

Eden Brook Home Care Limited

Eden Brook Home Care

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

Eden Brook Home 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 55 people using the service.

When we last inspected the service, it was rated requires improvement. At this inspection we found the service had made the necessary improvements and therefore it was now rated good.

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 associated Regulations about how the service is run. Whilst the registered manager took overall responsibility the care manager had responsibility for the day to day management of the service.

People were safe from abuse and bullying. Staff had knowledge of safeguarding and were aware of their responsibilities to report any concerns. The registered manager and care manager knew of their responsibilities regarding the Mental Capacity Act 2005.

Risks were assessed and suitable control measures put in place, which still enabled people to maintain as much independence as possible. There were sufficient numbers of staff to ensure that people's needs were met and recruitment practices ensured that staff were of good character and suitable for their roles.

People were supported to take their medicines safely, if required. Systems were in place to record when medicines were given and were regularly audited to ensure there were no errors.

Staff received an induction and on-going training to make sure they had the right skills and knowledge to provide people with care in their own homes. Staff were well supported and had opportunities to discuss any concerns and training needs they might have.

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.

There were positive relationships between people and members of staff. Staff treated people with kindness and took the time to get to know them and their interests whilst providing their care. The service had involved people in producing their care plans to ensure that care was provided in the way they wanted it to be. In addition, people and their family members were provided with information about the service and what they could expect from them.

The care plans were detailed. Staff could describe how individual people preferred their care and support delivered and the importance of treating people with respect in their own homes.

The service worked in partnership with community professionals and local authorities to meet people's needs.

The provider had a system to regularly assess and monitor the quality of service that people received and identified and acted on areas for improvement.

We made a recommendation around the roles and responsibilities within the organisation.

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.

Staff understood how to protect people from harm and abuse.

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

Staff were recruited appropriately within the required legislation.

Staff supported people to take their medicines safely and as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

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

Staff enabled people to access healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff had 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.

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?

Good 

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

The service had an effective quality assurance system.

The quality of the service provided was monitored regularly and people were asked for their views.

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 checked 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 2014.¹ This was a comprehensive inspection.

This inspection took place on the 2 October 2018 and was announced. On the 3 and 4 October 2018 people that use the service were contacted by telephone for feedback on the service they received. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available. Before the inspection, we asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about their service what the service does well and if there are any improvements they plan to make.

The service was inspected by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. We reviewed all the information we had available about the service including notifications sent to us by the registered manager. Notifications are information about important events, which the registered manager is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

During the inspection, we visited the services office and spoke with the provider who was also the registered manager, the care manager, scheduling manager and office manager. After the day of the inspection the Expert by Experience spoke on the telephone to 12 people who use the service and four relatives. We also received information from three care staff.

We looked at the care records of four people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents and incidents reports, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the registered manager responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

Is the service safe?

Our findings

When we last inspected the service we had concerns around safeguarding, recruitment and medication documentation. During this inspection we found that some improvements had been made and others had been highlighted and were in the process of being implemented.

During this inspection we were satisfied that staff were aware of the providers safeguarding procedures. Staff were provided with training in safeguarding people from abuse and records confirmed this. Staff understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns.

During our last inspection we found recruitment processes were not robust enough. Since then the provider had employed an office manager who was responsible for ensuring recruitment processes were safe and robust. Recruitment files we looked at showed that the service had a clear process in place for the safe recruitment of staff. Staff confirmed that they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. 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. The providers policy indicated car insurance and MOT certificates were required if staff were using own car and we could not locate these in some files. However, we were shown copies of some of these on the computer. The office manager was in the process of chasing up other staff's insurance paperwork as they were auditing the personnel files and had compiled a spreadsheet which would clearly highlight when people's insurance documents were due for renewal.

During our last inspection we had concerns around medication procedures in that people's medication was not being clearly documented. Since our last inspection the provider had employed a new care manager. They were responsible for ensuring documentation in regard to people receiving their medication safely was being completed legibly and accurately. They told us that when they had carried out medication audits they had highlighted that the medication administration records (MAR) sheets were complicated and as result there were gaps in the MARs. Therefore, they had reworked the MARS sheets to make these simpler and easier to use. A master copy was taken to be kept in the office then the charts were reviewed monthly by the care manager.

They told us that when any changes were made to people's medication staff were updated by the use of people planner as well as the MAR sheet being updated in people's homes. People planner is an app on a mobile phone that staff can log onto giving them instant information about the person they are supporting. This meant that the staff had up to date relevant information about people's care needs.

Staff confirmed they were giving the relevant information about people's needs and that this was updated when necessary. They told us that if a person was on a particular medication that needed to be constantly monitored for example warfarin, the potential side effects were explained to them and they had to complete additional paperwork. For example, for a person receiving this medication that can result in bruising, staff

had to complete daily body maps.

People who needed support with their medication told us that they were happy with the arrangements. One person told us, "The staff help my [name of family member] take their medication, they are always here when he needs it. There has never been a problem." Staff were trained to administer medication; spot checks were carried out on their competency by the care manager.

Care plans we looked at on this inspection had comprehensive and up to date risk assessments in place, to enable staff to support people safely. Risks within the internal and external environment and the use of equipment was discussed with the person and their family and recorded so that people and staff were kept safe. From the risk assessments and the daily notes, we saw, staff had a good understanding of people's needs, and the actions they needed to take to keep people safe and to support them to live in their own homes.

People who used the agency told us that they felt safe. One person said, "I have to be hoisted all the time these days, it's not very nice, but I have got used to it and the carers are very reassuring about how safe I am when they use the hoist, so I don't worry myself any more. We've never had any accident with the hoist, but if I had any concerns I would telephone the office and talk to someone there about it."

People told us that staff ensured their safety when entering and leaving their home. Comments included, "I have a key safe that the carers use and I was a bit concerned when it was first put in, but all the carers make sure that they close it properly when they leave and I haven't had any problems with it at all" and "My carer will usually ring the doorbell twice before she gets the key out to open the door and that way I know it's her. When she leaves she will usually ring it again to make sure I know that it's locked. 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 any time if they needed. One member of staff told us, "There is always someone on the end of the phone to ask for help or advice."

There were sufficient staff employed to keep people safe. People who used the agency and their relatives told us that there were enough staff to meet their care needs. One person told us, "They have never not come out when they should." Relatives told us, "I know that I can go out and my [name of relative] will be looked after and well cared for." Staff told us there were always two staff when required, for example to assist someone in using a hoist or because of the emotional needs of the person. Staff told us they had sufficient time to deliver the support required. If they experienced any difficulties completing their schedule they would inform the manager who would then arrange extra support. People spoken with all confirmed that if a carer was running late then they received a telephone call from the office informing them.

Staff told us all the staff were flexible and worked as a team and were able to cover if necessary, for example if someone was off sick or on annual leave. The manager told us that if staff were unable to cover then they themselves would carry out the care visits. On the morning of our inspection the scheduling manager was covering for staff sickness and out on care visits.

The service had a policy around infection control and staff were aware of this and put it into practice. Gloves and aprons were worn when delivering personal care. Staff told us, "We have plenty supply of gloves and aprons it is never a problem." One person told us, "The staff always look smart and professional and are always washing their hands."

Is the service effective?

Our findings

At the last inspection we had concerns regarding staff receiving the necessary training to equip them to carry out their job role. We also had concerns around staff receiving regular documented formal supervision.

During this inspection we saw that necessary training had been provided. One member of staff had become a train the trainer in manual handling and therefore was qualified to deliver this training to the whole staff team. Other training was mostly e-learning with workbooks completed.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication, food hygiene and dementia awareness. Newly appointed staff completed an initial induction. This included shadowing more experienced workers to learn about people's individual routines and preferences, before working on their own. Staff told us the induction training they received was good and provided them with the knowledge they needed.

The care manager explained that they observed staff as they provided care and support. These observations included checks on whether the member of staff was following the care plan and using personal protective equipment. They also monitored the support record sheets, including medicine administration record sheets, to check if they were completed appropriately. We saw that they also commented on the member of staff's approach, such as whether they were communicating effectively and if they were helpful and friendly.

People confirmed they thought staff were well trained and competent in their job role. People told us, "They certainly know what they are doing" and "I have every faith in them they know what I need help with" and "We haven't had any concerns about their skills to do everything to look after my husband. We know they sometimes go and do a refresher training which appears to be a good thing to keep them up-to-date."

During our last inspection we had concerns around staff being adequately supervised. During this inspection staff confirmed that they benefitted from support to understand their roles and responsibilities through regular supervision, on site observations, spot checks and an annual appraisal and records confirmed this. Staff comments included, "Managers are really supportive, they are always available to offer support", "We also have meetings and they listen to us," and "I do feel supported, if I have a problem then [named manager] will listen." Records we looked at confirmed staff were receiving regular supervision.

The provider was working within the principles of the Mental Capacity Act (2005) when supporting people to make decisions about their care. Care plans were signed by the person to confirm their agreement related to the care and support provided. The registered manager liaised with other professionals whenever they identified a concern related to capacity and consent. Staff understood the importance of consent and explained to us how they gained people's consent to their care and helped people to make choices on a day to day basis.

People were supported at mealtimes with food and drink of their choice. The support people received varied depending on people's individual needs. Whilst some people lived with family members who

prepared meals, other people required more support. One person told us, "They help me with my lunch, they always ask me what I would like and make sure I have everything before they leave."

Information reviewed during the inspection showed the involvement of health and social care professionals. Advice and guidance provided by external health and social care professionals were reflected in people's care records. This meant staff had the correct information available to work with professionals to ensure the individual needs of the people were met.

Is the service caring?

Our findings

During our last inspection we had mixed feedback from people about staff being kind and caring. At this inspection we found people were happy with the service provided to them and the feedback was that without exception staff were kind and caring.

Comments included, "They are friendly but professional they are always polite and talk to both of us", "They always have a chat to me." A relative told us "We are very happy with the care provided, we would definitely recommend them to other people in fact we have done and we wouldn't have done so six months ago things have definitely improved."

Relatives and people told us that they and their family members were involved in making decisions and planning their own care as much as they were able. People and their representatives had the opportunity to discuss their care and support during the review of their care All the staff we spoke with were able to demonstrate a good knowledge of how people wished to be supported. One person told us, "I have a really good relationship with carers and the service and communicate well. I am very happy."

People's privacy and dignity was respected. Staff demonstrated a good understanding of privacy and dignity and described how they protected and respected this by closing doors, shutting curtains and covering people. People told us, "They talk to me and treat me with dignity and respect when doing personal things for me", "I have been with them for some time now and are very satisfied they encourage me to do things for myself they never rush me, things have definitely improved."

The registered manager told us the minimum amount of time a staff member carried out a care visit for was 30 minutes they felt this was very important to enable staff to be as independent as possible and to have their needs met in a person-centred way. However, some people did not want the staff to stay for the full 30 minutes. The manager told us they encouraged staff to stay and have a chat but if people wanted them to leave they had to respect their wishes.

The care manager told us they had when possible carers had regular schedules so that they saw the same people and this enabled them to build up positive relationships with the people they supported. One person told us, "It is really nice to have the same carer so I get to know them."

The service supported people to be independent. Relatives told us that staff encouraged their family members to be as independent as they could be according to how they felt on a daily basis. They told us that care staff never left until people were comfortable and had all they needed until the next visit.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

A comprehensive assessment was carried out for each person before the service decided if a service could be provided for them. Assessments included what the person could do, whether they had any specific needs around communication and what emotional and family support was in place. Daily records were well written by care 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 made aware of.

Care plans reflected people's likes and dislikes and helped staff to care for people in a way in which met their individual needs. The care plans clearly recorded what support the person needed and their background, hobbies, interests and religion. Regular reviews of people's care were held to ensure it was still meeting their needs. One person told us, "Yes they come out every six months and go through my care plan. They have not really needed to change anything on the care plan but they always go through it with me and make sure I am happy with it."

People told us that staff knew them well; one person said, "I have the same carers every morning." Relatives also confirmed that care was provided by regular care workers and this meant that they knew people well and understood their preferences, likes and dislikes. A relative told us, "[family member] mainly has the same carers."

People told us they knew the procedure for making complaints and said if they had any concerns they would feel comfortable raising them with the appropriate staff. Comments included, "I would contact [manager or [name of director]], I am visited regularly to ask how I feel about things and sometimes I complete a form."

The service was not caring for anyone who required end of life support. However, the care manager told us they would ensure that if appropriate people would have an end of life support plan in place. At the present time the people supported by the service had family members who knew people's wishes.

Is the service well-led?

Our findings

At the last inspection we found the service did not have robust quality assurance systems in place. During this inspection we found the necessary improvements had been made and the registered manager had clear oversight of the service.

The local authority had highlighted some issues when they had visited this service in the beginning of september 2018. The registered manager told us they had therefore decided to recruit two additional managers an office manager and a care manager to support them with the day to day running of the office. The two new managers were in the process of auditing files and ensuring the relevant paperwork was in place for people that used the service and also for staff that were employed by the service.

We recommend the registered manager/provider ensures each person is clear about their roles and responsibilities. The office had three managers two of whom had recently been recruited. The new managers need their job roles defined as they were at risk of duplicating tasks.

There were quality assurance systems in place to identify whether staff were following procedures and to make improvements where necessary. Checks and audits were carried out on people's care records including their medicines records. Where any issues were identified action was taken to make changes so that they could improve the service.

The new care manager was in the process of auditing the paperwork. They told us it was their priority to ensure that each care plan was updated in full and contained the relevant information to enable people to receive the necessary care. The care plans we looked at had been audited and were comprehensive.

The care manager told us they were fully supported by the provider who were open and approachable and gave them the resources they needed to do their job well. The care manager told us they would be researching some support networks for them to share good practice between other external managers.

Care staff told us they felt valued and supported by the management team and that the managers were always available to offer support or advice. Comments included, "We work as a team, I never have to worry about ringing the office for advice", "[Name of manager] is really helpful and knows everyone really well."

People we spoke with told us they felt the service was well managed. Comments included, "I know the manager they sometimes come and visit." A relative told us, "The staff are all happy and that is a good thing, I think they are well supported by the manager." The provider distributed surveys annually as part of their processes for monitoring the quality of the service provided. We saw the last completed questionnaires. People were again positive about the service and how it was managed.

People's care records were well maintained. Copies of people's care plans were kept safely in the service's office. People could be confident that information held by the service was kept confidential.