

Eureka Care Services Limited

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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

About the service

Eureka Care Services Limited is a domiciliary care service providing personal care to people living in their own homes in the community. When we inspected, they were providing the regulated activity of personal care for 12 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider had significantly improved their recruitment and governance systems since the last inspection in March 2019. Regular checks of key areas had been introduced, and strengthened, which helped to ensure improvements were sustained and any identified shortfalls were effectively managed in a timely manner.

People had safe and effective support from a team of care workers who received appropriate training and support. People were protected from harm because the provider had a robust recruitment process and staff received training in how to recognise and report abuse. People's care calls took place in a timely manner and there had not been any missed care calls. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The management team took appropriate actions following any incidents and learning was shared with the staff team.

Before care delivery started, assessments of people's needs were undertaken to help make sure those needs could be met by Eureka Care Services Limited. Care plans were developed from these assessments for each identified need and staff had clear guidance on how to meet those needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives praised the kind and caring nature of staff. People received consistent care from a small team of staff. Staff helped to relieve people's distress and discomfort, and supported people to maintain personal relationships. People knew about their care plans and could decide what care and support they received. People's care was arranged in response to their identified needs. This was kept under review and updated as and when needed.

People told us they would be confident to raise any concerns with the management. Everyone we spoke with during the inspection was satisfied with the care and support they received. People, their relatives and staff members spoke highly of the registered manager and said they were always available and supportive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 14/03/2019). The provider completed

an action plan after the last inspection to show what they would do and by when to improve.

Since this rating was awarded the service has moved premises. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Eureka Care Services Limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 March 2020 and ended on 18 March 2020. Due to the social distancing measures in response to the Corona virus outbreak we were not able to meet with the registered manager face to face. However, we conducted a telephone conference on 18 March 2020 to obtain the registered manager's feedback and to provide an opportunity for them to contribute to the inspection process.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 four people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager. We reviewed a range of records. This included two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures, training records, audits and meeting minutes.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we could not determine if staff had been employed safely because not all recruitment records were available for inspection. This was a breach of regulation 19 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.

- Due to social distancing and travel restrictions as a result of the Corona virus outbreak, we were not able to physically attend the agency office to review recruitment records. However, the registered manager provided electronic evidence for four staff members to evidence that appropriate recruitment checks had been completed in line with regulations.
- Staff confirmed they had not been able to start working with the agency until all satisfactory checks had been received.
- People told us there were enough staff deployed to meet their needs and there had not been any missed care calls since the last inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to help protect people from the risk of harm or abuse. Staff received training and were confident about how they would report any concerns both internally to the service management and externally to local safeguarding authorities.
- The registered manager understood their responsibilities to safeguard vulnerable people from abuse and sent us statutory notifications to inform us of any events that placed people at risk.
- People and their relatives told us that staff provided safe care for people. A person told us, "I definitely feel safe when the staff from Eureka are with me because they are always so kind and attentive."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures developed to remove or reduce the risks. Risk assessments allowed for positive risk taking and enabled people to stay as independent as possible within the confines of their health needs.
- Risk assessments were kept under review to help ensure people's safety was promoted.
- The provider helped ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events.

Using medicines safely

- People were prompted to take their medicines regularly however, the staff team at Eureka Care Services Limited did not administer any medicines for people at the time of this inspection.

Preventing and controlling infection

- Staff were provided with training and personal protective equipment such as gloves and aprons to help promote effective infection control.
- People and their relatives told us that staff promoted good hygiene practices.

Learning lessons when things go wrong

- The registered manager took appropriate actions in response to complaints and learning was shared with staff. No accidents or incidents had occurred since the service began but we were assured that the registered manager would take quick and effective action.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service. Assessments detailed people's support needs and their individual preferences in areas such as oral care, moving and handling, nutrition and hydration needs and environmental factors. These assessments formed the basis of people's care plans and risk assessments.
- At the last inspection we had received feedback about late care calls, people had told us they had not always received their care calls at the agreed time. At this inspection people told us this was no longer a concern. One person said, "The staff do come on time and they have never missed a call." Another person told us, "They (staff) have always kept me well informed if they had to change any times or were running late."

Staff support: induction, training, skills and experience

- Staff received training in basic core areas such as safeguarding, moving and handling and the Mental Capacity Act. Staff had a good understanding of these topics.
- Staff received supervision and competency observations to help ensure that they had the knowledge and skills to perform their job roles. Staff told us the registered manager provided support for them 'out of hours' if needed.
- People and their relatives praised the staff team for their skills and knowledge. One person said, "I think they (staff) do know what they are doing." Another person told us, "The staff are skilled enough for my needs certainly."

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

- People told us they were supported by staff to maintain good nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and the registered manager worked well with external professionals for the benefit of people who used the service. These included GPs, occupational therapists and district nurses.
- The registered manager told us that they changed the times that people received their support so that they could support them to health appointments if this was the person's choice.
- Staff collected prescriptions and delivered people's medicines routinely.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us that staff always asked for consent before providing care and support to them.
- Before receiving a service, people had been asked for consent to be supported in line with their care plans and risk assessments.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this in to practice.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives praised the staff team for the care and support they provided. A person told us, "I do feel safe with the staff, it is because of their attitude towards me, it is so kind and caring."
- Staff and the registered manager had a good understanding of people they supported.
- The management team worked with external professionals to access equipment to promote a person's independence. The registered manager reported this achievement had enhanced the person's life.

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

- People told us they were consulted about changes to their care and that these were documented.
- In discussion with people who used the service and the registered manager, it was evident that people could make choices about the time their care was delivered, how it was delivered, and choices about the staff members delivering their care.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to support people and promoted people's independence.
- People and their relatives said that staff promoted people's privacy, dignity and independence. One person said, "They treat me with as much dignity as they can considering the nature of the job."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us the care they received met their individual needs. Care staff were able to tell us about the personalised care and support they provided for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was no-one using the service with communication needs at this time. However, the registered manager said that information could be provided in alternative formats such as large print if needed and that translation services would be accessed if information was needed in other languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to attend coffee mornings to meet their friends and to attend lunches with friends and families.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy. People and their relatives told us they had a copy of the policy in their homes to access if needed.
- People and their relatives told us they had not raised any concerns but would be confident to do so should the need arise. One person said, "I have never had to raise a concern, but they seem to be the kind of people who would listen and do something about it." Another person told us, "I have never had to make a complaint. Good gracious no, I like them a lot."

End of life care and support

- Staff knew how to support people at the end of their life. The registered manager advised that some of the staff team had received End of Life training and that this was due to be rolled out across the whole team.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Good

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 now 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.

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

At the last inspection we identified a lack of management oversight in relation to people's dissatisfaction with late calls and a failure in the auditing systems in relation to recruitment. This was a breach of Regulation 17 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 17.

- The registered manager and staff understood their roles and respected the impact that their roles had for people.
- The registered manager undertook audits in areas such as care plans, medicines and staff files. Spot checks were undertaken of staff providing care in people's homes; infection control and moving and handling practice was monitored at these spot checks. This assisted the registered manager to have a clear overview of the service they provided for people.
- The registered manager reported all notifiable incidents to the appropriate authorities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had a good understanding of their legal and ethical responsibilities towards the people they supported and had a passion for delivering person-centred care.
- The registered manager advised that the ethos of the service was to deliver person-centred care, to be friendly and caring and to create trust. They told us, "I want people to be confident to recommend Eureka Care Services and to see us as someone they can rely upon."

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

- People and their relatives gave positive feedback about the registered manager. One person said, "I think the service is very well-led. They (staff) are on time, they turn up, I have never had a problem." Another person told us, "I would recommend Eureka Care based on my experience so far."

- Regular staff meetings were held to support the management team to have a good overview of the service and for staff to have any messages cascaded to them. Staff were positive about the management of the service. A staff member said, "I would definitely recommend the agency to anyone looking for work or for care in their home."
- Regular feedback was gathered from people and their relatives both formally via questionnaires and informally when changes happened. The registered manager had previously used a local care provider association to gather people's feedback. The most recent survey had been conducted directly by the registered manager who felt that people may give more candid feedback to an external body. They stated they intended to use the care provider association for future quality assurance surveys.

Continuous learning and improving care

- Learning was taken from incidents to improve people's experience of care. For example, the registered manager had identified issues where staff gave very short notice when they needed to cancel shifts. This was addressed with the staff at a meeting and tighter protocols were introduced in order to promote the safety and wellbeing of people who used the service.
- The registered manager kept up to date with changes to legislation and regulation within the sector by attending quarterly networking meetings with a local care provider's association.

Working in partnership with others

- The registered manager worked with other professionals to achieve good outcomes for people. For example, the registered manager identified that a person was at significant risk of a fire in their own home. A representative from the fire service visited with the registered manager to advise the person about the risks and to suggest equipment to help mitigate the risk.
- A person's mobility had been poor which meant they had not been able to leave their home for some time. The registered manager contacted external professionals to arrange for an assessment to be done. As a result of this the person was provided with an electric wheelchair and is now able to access the community independently.