

Eden Ivy Care Limited

Eden Ivy Care Ltd

Inspection report

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19 September 2023

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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

Eden Ivy Care Ltd is a domiciliary care service providing personal care and support to people living within their own homes. Not everyone using Eden Ivy Care Ltd may receive a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the service was providing care and support to 42 people.

People's experience of using this service

People and their relatives spoke positively about the service they received. Safeguarding policies and procedures were in place and staff had a good understanding of them. Safe recruitment checks took place before staff started work. There were enough staff to meet people's needs appropriately. Risks to people were assessed and there were systems in place that ensured medicines were managed safely. Procedures were in place to reduce the risk of infections and staff had enough personal protective equipment.

Assessments of people's needs and wishes were completed and reviewed. People received support to maintain good health and to access services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported by staff who were kind and who understood their diverse needs. People's communication needs were assessed and met. People knew how to make a complaint if they were unhappy with the service.

There were systems in place that provided oversight and good management of the service to monitor the quality of care that people received. The service worked in partnership with health and social care professionals. People's views were taken into account and the provider used feedback to help drive service improvements.

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

Rating at last inspection

The last rating for this service was good (published 19 November 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Eden Ivy Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 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 care service.

Service and service type

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

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager would be present and available to speak with.

Our inspection activity started on 14 September 2023 and ended on 19 September 2023. We visited the office location on 14 September 2023.

What we did before the 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met and spoke with the registered manager who is also the provider, the training manager, care supervisors, senior care workers, care workers and administration staff. We spoke with 6 people using the service and 8 relatives of people using the service. We reviewed a range of records including 9 care plans and care record and 6 staff recruitment and staff training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring tools and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe with staff and had no concerns about the care and support they received. A person said, "I have a number to ring if I have any concerns but I'm very safe as we get on very well, they [staff] are chatty but not intrusive." Another person told us, "Yes, very safe, we get on very well and they [staff] are very competent, the caring can't be faulted."
- Safeguarding policies and procedures were in place and staff were trained and competent in recognising and reporting signs of potential abuse. One member of staff commented, "We have very good training and are well supported and encouraged to report any concerns."
- The registered manager knew how to report allegations of abuse to the local authority and the CQC where required. They worked effectively in partnership with local authorities and agencies in reporting and investigating allegations of abuse. The registered manager told us they had received the 'Safeguarding Excellence Award 2023' for a second year in a row.

Using medicines safely

- Medicines were managed safely. People received support to manage their medicines as prescribed. A person told us, "The carers do the tablets at breakfast and evenings and never miss, they are absolutely brilliant!"
- Staff had received training in administering medicines and their competencies were routinely assessed to ensure safe administration.
- Care plans contained medicine risk assessments, administration records and PRN (as required) protocols and to capture information relating to people's medicines and medical conditions. Medicine administration records were completed correctly and in line with best practice guidance.
- Regular medicines audits were carried out to maintain safe practice and effective action was taken when identified.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed and people were supported to keep safe from the risk of avoidable harm. A person told us, "I use a walking frame to get around safely. I was involved in my care plan with my [relative] and [registered manager]."
- Risks to people were identified, assessed and documented to ensure their safety and well-being. Care plans documented individuals identified risks to help staff minimise and mitigate them when providing care and support. Risk assessments provided staff with up to date information and guidance on how risks should be managed; for example, when supporting people to safely mobilise with the use of equipment.
- Staff monitored and reviewed risks to people to ensure their care and support remained safe and met

their needs. We saw changes in people's needs were effectively communicated and senior staff ensured people's care plans were adapted and updated as required.

- Home environmental risk assessments were carried out in people's homes to ensure everyone's safety. These reviewed any hazards within the home and confirmed actions were taken where required.

Learning lessons when things go wrong

- There were systems to manage, monitor and support learning from accidents, incidents and safeguarding.
- The registered manager understood the importance of reporting and recording accidents and incidents and how best to respond.
- Records showed staff identified risks and understood the importance of reporting and recording incidents. Staff took appropriate actions where required to address incidents and sought support from health and social care professionals when required.

Staffing and recruitment

- There were enough staff at the service to meet people's needs appropriately and effective systems were in place to monitor care calls in the event of late calls or staff absence. A person told us, "They've [service] got enough staff and we get on very well. They [staff] are mostly on time and the office would ring me if they were running very late." A second person said, "There seems to be enough staff as the carer comes once a day. They [staff] do occasionally forget to let me know that they have changed my schedule, they used to always inform me, they always let me know if they are running late and always turn up."
- Staff told us they felt there were enough staff to meet people's needs safely. Comments included, "We have enough time to complete care tasks and to get to the next call. If there isn't enough time this can be raised and times adjusted", and, "Yes, we have enough staff and always have enough time to spend with people."
- The provider used an electronic call monitoring system (ECM) which logged when staff arrived and left people's care calls. This ensured people received their support when requested and planned for. We saw the providers ECM system was effectively operated and managed by office staff. Prior to our inspection we requested the providers ECM data so an analysis could be conducted. We analysed the call data for the months of June till August 2023. We noted that 82% of calls were delivered on time and or within 15 minutes of people's planned care.
- Arrangements were in place to deal with emergencies and to ensure management support and advice was available to staff out of office hours when required.
- Staff were safely recruited and pre-employment checks were completed before staff started work. Checks included employment history, identification, references, right to work in the United Kingdom, registration of the UK Sponsorship Scheme and criminal records checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of infection.
- Personal protective equipment (PPE) such as facemasks and gloves were made available to staff.
- Staff had completed training on infection prevention and control.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment where this was requested.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 using the service to ensure they could be appropriately met.
- Assessments evaluated and documented people's needs, wishes and preferences and covered areas such as physical and mental health, medicines management and nutrition and hydration amongst others. A person told us, "Yes, I was fully involved in the planning of my care."
- People's diverse needs were assessed and supported where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexuality and race. A member of staff told us, "I am a caring person and recognise the vulnerabilities of people. Calmness, patience, the importance of listening, treating people with dignity and respect. I take account of all the client's backgrounds and working life."

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

- People's nutrition and hydration needs and preferences were met and supported by staff where this was part of their plan of care.
- People and or their relatives told us staff supported them when required. Comments included, "They [staff] make me a sandwich. I do my own meal in the evening", "I get toast on a morning, sandwich at lunchtime and in the evening they [staff] put a dinner in the microwave (generally something lovely)", and, "I let them [staff] make me breakfast and they even get me milk if I need it."
- Care plans documented people's nutritional needs, meal preparation requirements, known allergies, risks when eating and any special dietary and or cultural requirements.
- Staff received training on food hygiene, diet and nutrition and infection control and prevention.

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 MCA 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 were consulted and supported to make choices and decisions for themselves. Comments included, "They [staff] always ask for my consent", "They [staff] always ask consent from [relative] as [relative] can't get into the shower alone, they keep [relatives] dignity", "They [staff] always ask for consent and always tell [relative] what they are going to do", and "They [staff] always ask consent and say things like 'we are going to help you now, is that okay.'"
- Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- Staff received training on the MCA and understood the principles and application of these in practice.
- Care plans documented people's choices and decisions made about their care.

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

- People were supported to access health and social care services where needed. People and their relatives told us staff were alert to any changes in their needs and staff supported them to seek appropriate help. A relative told us, "They [staff] helped get the district nurse and also helped [relative] get equipment that we needed."
- Staff knew the people they supported well and monitored their well-being at each visit, documenting any issues or concerns. Staff knew how to respond in a medical emergency and had completed appropriate training such as emergency first aid.
- The service worked collaboratively with external professionals and agencies to ensure people's needs were met. The service shared information with relevant agencies effectively to provide joined up care for people.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs. A person commented, "They [staff] are well trained, the new one's come and shadow the experienced one's." Another person said, "They [staff] seem very well trained and always ask for my consent."
- Staff were supported through an induction programme, regular supervisions, spot checks, staff meetings and on-going training.
- Staff were knowledgeable about the people they supported and received appropriate training to meet their needs. Training was provided in areas such as health and safety, moving and handling, equality and diversity, and dementia care amongst others.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 were supported by staff that treated them with kindness and respect. People and their relatives spoke positively about staff and the support they provided. Comments included, "They [staff] are all brilliant especially as [relative] is quite difficult, they are amazing with [relative]", "We both feel listened to", "They [staff] are very friendly and helpful when needed", and "The regular carer's are very kind and patient."
- Staff had built respectful relationships with people and their relatives. Staff understood the importance of working within the principles of the Equality Act and supported people in meeting their diverse needs in relation to race, disability, sexual orientation and religion. Systems and policies were in place to protect people from discrimination and to ensure their human rights were upheld.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted and supported their independence and treated them with dignity.
- Staff ensured people's confidentiality was maintained. People's information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

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

- People and their relatives where appropriate, were consulted and involved in making decisions and choices about their care and support.
- People's views and choices were sought and documented within their plan of care. Care plans were reviewed on a regular basis to ensure individual needs and wishes were met and respected.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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; end of life care and support

- Care was personalised to meet people's needs and preferences. A relative commented, "They [staff] never rush [relative] and they listen as [relative] tells them how things are to be done. They know our faith." A person told us, "I get plenty of time and we [staff] have a chat. The majority of staff are Indian but we can communicate."
- Care plans documented people's physical, emotional and mental health needs as well as their personal history, lifestyle preferences and the things that are important to them. Care records were maintained on a regular basis to ensure people received their care and support as agreed and planned for.
- People had choice and control over their daily lives and staff respected and supported their decisions and wishes.
- At the time of our inspection no one using the service required end of life care and support. However, care plans allowed for people to document their end of life care wishes, should they choose to share this information. A person commented, "Yes, we've had a nurse come visit and we talked it over."
- Staff had received end of life care training to ensure they had the knowledge and skills to support people appropriately where required.

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.

- People's communication and sensory needs were assessed and documented to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and the service produced information in different formats upon request that met people's needs. For example, easy to read or large print.

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

- People were supported to maintain hobbies and interests where this was part of their planned care. The service provided social calls which included support with shopping, accessing the community and domestic support.

Improving care quality in response to complaints or concerns.

- There were systems in place to manage, monitor and respond to complaints appropriately in line with the providers policy.
 - People were provided with a copy of the providers complaints policy when they started using the service.
- A person told us, "No complaints so far but I've only been with them for a short while." Another person commented, "No complaints at all, but if I had a problem, I would talk to them on a one to one basis."

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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; 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 service was well led and people received care and support from staff who had the knowledge and skills to carry out their roles. Feedback from people and their relatives about the registered manager and the management of the service was positive. Comments included, "I would certainly recommend, no one is perfect 100% of the time and you hear some 'funny stories' about carer's but these are professional and definitely above average" "I can't fault them and [manager] is very approachable. Yes, I would recommend without a shadow of a doubt, no reason not to" and, "It's very well run and [manager] is always available."
- The registered manager was actively involved in the day to day running and delivery of care. They were aware of their responsibilities under the Duty of Candour and were openness and transparent throughout the inspection. The Duty of Candour is a regulation that all providers must adhere to.
- Staff were supported and received relevant training and regular supervision. Staff told us they were able to contact management for support and seek advice when needed. A member of staff commented, "I feel very supported. [Manager] is very supportive and there is always someone in the office to help when needed."

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the quality and safety of the service. Checks and audits conducted included, care records, medicine management, safeguarding, accidents and incidents, staff records and staff spot checks within the community amongst others.
- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.

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

- There were systems in place to seek the views of people, their relatives where appropriate and staff through accessible means. These included reviews of people's care, telephone monitoring, staff spot checks, and satisfaction surveys.
- The service produced a weekly newsletter for staff. These contained useful information and guidance such as, covert medicines administration and dementia care.

Working in partnership with others

- The service worked effectively with health and social care professionals to ensure people received good care. When required staff worked and communicated with professionals such as, GP's and community nurses to ensure people's needs were met appropriately.