Care Quality Commission

Eternity Care LLP

# Eternity Care LLP

## Inspection report

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Date of inspection visit:
25 January 2017

Date of publication:
07 February 2017

## Ratings

| Overall rating for this service | Good |
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|---|---|
| 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

This inspection took place on the 25 January 2017 and was announced. We gave 48 hours' notice of the inspection to ensure that staff would be available in the office, as this is our methodology for inspecting domiciliary care agencies.

Eternity Care is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing personal care to 31 people.

A registered manager was 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.

People and their relatives told us they felt safe with staff from Eternity Care. People stated that staff were caring and very good at what they do. Staff had a clear understanding of the different types of abuse and the procedures to be followed if they had witnessed or suspected abuse had taken place. Staff were provided with the contact details for the local authority safeguarding team. Robust recruitment processes were followed to help ensure that only suitable people were employed at the agency. There were enough staff to ensure that current people's assessed needs could be met and all visits could be undertaken in a timely manner. It was clear that staff had a good understanding of how to attend to people's needs.

Accidents and incidents were recorded and monitored by the registered manager and information was cascaded to staff to help minimise the risk of a repeated event. If an emergency occurred at the office or there were adverse weather conditions, people's care would not be interrupted as there were procedures in place. There was an on-call system for assistance outside of normal working hours and staff would be able to access records to ensure people's assessed needs would continue to be met.

Staff had received training and supervisions that helped them to perform their duties. They also received spot checks from the management team whilst they were working with people. Some staff had received training about the Mental Capacity Act 2005 (MCA) and dates for future training had been arranged. Staff had an understanding about the MCA and always sought people's consent before undertaking any tasks. People told us that staff would not do anything without asking them first. All staff received induction training when they commenced working at the agency and new staff now undertake the Care Certificate training. Mandatory training and other training specific to the roles of staff was also provided and refresher dates for this training had been sought.

Person centred care plans were in place for people and included information about how people preferred their assessed needs to be attended to. Risks had been identified to the health and safety of people and clear guidance about how to minimise risk was clearly recorded. Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

People's nutritional needs were met by staff who would cook meals for those who required this type of support. Healthcare professionals were involved in people's care and staff liaised with them as and when required.

People were supported by staff to remain as independent as they were able. People were encouraged to do things they would normally do such as washing themselves and cooking their meals. People told us that staff showed kindness and compassion and their privacy and dignity were upheld and promoted by staff who attended to them.

A complaints procedure was available for any concerns and people had been provided with a copy of this document. Complaints received by the provider had been investigated and resolved within timescales set in the policy.

Staff informed that they felt supported by the registered manager and they had an open door policy and were approachable. Staff meetings took place and staff received regular contact from their line manager and the registered manager.

Quality assurance systems were in place that enabled the provider and registered manager to monitor the quality of service being delivered and the running of the agency. People, relatives and associated professionals were able to express their views to the registered manager about how the service was run. The summary of the last annual survey had been produced in February 2016. The findings of the survey were positive about the care provided and an action plan had been completed in relation to identified issues.

## 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.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Robust recruitment processes were followed.

There were enough staff deployed to meet the needs of people currently using the service.

Accidents and incidents were recorded and monitored by staff to help minimise the risk of repeated events.

People's medicines were managed safely.

### Is the service effective?

Good

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

Staff had an understanding of the Mental Capacity Act (MCA) and their responsibilities in respect of this.

People were supported with their health and dietary needs. Healthcare professionals were involved in people's care or the agency liaised with them.

### Is the service caring?

Good

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to remain independent and make their own decisions.

## Is the service responsive?

Good

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were in place for each person.

Information about how to make a complaint was available for people and their relatives.

## Is the service well-led?

Good

The service was well-led.

Quality assurance checks were completed to help ensure the care provided was of good quality. There was a system in place to ascertain the views of people about the care and support they received from the agency.

There was a registered manager in post to manage the activity for personal care.

Staff felt supported by the registered manager who had an open door policy.

Staff felt the registered manager had good management skills and supported them when they needed it.

Care Quality Commission

# Eternity Care LLP

**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 25 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that staff would be available to assist us during the inspection. The inspection team consisted of one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR). 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. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

During our inspection we had discussions with the registered manager, three members of staff, four people who used the service and two relatives. We looked at the care records for three people. We looked at three staff recruitment files, supervision records and training records. We looked at audits undertaken by the provider and a selection of policies and procedures.

This was the first inspection of this service under our new methodology.

Good

# Is the service safe?

## Our findings

People told us that they felt very safe with staff who attended to them. One person told us, "I feel very safe with the staff who look after me." Another person told us, "Staff have never mistreated me, I feel confident with staff." Relatives were positive about the staff who looked after their family member. Comments included, "My [family member] is very safe with staff from Eternity Care."

People benefited from a service where staff understood their safeguarding responsibilities. The PIR informed that the service had a safeguarding policy that was written in line with the local safeguarding procedures and we found this to be the case. Staff knew the different types of abuse and the reporting process to be followed. Staff told us they had received training and read the safeguarding policy provided to them by the agency. They told us that they would not hesitate to follow the provider's whistle blowing policy if they witnessed or suspected other staff had abused a person. One member of staff told us, "I would report all abuse to my line manager and the registered manager." Another member of staff told us, "If I did not believe that the registered manager had acted on a safeguarding concern I would contact the local safeguarding authority and the police if it was a criminal offence."

People were kept safe because assessments of the potential risks of injury to them had been completed. Risks had been identified and assessments were written on how to manage a person's risk or reduce the possibility of harm to the person. For example, moving and handling, choking, falls, nutrition and managing challenging behaviours. Staff were knowledgeable about the risks to people who they visited and were able to describe how they supported the person to keep them safe.

People were cared for by a sufficient number of staff. The registered manager told us that staffing levels were determined by the number of people using the service and their needs. The registered manager told us that they recently had issues in relation to staffing and had not accepted any new people until it had been resolved. We were told by the registered manager that there were sufficient staff to meet the needs of the current 31 people they provided care to. People told us that staff were very rarely late for their visits and if staff were running late it would just have been by a few minutes. People told us that the office would notify them if staff were going to be late.

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. The provider told us in their PIR that staff did not start working with people until their Disclosure and Barring Service (DBS) checks had been completed and we found this to be the case. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider had obtained appropriate records to check prospective staff were of good character. Staff told us that their recruitment process was fair and they submitted a full employment history, two referees and had a face to face interview. Notes of interviews were maintained in staff files.

People's medicines were managed safely. People received their medicines when required as there were medication administration systems in place. Not all people who used the agency required staff to

administer their medicines. People who had this as part of care told us that staff were competent when administering their medicines. Staff told us that they only signed the medicine administration record (MAR) after the person had swallowed their medicine, which is good practice. People told us that there had never been any concerns and that they received their medicines at the right times. One person told us, "They always give me my medicines and then sign the MAR sheet when I have swallowed them." One relative told us, "Staff make sure my [family member] swallows their medicines and then they sign the medicine sheet."

Interruption to people's care would be minimised in the event of an emergency. The provider had a contingency plan in place for the event of an emergency. This provided information in relation to an event that led to the closure of the office such as flood or fire. This document included emergency contact telephone numbers for the provider and the emergency services. Staff told us they were aware of this document and knew who to contact in the case of an emergency. Staff and the registered manager told us that people's records could be accessed via a 'cloud' system on the laptops. These were all password protected. The registered manager told us that the passwords were changed whenever a member of staff left the service.

When people had accidents or incidents these were recorded and monitored by the registered manager. Staff knew the procedures for reporting accidents and incidents. Staff told us they reported all incidents and accidents to the manager and these would be discussed during supervisions. The registered manager told us they looked at the accident and incident records to try to identify any trends and learn lessons from them and cascaded the findings to staff.

Good

# Is the service effective?

## Our findings

People spoke positively about staff and told us they thought staff were skilled to meet their needs. One person told us, "Staff are trained, they talk to us about the training they had done." A relative told us that staff had received training that was specific to the needs of their family member.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The PIR informed that staff received training on client conditions either by professionals involved with the client, by the client themselves, or by trainers arranged through a local care association and training providers. We found this to be the case. We noted that staff had received mandatory training as required; however, some of these required updating. The registered manager told us that they were aware that refresher training was due for staff and had, since our inspection, organised these dates. Staff files included certificates of the training they had undertaken such as food hygiene, first aid, infection control and medicines. Other training undertaken by staff included dementia, preventing pressure ulcers, autistic spectrum disorder and the Qualification and Credit Framework (QCF) in social care. Staff were able to explain what they had learned from their training. One member of staff told us that through the infection control they had learnt of the importance of hand washing and using a new set of personal protective equipment for each person they attended. We noted that talks about, Aspergers, Multiple Sclerosis and Parkinson's had been presented by both people with these conditions and their relatives. This provided staff with first-hand information about these conditions and what it was like to be affected by them.

Newly recruited staff were supported to complete an induction programme before working on their own. A member of staff told us that the induction training was good and it helped them to commence their role in a confident manner. They told us that they had shadowed experienced staff until they felt competent to work alone. Staff files included certificates that confirmed they had completed their induction. The registered manager told us that new staff would now commence the Care Certificate training and this was confirmed during discussions with staff and the viewing of records in staff files. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff were provided with the opportunity to review and discuss their performance. Staff told us that supervisions were carried out every three months when they discuss the people they looked after, training needs and any concerns they had. Staff also had regular spot checks undertaken to monitor their work and to provide support and feedback to staff. Copies of these were maintained in staff files. The registered manager, managers and senior staff undertook quarterly appraisals.

People's rights were upheld in line with current guidelines in relation to the Mental Capacity Act (2005) (MCA). Where important decisions needed to be made mental capacity assessments were completed to see if people could make the decision for themselves. The 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.

The registered manager told us that most staff had received training in relation to the MCA, this was confirmed in training records. The registered manager has forwarded dates for training the rest of the staff team that would be completed by the end of February 2017. The registered manager stated that all people had the capacity to make decisions, however, assessments had been undertaken for some people to ascertain their level of capacity. Staff were aware that people were able to make their own choices and they always had to ask for their consent prior to undertaking tasks. One staff member told us, "I always ask if they would like a shower or a wash, it is their choice." This was confirmed during discussions with people who told us that staff always asked for their permission before they did anything. Another member of staff told us, "A best interest meeting would be arranged should a person not have the capacity to make a specific decision and this would include the person, family members, GP and staff."

People's nutritional needs were being met. Not all people required food to be prepared or cooked by staff. People who had their meals provided stated that staff were competent in preparing meals for them. One person told us, "Staff help me with my shopping and cooking." Another person told us, "I lead the cooking but staff help me when I need it."

People had their healthcare needs met. Information in relation to people's healthcare needs were recorded in care plans and included the contact details of the GP and other healthcare professionals who supported the person. The registered manager told us that the responsibility for healthcare needs were with people's families, but staff were available to liaise with and support people to access healthcare appointments if needed. Records showed that staff and the registered manager supported people with the GP, district nurses, speech and language therapists and occupational therapists.

Good

# Is the service caring?

## Our findings

People told us they were happy with the care they received. They told us they were treated with kindness and respect by staff. One person told us, "Staff treat me with utmost respect. They are excellent. They never just walk into my house; they always knock and wait for me to answer." Another person told us, "Staff are very caring and approachable, they chat to me and tell me everything they are doing." A relative told us, "Staff are very caring and they understand my [family member's] needs. They are patient and spend time talking to them."

People's care was not rushed enabling staff to spend quality time with them. People told us that staff stayed for the allotted time. One person told us, "They take their time with me." A relative told us, "My [family member] always has a sandwich with staff that they make for them. They sit and talk to each other whilst eating." Staff told us that they had enough time to attend to the assessed needs of the people they visited. People told us that staff always would do anything extra when asked.

People received care and support from staff who had got to know them. Staff were knowledgeable about the needs of people they visited. It was clear through discussions that staff had a good understanding of people's needs, their life histories and hobbies and interests. One person had a specific interest that required extra time so they could follow this. This had been put forwarded to the funding authority and agreed. A member of staff supported the person with this activity recently. The person's relative told us that they thoroughly enjoyed their time with the member of staff and had great fun.

People told us that they knew the staff who attended to them, even staff who covered absences due to annual leave, as they worked in teams. They told us that they got the same members of staff for each visit, but if there was a change, then the team coordinator or other office staff inform clients and staff of changes, and they may attend the visits themselves. The registered manager would also attend these visits. Introductions take place when new staff are introduced to people Staff told us they had enough time to engage with people during their visits and they would never rush a person's care. This was confirmed during discussions with people.

People's privacy and dignity was respected by staff. People told us that staff always respected their privacy. One person told us, "Staff really do respect me. When they are helping with my care they do it in private." Staff told us that they ensured all personal care needs were attended to in the privacy of people's bedrooms with the doors and curtains closed. Staff also told us that they maintained people's dignity by covering exposed body parts during personal care such as washing.

People were supported to express their views and to be involved in making decisions about their care and support. Staff told us they listened to what people had to say and if they wanted to change how their care was provided they would inform the registered manager. People and their relatives told us they could make changes to their care plans at any time. One person told us they had asked for extra time for one of their visits, which was discussed with the registered manager and was agreed.

People's independence was promoted and respected by staff. Staff told us that they encouraged the people to do as much as they were able to for themselves. People told us that they were encouraged to undertake tasks by themselves or with the support of staff. One person told us, "Staff help me to cook by myself. If I need help or advice they are there to give it to me."

Good

# Is the service responsive?

## Our findings

People, and when appropriate, their relatives were involved in developing their care, support and treatment plans. People told us they had a care plan and they were able to make changes to this if they wanted to. One person told us, "I know what is in my care plan, I helped to write it." Another person told us, "I never look at my care plan, staff know what they are doing and they do it very well. I know I can make changes if I wanted to."

Care plans were person centred and provided clear guidance to staff about how people wanted to be supported. The PIR informed that very detailed care plans were written at the outset of the service commencing with people and/ or their representative and were able to amend the plans before signing them to agree to the service to be provided. We found this to be the case. Care plans included information in relation to the person's background, next of kin and GP contacts, allergies, medicines, personal care needs, likes, dislikes and past histories. Information in relation to communicating with people was detailed such as, "I cannot follow directions most of the time, talk to me about what you are about to do." Care plans for managing challenging behaviour were detailed and risk management plans had been produced with other associated professionals. Care plans were reviewed on a regular basis. Staff were knowledgeable about the information recorded in people's care plans. Staff told us they got to know people's likes and dislikes through talking with the person and reading their care plans.

Staff also told us that the care plans were regularly reviewed and they were updated as and when people's needs changed. Staff told us, and this was confirmed during discussions with people, that they discussed peoples' care plans with them during their visits. If people requested anything to be changed or added to the care plan then staff would report this to the registered manager.

Staff were responsive to the needs of people. People told us that staff always made sure they had done everything for them before they left their home. One person told us that staff helped them to attend healthcare appointments when needed. People and their relatives were complimentary about how staff responded to them. One person told us, "Staff will always do anything extra that I ask of them, they are brilliant." A relative told us that staff had engaged with their family member in a particular interest they had and supported them to attend various events to pursue their interest. People told us that they were able to choose the gender of the staff who attended to them during the pre-admission process. They also told us they could ask for a different member of staff at any time. The registered manager informed that they matched staff with people's interests, cultures and hobbies. For example, one person had a keen interest in sport and a staff member with similar interests supported that person.

Complaints and concerns were taken seriously. The provider had a complaints procedure that was available to people and their relatives in the service user guide provided to people. This document included the timescales for the provider to fully investigate the complaint. It also provided the details of the independent ombudsman should they not be satisfied with the outcome of the investigation of their complaint. Records maintained at the service showed that two complaints had been received and investigated within the timescale set in the complaints policy.

People knew how to raise concerns and make complaints. People told us they had been provided with information about how to make a complaint but they had not needed to make a complaint. A relative told us they believed complaints would be taken seriously and addressed by the agency.
Staff told us that if people wanted to make a complaint they would support them through the process. Staff said they would listen to people's complaints and ensure that complaints made were passed on to the registered manager so they could be recorded and investigated.

Good

# Is the service well-led?

## Our findings

People's experience of care was monitored through regular spot checks and regular telephone contact. People told us the communication with the registered manager and people at the office were very good. One person told us, "The agency is well managed. All the staff know what they are doing and follow their rotas. The care provided to me is excellent." Another person told us, "I can rely on them, everything they do is good." A relative told us, "We have used other care agencies and Eternity Care is fantastic compared to the others. It is a really nice agency and I would recommend them to anyone."

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service. The PIR informed that quality assurance checks were undertaken to monitor and recognise good practice, we found this to be the case. Records were maintained at the office and included spot checks, records of supervisions, MAR records and daily notes. Daily notes written by staff were clear and included information that related to how the assessed needs of the person had been attended to each visit. The spot checks included observations of care provided by staff, if staff had respected people's privacy and promoted their dignity and checking that staff understood any risks to people. Other quality assurance processes included regular telephone contact, emails and face to face meetings with staff that helped to ensure good communication between the registered manager, office and staff at the service. Actions had been developed and completed for identified issues, such as covering staff absences due to sick leave.

Regular staff team meetings took place that enabled staff to put forward suggestions about how the service was run. Records of these meetings were maintained by the registered provider. Suggestions made had included items and ideas on how people's needs could be further supported, such as purchasing cooking equipment that would better enable people to participate in meal preparation and cook healthy meals. Other topics discussed include people who used the agency, recruitment, IT systems and duty rotas.

The service promoted a positive culture. Staff told us the registered manager had an open door policy, was approachable and they could talk to her at any time. Staff told us they felt supported by the registered manager, that they had regular supervisions, telephone calls and spot checks. One member of staff told us, "This is a very supportive agency, I cannot fault them." Another member of staff told us, "The registered manager is very approachable and I can telephone her at any time. She is very supportive."

There was a management structure in place that included the registered manager and finance manager, both of who are directors of the agency, the team manager, senior support staff, team coordinator and support staff. The registered manager told us that staff were very passionate about their work. Staff we spoke with spoke enthusiastically about their roles and how they supported people in their homes. The registered manager told us that they were very proud of the staff team employed at the agency. They stated that there was a very good team spirit as the staff were enthusiastic and committed.

People, their relatives and stakeholders were encouraged to give their feedback about the service. The registered manager told us that they regularly asked for verbal feedback about the service from people and their relatives. The results from the last survey had been produced in February 2016. Feedback was positive

in particular towards staff.  It was noted that people particularly liked the fact that 'staff seemed to love their work'. People had also commented on how staff did a 'little bit extra' for them during their visits such as watering their plants, making cups of tea and helping with some cleaning. The provider had produced an action plan to address issues that had been raised. These had been addressed and included new staff undertaking the Care Certificate as part of their induction, monthly contact from senior staff with people and to ensure that care plans were all up to date.

The registered manager was working with other associated professionals that provided information in relation to training and updates on changes in Regulation and legislation. This helped them to keep staff up to date with recent changes.

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the services. We found that when relevant, notifications had been sent to us appropriately. People's records were stored securely in the office. The office was and the building was alarmed to further ensure security.