

Edith Healthcare Limited

# Edith Healthcare Ringwood

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Edith Healthcare Ringwood is a domiciliary care agency. It provides personal and nursing care to people living in their own homes. At the time of this inspection nine people were receiving the regulated activity of personal care and nursing care from the service. 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.

### People's experience of using this service and what we found

Improvements had been made in the recruitment of staff and in the governance systems which monitored how the service recruited staff. There were enough experienced staff to meet people's needs. Safe recruitment practices were followed and appropriate checks completed to ensure that only suitable staff were employed.

People, relatives and health care professionals spoke positively about the service Edith Healthcare Ringwood provided. People received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people needed and provided this with care and compassion.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice. Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection.

Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed.

Staff received induction and on-going training and support that enabled them to carry out their roles effectively.

Close working partnerships with other agencies and health professionals had been formed which ensured people received appropriate care and support.

People and relatives knew how to raise any concerns and felt they would be addressed appropriately.

There was a system of ongoing monitoring through audits and spot checks to review the quality of the service provided.

People, staff and relatives expressed confidence in the management team. People felt the service was well led and specifically praised the service given by the registered manager.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 18 June 2019) where a breach of regulation relating to recruitment was identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions, safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edith Healthcare Ringwood on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Edith Healthcare Ringwood

## 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 team consisted of one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means 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. This was because it is a small service and we needed to be sure that the registered manager would be in the office to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with eight people and their relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the deputy manager, two care co-ordinators and a

care worker.

We reviewed a range of records. This included three people's care records and their medication records. We looked at three staff files in relation to recruitment, induction and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought written feedback from two health and social care professionals who regularly liaised with the service. We considered their feedback when making our judgements in this report.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure staff recruitment was robust. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment practices were safe. The relevant checks such as employment references, health screening and a Disclosure and Barring Service (DBS) check had been completed before staff supported people in their homes. The DBS checks staffs' suitability to work with people in a care setting.
- Support was provided by a consistent, small team of experienced staff who knew people well and knew how they preferred their care and support to be given. One relative told us, "They are excellent, I've had several agencies in the past and Edith are the latest and I have to say they are the best." Another person told us, "I've found them extremely helpful, and I mean that sincerely. I know when they are coming, and I know them all well... I've never had any missed visits. I do have their number and if I need to ask them anything I can. I think they are doing a good job and they are doing very well."
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. A relative told us, "[Registered Manager] had to come out to visit [person] in an emergency, she took control sorted everything and was really helpful. She spent the night with [person] to make sure she was safe... I really can't fault them at all, I'm very happy with them."
- Rotas showed suitable times for travelling between visits was given. Staff confirmed travelling times were effective and they were given enough time to complete their visits without being rushed.

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

- Staff understood their role in protecting people from abuse and had received appropriate training on safeguarding adults.
- The registered manager and care staff had a good knowledge of safeguarding processes and understood how to raise concerns with the local authority.
- Every person we spoke with told us they felt safe with the care they received and the staff that supported them. One person told us, "I know all the girls that come, its usually the same girls at the same time, they are excellent, they are all very good... I feel safe and I tell them I feel safe, I am confident with them and that's helping me with my confidence, so that's good."

### Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks in relation to people's care and support needs such as falls, skin integrity, medicines and nutrition and hydration. Specific risk assessments relating to COVID-19 had been completed; these were detailed and thorough.
- Risks for people were individually assessed and managed. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. Staff understood the actions they needed to take to minimise the risk of avoidable harm.

### Using medicines safely

- People received their medicines when they were needed and in ways they preferred. There were systems in place to ensure this was done safely.
- A person told us, "They also help with my medicine and they make sure I have a new prescription when I need it. Some pills are very small so they help me with them." A relative told us, "I know they helped [person] with their medicines making sure he took the right ones at the right time. He is safe."
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.
- Where people were prescribed medicines they only needed to take occasionally, there was guidance for staff to follow to ensure those medicines were administered safely.

### Preventing and controlling infection; Learning lessons when things go wrong

- Everyone we spoke with told us the care staff wore personal protective equipment (PPE), which included masks, gloves and aprons, and staff regularly washed their hands.
- People were protected from the risk of infection because staff were trained in infection control and were supplied with PPE. PPE was used to prevent the spread of infections and staff were clear on their responsibilities with regards to infection prevention and control. Staff were able to collect PPE from a stock held at the office.
- One staff member told us, "We have loads of PPE, I've had no concerns about PPE. None of our clients caught COVID-19. We have extra protection in place if needed such as FP3 masks. We have aprons, gloves, masks, shoe covers, face shields and hand sanitiser."
- There was a system in place for recording, reviewing and analysing accidents and incidents. This meant any emerging themes or trends could be identified and lessons learned.
- Learning was shared through communication updates, team meetings and supervision sessions.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the open, honest and supportive management structure that was in place. A person told us, "I think the service is well led, we are very happy with everything." A relative told us, "They are absolutely brilliant. [The manager] is brilliant she keeps me informed and up to date, I'm involved when I need to be." Another person told us, "They [staff] are always happy, they love their jobs they are never any different, always happy I couldn't get better carers."
- Health care professionals expressed confidence that the service was well run. A health care professional told us, "I have had only positive experience when procuring services from Edith Healthcare. The management and staff are always helpful, efficient and knowledgeable. Edith Healthcare have always responded in a timely manner and whenever we have had reason to discuss a client, the queries or need to change provision has been dealt with professionally and always at the best interest of the client."
- Staff benefitted from supportive leadership and oversight. Staff understood what was expected of them and demonstrated motivation, enthusiasm and a commitment to deliver the best care that people required. A member of staff told us, "We are the type of people who see our clients as family members. We also have good rapport with family members as well, we do what we can to meet their needs 100% as if they are family." Another member of staff said, "We put the care in health care. We know our clients personally they are like family members... The service has a caring principle, the care extends to the staff as well. I feel very supported, communication and collaboration is top notch."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their roles and responsibilities. People and staff felt there was a clear management structure in place and that action was taken when issues were raised. One relative told us, "They listen if I have concerns. [Manager] often touches base with me to check how things are, it is definitely well led."
- There were a variety of systems in place to ensure the quality of the service provided to people was continually monitored. These included spot checks, supervisions and ongoing training sessions for staff.
- The registered manager understood the requirement to notify CQC of significant incidents and events. Legal requirements such as displaying the rating from the last inspection were met.
- The duty of candour was understood by the registered manager and management team. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- People and relatives told us they were able to contact the management team when they needed and were encouraged to express their views and suggestions about the service. People were able to discuss their care via face to face meetings with staff, surveys and reviews of their care. This information was used to improve the service and to highlight good practice.
- There was a system of quality assurance questionnaires in place for obtaining the views of the service from people and relatives. Comments included, "This company is good for me" and "The best service I have ever known".
- People, relatives and staff felt confident their views would be listened to and acted upon. One person told us, "They always ask me if there is anything more they can do when they leave. The visits are not rushed, they make sure everything is done, I can't complain at all."
- Staff meetings were held to keep staff up to date with changes and development within the service. Meeting minutes were completed and made available for all. This ensured any person that had been unable to attend had sight of the discussions that had taken place.

Continuous learning and improving care; Working in partnership with others

- We made a recommendation at the previous inspection around ensuring the registered manager had access to regular clinical or professional supervision. This was in place and the registered manager had a suitable programme of support.
- The registered manager supported the development of staff. There was a commitment to learning and making improvements to the service people received.
- There was a process of continual improvement and quality assurance in place. Regular spot checks and observations were conducted on staff to ensure they were following their training and meeting people's needs.
- Audits were completed on care plans, medicines, infection control and health and safety to monitor the quality of service being provided.
- The service had established working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.
- The registered manager kept up to date with learning and changes in care practice to ensure they and their staff delivered good quality care. The registered manager had established links with the local authorities and provider forums, where they were given opportunities to share best practice.