Eagle Care Alternatives Ltd

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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

Overall summary

This inspection took place on 16 and 18 November 2015 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be at the office.

Eagle Care Alternatives Ltd is a domiciliary care service providing care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provides care and support to people living in Leicester and Leicestershire. At the time of our inspection there were 15 people using the service.

Eagle Care Alternatives Ltd had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe with the care staff and the support they received. Care staff were confident to report any concerns about people's safety, health or welfare to the registered manager or to the relevant external agencies.

People were involved in making decisions about their care and support needs and in the development of their care plan. Potential risk to people's health had been assessed and measures in place were detailed in the care plans for care staff to refer to.

There were sufficient numbers of care staff employed who had undergone a robust recruitment process before they worked unsupervised with people who use care services.

People were prompted to take their medication where their plan of care had identified that the person required support. We found people's medicines were managed well.

Care staff had received induction and training that equipped them to support people safely. However, the staff training records were not reflective of the training completed. The registered manager told us that all staff involved in care were required to complete the mandatory training this month and start the new Care Certificate training to ensure their knowledge was kept up to date. All staff were supported through unannounced spot checks. Staff meetings and supervisions were being planned to provide continued support for all staff.

People made decisions about their care needs and support needs. Care staff sought consent before they were helped and that staff always respected their choices and decisions.

People's plans of care reflected the support they required and where appropriate social support, which helped to ensure people, received effective care which recognised and promoted their independence.

Care staff supported some people with their meals and drinks in order that they maintained a balanced diet. People were supported with grocery shopping, meal preparation and cooking.

Care staff supported people to liaise with health care professionals if there were any concerns about their health.

People told us that they were happy with the support they received and that they had regular care staff, and had developed positive relationships with them. People were complimentary about the care staff and found them to be kind and caring. People's privacy and dignity was maintained, their choice of lifestyle was respected and their independence was promoted.

Care staff were knowledgeable about the needs of people and took account of their preferences such as times, cultural and diverse needs. People told us care staff arrived on time and stayed for the agreed length of time in order to ensure they were safe and their needs were met.

People told us they were aware of how to raise concerns. They were confident that any concerns raised would be responded to by the registered manager and the provider.

People who used the service and relatives told us that their views about the service were sought regularly. People told us that they were happy with how the service was managed.

There were systems in place to assess and monitor the service, which included checks on care staff delivering care and review of people's care. People told us that regular home visits were carried out by the management team who checked on their wellbeing and also monitor the care and support provided by the staff.

We received positive about the care and the management of the service from social workers who had been involved in commission services for some people who used the service.

Summary of findings

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.

People told us they felt safe using the service. Care staff knew what to do if they had concerns about the safety and wellbeing of people who they supported.

Risk to people's health had been assessed and measures were in place to ensure care staff supported people safely.

Safe staff recruitment procedures were followed and there were sufficient numbers of staff available to meet people's needs.

People were prompted to take their medicines where it was required.

Good

Is the service effective?
The service was effective.

People were supported by trained care staff who understood the needs of people and how to support them. Additional training was planned to ensure staff's knowledge, training and practices was up to date.

People's choices and views were respected and consent to care and treatment was sought.

People were provided with the support to ensure their dietary requirements were met.

People were supported to access and liaise with the health care professionals when needed.

Good

Is the service caring?
The service was caring.

People told us all the staff were caring, kind and supportive. People were treated with dignity and respect.

People were involved in making decisions about their care and support needs and in the development of their care plans.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed before receiving a service. Care staff provided the care and support that was personalised, which took account of people's preferences and individual needs whilst promoting their independence.

People felt confident to complain and were confident that their concerns would be listened to and acted upon.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People were satisfied with how the service was managed.

A registered manager was in post. They provided staff with appropriate leadership and support. The registered manager and staff understood their responsibilities and had a consistent view of providing a quality care service.

The provider undertook audits to check the quality and safety of the service, which included seeking the views of those who used the service.

Eagle Care Alternatives Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 16 and 18 November 2015 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) and provide us with the contact details for health care professionals involved in people's care. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the completed PIR.

We looked at the information we held about the service, which included 'notifications' of significant events that affect the health and safety of people who used the service. We also looked at other information sent to us from people who used the service, relatives of people who used the service, and health and social care professionals.

We contacted social workers who had commissioned services for some of the people who used the service and asked them for their views about the service. We received comments from three social workers.

We spoke with five people using the service and two relatives whose family members used the service. We also spoke with the registered manager, four care staff, a team leader, a care co-ordinator and operations manager.

We looked at the records of six people, which included their care plans, risk assessments and daily progress records. We also looked at the recruitment files of six members of staff, a range of policies and procedures, minutes of staff meetings, and information relating to the quality assurance.

We asked the registered manager to send us additional information in relation to staff induction, training and support planned and confirmation of reviews of people's care needs. This information was received in a timely manner.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, "I'm quite safe with them [care staff] here at home." Another person told us they felt safe with care staff who supported them with their personal care and when shopping and attending church services. They went on to say that they felt safe because they knew the care staff were there to look after them and help keep them safe.

The provider's policies and procedures for safeguarding (protecting people from abuse) and whistle-blowing told staff what action to take if they had any concerns about people's welfare or safety. We found the provider had followed the procedure and reported concerns to the relevant authorities and us, the Care Quality Commission when there were concerns about people's safety and wellbeing. They worked with the local authority and took steps to ensure the person's safety and wellbeing was protected.

Care staff told us they were trained in safeguarding procedures. They knew how to recognise signs of abuse and what their responsibilities were in raising concerns with the registered manager. All the staff we spoke with were aware of the whistle-blowing policy and were confident to report concerns about poor or unsafe practices which could put people using the service at risk.

Care staff were aware of how to respond to emergencies. One person told us that they would check the person was comfortable and would report the incident to the office and if necessary call the paramedics. Each person's care records had an emergency 'grab sheet' which contained all the relevant information such as the contact details for the person's GP, family, the person's medical history and their current medicines. Care staff told us they completed an incident form following any incident that affected the health and wellbeing of people. That included a body map where any injuries or marks could be recorded clearly. The care records we looked at showed these were completed accurately and the actions taken by the office staff when they were alerted to the incident. That meant arrangements were in place to ensure people's safety and wellbeing.

People's care records showed that their needs were assessed and identified risk such as moving and handling and falls had been assessed. In addition, risk assessments also covered risk within the home environment where the care and support would be provided and aspects of people's physical health and safety. Risk management plans described the role of care staff and ensured risks were managed. The plans of care provided them with sufficient guidance to follow in meeting people's needs safely whilst respecting the person's independence with regards to how their personal care was to be provided.

Care staff were knowledgeable about the needs of people and described in detail how they supported to keep them safe. Care staff were introduced to people before the first visit which ensured they were comfortable with them. The care staff were informed about people's needs and any specific requirements in relation their lifestyle, cultural or diverse needs. That helped to ensure any special instructions were known, including how to enter the person's home where a key safe was used.

People's safety was supported by the provider's recruitment practices. We looked at the staff records and found all relevant checks had been completed before care staff worked unsupervised. Those included health checks, confirmation of their identity and checks with the Disclosure and Barring Service (DBS), which helps employer's to make safer recruitment decisions.

We found there were sufficient numbers of care staff to meet the needs of people and to help keep them safe. People we spoke with told us they had regular care staff that were reliable. They knew to contact the service if staff did not visit or were late. One person said, "I've got regular carers and usually know whose coming on what days."

People we spoke with managed and administered their own medicines, some with support from their relatives, whilst others needed support from the care staff. One person told us that they were reminded by the care staff to take their medicines and handed them the dossett box containing medicines, which they took themselves.

Care staff told us that they were trained prompt people with their medicines and recorded that this had been done in accordance with care plans. People's plans of care detailed their current prescribed medicines and what support they required. This information was also included in the emergency grab sheet, which health care professionals would need to know when treating the

Good

Is the service safe?

person. Records showed care staff had signed to confirm that the person had been reminded to take their medicines. That meant people could be assured that they received appropriate support to maintain their health.

Good

Is the service effective?

Our findings

People who used the service and relatives told us they found care staff knew how to support them and had been trained to use equipment such as the hoist. One person said, "I don't like being hoisted but I know it's the safest way to help me. I pounce on them if I think it's not done correctly." This person went on to say that the care staff were competent and helped them with their daily care needs.

Prior to our visit we contacted social workers involved in commissioning care for some people who used the service and asked them for their views about the service and the care staff. They told us that when they visited people they had observed care staff supporting one person safely and used equipment such as the hoist and a standing aid correctly.

Care staff told us that the induction training they completed included practical training in how equipment was used. They also informed us they worked alongside an experienced care staff as part of their induction. Two care staff told us that they were trained in safeguarding procedures, infection control and end of life care. Another two staff told us they had started the new Care Certificate. The 'Care Certificate' recently introduced is a set of standards for care workers that upon completion would provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

We found the staff training records was not reflective of what the care staff and the registered manager had told us and the information sent to us by the provider before our inspection. We found training certificates in safeguarding (protecting people from abuse), autism awareness, and basic epilepsy awareness in the staff files. One care staff's file contained certificates for training completed, which included a recognised qualification in health and social care. The staff training matrix had gaps in training and was not up to date. For instance, the training matrix for 2015 showed no new staff had completed induction training or the mandatory training as per the provider's policy and procedure even though staff were recruited.

Care staff told us they felt supported by the team leader. They told us they could discuss their work, training and development needs with them as and when required. Whilst regular meetings were held with the office staff, the care staff did not have regular supervision or staff meetings. The last care staff meeting took place in February 2015 where the topics discussed included the rotas, spot checks carried out, training and the new Care Certificate. There were no other meetings, which meant care staff had little opportunity to be informed about training other than the information sent with the rotas, or to make suggestions and raise issues which could affect people using the service.

We discussed our findings with the registered manager along with what the provider's plans to increase the frequency of staff supervision and spot checks carried out. They told us that action would be taken. Following our visit the registered manager wrote to us and told us that all care staff would complete the mandatory training week commencing 23 November 2015 and the Care Certificate. In addition, they confirmed a meeting had been planned for 25 November 2015 for all care staff and thereafter meetings would be held every three months.

People told us that care staff always sought consent before they were helped. People were aware of their plan of care which they had agreed to before the service started.

We spoke with care staff about how they supported people to make their own decisions about the care and support they received. One care staff told us that they always asked the person if they were ready to be assisted. Another told us that they sought consent from a person with limited speech by recognising words or gestures used to indicate consent given or not. That showed care staff supported people only when they were permitted to do so.

The provider's policies and procedures for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were up to date. The MCA is a law about making decisions and what to do if people cannot make some decisions for themselves. DoLS are part of the Act. They aim to make sure that people receiving care are looked after in a way that does not unnecessarily restrict them or deprive them of their freedom.

The registered manager understood their responsibilities under the MCA and DoLS. They assured us that that all staff would be required to complete training in MCA and DoLS as part of the mandatory training this month.

People told us that they made decisions about their plan of care. People's plans of care showed that the principles of the MCA had been used when people's ability to make

Good

Is the service effective?

decisions had been assessed. We found the provider was complying with a Court of Protection order for one person, which was granted by the appropriate authority to ensure that the person received the care and support they required.

We found that not everyone had signed consent forms in their plans of care. When we raised this with the registered manager, they assured us that action would be taken and had started to contact people to ensure their plans of care were discussed and signed.

One person told us that staff prepared their meal, which was to their liking. They said, "They [care staff] offer me a choice of meals in the fridge and prepare them in the microwave. They know what I like to eat for lunch and tea." A relative spoke positively about how care staff supported their family member with their meals.

Information about people's dietary requirements and preferences were detailed in their plans of care. Two care staff told us they were trained by the health care professional in how to support and use a feeding tube where a person was unable to swallow food. They described in detail the steps taken which was consistent with the guidance detailed in the plan of care for this person.

People told us that staff supported them to maintain their health and wellbeing. A relative told us that care times were flexible to enable the person to attend health appointments. Care staff told us that they supported people to liaise with health care professionals if they became unwell.

Good

Is the service caring?

Our findings

All the people we spoke with told us that the care staff were kind and caring. One person who was supported to go shopping said, "The staff are really friendly, make you relaxed and safe when you're out and about." Another person told us they have two regular care staff and said, "They're very caring, polite and go out of their way to help. They listen and know I like to have company and to talk."

People told us they had developed good relationships with their care staff. All the people and relatives we spoke with said they had the same group of care staff who were reliable, consistent and understood their needs and preferences. One person told us that had asked to be supported by female care staff only and were happy with the care staff they had. Care staff told us that the introduction meetings helped them to know about people's needs and any special requirements. They told us they enjoyed their work in looking after people. One care staff said, "It's like looking after your own family member."

People told us that they received a folder which contained a copy of the service user guide and their care plan. There was also a range of information about the service including the types of care and support provided, how people's views would be sought, and how to report concerns or make a complaint. The registered manager told us they had links with the local advocacy services and this information would be provided to people should they need support to make decisions or raise issues of concerns.

The information sent to us by the provider prior to our inspection stated that the service ensured care staff that supported people whose health had deteriorated or were on palliative care were trained to provide 'end of life' care. At the time of our inspection the service was not supporting anyone on end of life care.

We asked people about their involvement in the review of their care plan. One person said they had been regularly asked if the care and support provided was appropriate. A relative told us that a review meeting was held because their family member's needs had increased. Their new plan of care reflected how those additional needs were to be met by the care staff.

Care records we looked at contained information about people's interests, backgrounds, their likes and dislikes. The daily progress reports completed by the care staff showed people made daily decisions about their care and support. Two care staff we spoke with were knowledgeable about one person's care needs, which was consistent with the records that we looked at. They were able to describe in detail the person's interests, which they talked about when they were supported. That showed the care staff had spent time with people who used the service getting to know the person and their interests.

One person described how the care staff helped them to maintain their dignity when they were supported with their personal care. Another person said, "They close the door and draw the curtains shut before I get ready for a shower" A relative told us that the care staff always showed respect towards their family member's privacy and dignity and that they respected the fact they were supporting people in their own home. That showed that care staff respected people's dignity and privacy.

Care staff told us that they received training in the promotion of people's privacy and dignity. This helped them to make sure they supported people in a respectful manner which took account of their diverse and cultural needs. Care staff referred to the care plan to ensure they understood how people like to be supported. They gave examples of the steps taken to maintain a person's dignity when they were supported to maintain their personal hygiene and the support with daily living tasks to help maintain their independence. That was consistent with what people who used the service and relatives had told us.

Good

Is the service responsive?

Our findings

People told us they had been involved the development of the care plans and confirmed the support provided was as agreed. They all told us that they were introduced to at least two care staff to ensure they were comfortable with them. One person told us that at the introduction meeting they discussed the help they needed and were also asked about the preferred times and any special requirements. They said, "I told them I only wanted female staff and I'm happy with ones that come."

Care records we looked at showed the people's assessment of needs had been carried out and the information was used to develop their plans of care. One person told us that they had the opportunity to tell the registered manager about their specific requirements in order for their support to be tailored to their needs. Care plans we read provided care staff with information about the person, their needs, lifestyle choices and cultural needs such as the preferred times to receive the support and specific any requirements such as dietary requirements or support to access community and social facilities.

People told us that care staff were reliable, arrived on time and met their needs as per their agreed care plan. One person said, "I know whose coming each time. They are always on time and I never feel rushed." A relative said, "My [person's name] received the best care she could have. I know I can call on them whenever I feel I may need help from them." Care staff told us they looked after the same group of people to ensure they received continuity of care and support. They felt the length of calls times were adequate and were confident to request a review if more time was needed to safely meet the person's needs.

Two people were supported with their social interests and what was important to them. For instance, one person told us that staff supported them with their shopping, to attend religious services and mass. The daily progress reports completed by the care staff showed the support provided, which was consistent with the person's care plan.

One person told us that their family member's care needs had been reviewed by the registered manager. Another person told us that the office staff carried out unannounced visits otherwise known as 'spot checks' to ensure that care staff supported people correctly in line with their plan of care. Those visits also provided the office staff with an opportunity to review people's care needs.

Care records we looked at did not show people's care needs were reviewed regularly. The registered manager told us that they people's needs were reviewed when staff reported changes. That meant there was no system of checking that the plan of care and support put in place was appropriate, which we raised with the registered manager.

By the following day of our visit the registered manager had confirmed reviews would be completed every three months as a minimum and had developed a review document where the discussions and decisions made would be recorded. This meant that people could be confident that the care they received would be tailored to their needs, monitored by a team of consistent staff and regularly reviewed by the registered manager.

The registered manager along with the team leaders and the care co-ordinators provided the on-call service and had access to information should they need to call upon another care staff to cover the call in an emergency. People told us that the on-call staff were responsive to their concerns.

Care staff received information about the needs of people before the first visit. A copy of the care plan was kept in the person's home along with the daily progress reports completed by the care staff after each visit. Care staff told us that they read the care plan and the daily progress reports to make sure there were no changes to the care and support to be provided. The daily progress reports showed the support provided was consistent with the care plans, which meant people's needs were met and their independence was promoted.

We spoke with people who used the service and relatives and asked them what they would do if they had concerns. They told us they would speak with the registered manager. One person said, "I'd be the first to complain to the manager if something was not right." Another said, "I'm very happy with this agency otherwise I wouldn't be using them for this long."

The complaints procedure was included in the care file kept in people's homes and included the contact details for

Good

Is the service responsive?

the local authority, Care Quality Commission, the Local Authority Ombudsman and the advocacy contact details, should people need support to make a complaint. There was a system in place to record complaints.

The information sent to us by the provider prior to our inspection stated the service had received a complaint. The records showed the complaint had been investigated and concluded in line with the procedure.

We, the Care Quality Commission, had received information of concern which we considered as part of this inspection and found the service had taken steps to ensure people's safety was protected by the provider's recruitment procedures.

Good

Is the service well-led?

Our findings

People told us they were happy with the quality of care and support provided. We asked people for their views about the quality of care and the management of the service. One person said, "Life would be better if I didn't need them but I do and the agency manages my needs well."

We asked people how the service sought their views about the quality of care and support that was provided. One person said, "Someone from the office often comes to check on the carer, like their uniforms and timing. They will always ask me if everything is ok and if not, then they do something about it." A relative told us that they had completed a satisfaction survey.

The registered manager told us that people's views about the service were sought through regular feedback forms and from home visits, the monthly spot checks and satisfaction surveys. We looked at the spot check folder and found a number of comments were raised by people using the service. Although we found little recorded to evidence of action taken by the registered manager, they gave examples of what action had been taken in relation to some of the issues raised.

We found the survey responses were generally positive but also included some issues raised by people. We found that no one had analysed the responses or recorded what action was taken to address the comments. The results from the survey were not shared with people using the service. When we raised this with the registered manager they told us that survey results would be analysed, action plan developed to address any issues raised and the survey summary would be included in the provider's newsletter which was regularly sent to people using service and staff.

The service had a registered manager in post. They had clear view of what 'good' care looked like and showed a commitment to delivering quality care. They were responsible for the day to day management of the service and supported by a team of office staff, who helped with staff recruitment and monitored the quality of service provided. They encouraged people who used the service and staff to share their views about the service. The registered manager told us that they had an 'open door' policy, which meant they were available to listen to the views of people who used the service and staff.

The registered manager was aware of their responsibilities to ensure people received safe and appropriate care and support in their own home. They were aware of the revised regulations which the care services have to adhere to. The provider had a contract with an external company who provided 24 hour advice with regards to health and safety matters and employment law. They were made aware of any changes to legislation which affected the business and provided revised policies and procedures to reflect changes. All policies and procedures had been reviewed in 2015.

The registered manager regularly assessed and monitored the quality of service provided, systems and procedures in place. People's care records were regularly audited to ensure information was up to date. The registered manager told us they found care staff's training information was not up to date due to changes in the office staff, which they were addressing. Because we found further gaps in the staff training records they told us that all care staff were required to complete the mandatory training this month and start the new Care Certificate training. That showed the registered manager took steps to make improvements to ensure people's safety and wellbeing was protected and promoted by a well-managed service that was responsive.

Staff told us they were supported by the registered manager and the office staff as and when required. One care staff said, "She [registered manager] supports you both with the service users [people who using the service] and if you have any personal issues." Staff understood their role and responsibilities in providing a quality of care service. Care staff told us communication between each other and the office staff was good. Care plans and information shared with care staff ensured they were kept up to date with changes to people's needs and the support they required.

The information sent to us by the provider prior to our inspection stated improvements planned included care staff supervisions. That supported our findings as care staff did not have regular supervisions with their line manager. Care staff told us they could discuss issues with the team leaders at the spot check visits. Care staff meetings were also ad hoc, which meant they were not always kept up to date with any developments within the care sector, training or provided them with an opportunity to contribute to the development of the service.

Good

Is the service well-led?

Following our inspection visit the registered manager they confirmed that regular care staff meetings would be held every three months to ensure staff were supported and had planned to develop a recognition award for the care staff. That showed they recognised the importance of involving and valuing staff for the quality of service provided.

The service worked in partnership with other organisations such as the local authority. We contacted the social workers who were involved with some of the people who used the service. They told us that they found the service was well managed, responsive to concerns raised and ensured any emergency care and support for people returning home from hospital was appropriately managed.