller to a person's home. The police caught the bogus caller. Due to the fast thinking of the staff the service protected older people in the wider community. The provider spoke with us about a very special family occasion a person wanted before they passed away. Their relative told us nothing was too much bother for staff in helping out on the day as they joined in the excitement. The staff supported a person to get ready for the event and provided cards and prosecco to celebrate. The relative told us, "I would recommend them to anyone, they were so good."

Staff knew people and their relatives so well they were able to offer additional support to improve everyone's well-being. One relative was asked by a member of staff if they could do a person's nails. The member of staff did this in their own time to make the person feel better. Shopping to get a person's favourite food or collecting fish and chips to encourage people to eat was highly valued by people and their relatives. Staff also supported people to appointments when relatives could not do this or people did not have family support in the area. They collected prescriptions for people to ensure people who were diagnosed with an infection got immediate treatment. One relative told us they felt relieved when a member of staff would do this as they could not get away from work.

Staff anticipated people's needs and were proactive to prevent people being ill or isolated. Relatives and people who used the service spoke about how thoughtful staff were. They also spoke about the staff really getting to know people so they could be watchful of changing care needs. One relative described to us the difference this had made when staff identified a potential health risk and spoke to their relative to prevent a condition worsening. One person's carer required a hospital admission. The service had responded immediately to increase staffing levels and provide ongoing physical and emotional support to them. They felt staff were very kind and they had offered to make a snack just in case a person was hungry after their last visit at night.

Relatives, without exception described the communication with staff as a key feature of their great trust in the service. They spoke about being told if a carer would be 10 minutes late due to a hold up on a previous call they were contacted. Relatives were reassured the service was pro-active. Staff had contacted relatives to keep them informed when a person had a fall and when the ambulance was due to arrive. Relatives valued messages from staff about people using different methods. For example, people had note books in their homes to pass messages between staff and relatives, sticky notes were used and staff sent text messages to family members. This meant staff involved relatives and were open and accountable for their actions.

People had a voice in the service. Staff understood the need for advocacy. Relatives were listened to as natural advocates for people. They told us they felt very relieved when the service responded with suggestions on how to deliver people's care. People were supported to have choice and were enabled daily to make their own choices in all aspects of their lives. They told us staff, when they came into their home would do anything for them and carried out tasks in their preferred manner.

People were treated with fairness irrespective of their background, personal lifestyle choices and their beliefs. Staff were trained in equality and diversity. The provider was open to addressing equality and diversity issues in meeting people's needs. They had sought guidance from their training provider to enable staff to support a person practice their chosen religion. This included how to behave when staff supported the person to their chosen place of worship.

We found staff respected people's wishes and promoted their decision making. This meant people could choose to live in their own home and only needed to leave when it was absolutely necessary. Relatives whose family members used the service told us, "They made it possible for my mum to stay in her home." Another relative said, "They made mum's last few months at home possible." In one thank you card a relative had written, "Thank you for all the help and support you gave our parents which allowed them to stay in their own home for as long as possible."

Staff recognised when people needed their independence They spoke with us about needing to be patient and having a good knowledge of the person. One member of staff said they had suggested ways to people be independent but they did not forget to ask the person if they wanted any assistance.

People's well-being was protected. Staff worked with people and their relatives who felt cared about and involved. They spoke of being contacted if any situation arose to seek their advice and let them know what was going on. For example, if a person refused to go to hospital staff had alerted family members. Staff told us they would repeatedly check with the person if the care provided was to their satisfaction. People and their relatives confirmed this was the case. One person said, "Nothing is too much trouble for the girls" and the staff, "Make people comfortable."

Staff described how they protected people's dignity and privacy by closing people's curtains and respecting

their home. They spoke about talking to people in tones which showed them respect.

Personal information was stored in lockable cabinets in the office. Staff described to us about protecting people's confidentiality and not sharing any information with people not involved in their care.

Is the service responsive?

Our findings

Before people started to use the service a comprehensive assessment of their needs was carried out. The provider called this a baselines assessment of needs for daily living. It detailed peoples' preferences and needs on such issues as walking and dressing, food, drinks and diets, personal hygiene and mental health needs. It also included person- centre choices. For example, the number of pillows and preferences regarding denture care were included. This assessment was translated into care plans.

The care plans were divided into different sections. They documented the daily living needs to be assessed, each person's need, the planned outcome and how the outcome will be achieved. We found these were person-centred and provided staff with the information they needed to know to meet people's needs. On the front of each person's office file were documents which recorded if visits had been cancelled or an extra visit was required.

People's care plans were reviewed on a regular basis. Staff told us if people's needs changed between reviews they informed the care coordinator who updated the care plan and risk assessments.

The provider had a complaints policy and process in place. In the last year there had been one complaint. The person had received a personalised response and the person concerned was given the opportunity to have a face to face meeting. Actions taken were documented and outcomes achieved. This demonstrated the provider took complaints seriously. People and their relatives told us they had no need to complain. One person said, "I can't fault them."

The provider had an end of life policy in place the service had supported people who were nearing the end of their life including people who wanted to die at home rather than in hospital or in care homes. Plans had been drawn up to support people's end of life needs. Relatives told us they felt extremely well supported by staff who helped them care for people at the end of their life. Thank you cards in the service showed relatives appreciated the care provided. In a thank you card one relative had written, "You helped ease the pressure." Relatives told us they had appreciated the care shown by staff when they attended funerals.

Although the provider is registered to provide personal care we found they had adapted their services to meet people's needs and provided activities to meet people's needs. For one person this meant staff took them into the community twice a week. This reflected their previous lifestyle when they could go out every day. The provider had also set up day services so people were supported to leave their homes and join in social activities. This meant the provider had taken a holistic approach to people's needs.

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager and the provider were both company directors of Eboney Home Care Limited and both worked in the service daily.

Without exception every relative we spoke with told us they had high levels of confidence in the service. Relatives acknowledged they were sceptical about home care services or had previous experience of a poor service. They described the service as 'exceptional' and a 'step-up' on other services. One relative said, "Eboney Home Care is what you should expect from a home care service and more." Relatives told us they had strongly recommended the service to other people and had returned to the service when they needed support for other people in their family. One person told us, "I didn't know where to start but they were so helpful."

Staff felt confident in the management team and contacted them with immediate concerns and were given clear direction. This resulted in police involvement in two cases and people in the community being protected. The managers had integrity and were always willing to do the right thing. They spoke to us about feeling proud of their staff. Staff spoke about feeling supported by the management team and the help they had received around their own family life. The management team were aware of quality and diversity issues and provided examples of actively supporting staff.

Staff demonstrated they were committed to a positive person-centred culture and high levels of service delivery. They felt empowered by the management team to meet people's needs and contact medical services and families if needed or spend time with people to find out if anything was a problem. Care staff spoke with us about getting the support they needed from office staff to get the right outcomes for people. One staff member said, "I ring who I need to, to get the help people need." They told us they felt very well supported and could approach the provider and the registered manager with confidence. Relatives reflected this positive approach and told us if they needed to change any arrangements for people's care due to for example, hospital appointments, they got a very helpful response. One person said, "Nothing was a problem." A relative said, "It wasn't a problem if we needed to cancel a visit." We found the whole team ethos to respond to people's needs meant people were well supported.

The service had embedded partnership working. Their integrated approach to work in partnership with relatives and other professionals had a positive impact on all concerned. One relative said appreciatively, "They took the worry away." Relatives spoke to us about how the staff and the management team worked with them to meet people's ever-changing needs. They described to us how they felt very well supported and had learnt new ways from the staff on how to provide care to people. One relative told us they wanted to support their family member receiving care and the staff supported them to do it. They described the staff as being "like friends in your own home." Relatives also described to us when the health of their family members had declined the service had adapted to meet their needs. During our inspection visit we observed many proactive examples of the service working in partnership with other agencies. Office staff were on the telephone arranging the delivery of people's essential medicines. New equipment was sourced to keep a person safe.

The provider and the registered manager had agreed to have their inspection history documented in a CQC publication, 'Driving Improvement' published in June 2018. The publication featured nine social care agencies and actions they had taken to make improvements. Eboney Home Care staff acknowledged their rating of inadequate in November 2015 had a profound impact on them. They described in the report what they did to make improvements and achieve their rating of good by June 2017. During our inspection they agreed to further media work with a national newspaper to share their learning and experiences with the wider public. The management team showed high levels of integrity, honesty and transparency when sharing their experiences.

The management team reflected on their experiences with us and demonstrated their determination to continue to achieve high standards of care. We found they had energy and momentum to revise and sustain continuous service developments. They had reviewed the service and to ensure they met people's changing needs. For example, they had reviewed how they assessed people returning home from hospital. The registered manager had also signed off staff files and people's care plans to ensure they were happy with their contents and they met the required high standards they had set. By reviewing each aspect of the service, the provider and the registered manager had continued to learn and make improvements which in turn increased the sustainability of the service.

At the same time work continued to check the quality of the service delivery. Surveys were carried out in March 2018 to monitor the effectiveness of the service. People rated the service as 'good' or 'very good'. Spot checks to monitor staff performance were in place. Staff confirmed they were subject to these spot checks. Oversight of daily notes was provided when these were returned to the office. This was to ensure any concerns or emerging trends about people's needs were picked up and dealt with.

The management team were highly responsive to feedback on their service. The local authority required the staff to have separate fire training in place in addition to health and safety training. This was immediately sourced and integrated into the newly developed approach to training staff. The registered manager had changed all staff training to annual updates. We found staff showed confidence in their work.

The provider and the registered manager had a clear view of what they needed to continuously achieve to secure good outcomes for people. They understood their responsibilities in meeting regulations. This was made apparent when we observed the provider making arrangements for a person with complex needs to transfer into the service. Work was underway to reinforce the provider's policies with the staff by asking questions before supervision sessions. Local commissioners had commissioned more hours than was required for a person towards the end of their life. The service asked if these hours could be used to take the person to places where they could relive their memories before they passed away. The person visited family members and places before they became too unwell.

The provider explained the service took pride in enabling people with complex needs to live in the community. They spoke about two people they had been asked to support. Providing care to both people incurred risks which they had worked to reduce. They involved multiple professionals, sought information and ensured they as well as their staff were trained in the people's needs. The provider described the care as 'time critical' and told us how they met the required deadlines.

There was a strong 'can do' culture in the service which placed people at the centre of the service. The 'can do' culture was usefully employed during high snow falls. The registered manager praised the staff for getting to people on a social media. Relatives had commented on the website of their relief people had continued to receive their much-needed care. The management team had put arrangements in place so staff worked safely together. This had been supported by the provider and another relative who had

transported staff in suitable vehicles. Other staff had been put into 'walking' teams. The management team and staff were proud of their achievements in not missing a call to anyone.