

Eclipse HomeCare Limited

# Eclipse HomeCare (Redditch & Terryspring Court Office)

## Inspection report

Terryspring Court, West Avenue  
Smallwood  
Redditch  
B98 7DJ

Tel: 0152766565  
Website: [www.eclipsehomecare.co.uk](http://www.eclipsehomecare.co.uk)

Date of inspection visit:  
23 January 2020  
24 January 2020

Date of publication:  
13 February 2020

## 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

Eclipse HomeCare (Redditch & Terryspring Court Office) is a service providing personal care to people in their own homes. People supported include younger and older people who may live with dementia, or physical disabilities. Thirty-eight people were in receipt of care at the time of the inspection.

At the time of the inspection, all the people receiving care lived in one specialist housing location. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. This included how care staff supported people to access the social activities provided by people's specialist housing landlord.

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

People told us staff discussed their safety needs with them and took action to help them to maintain their safety. Staff knew how to identify abuse and were positive senior staff would put plans in place to support people, if any concerns were identified.

There were sufficient staff to care for people and people could rely on staff providing the care agreed at the times people wanted. The provider had systems in place to review and take learning from any incidents.

People were supported to have their medicines by staff who had been trained to do this. The provider planned to review the checks they made to ensure the risk of people receiving medicinal creams which may not be effective was further reduced. People told us staff followed good practice to promote the reduction of infections.

People and relatives' views were considered when people's care needs were assessed. Staff were supported to provide good care to people through training and induction programmes. The training staff undertook reflected the needs of the people they cared for, and was complimented by, advice from other health and social care professionals, to meet people's specific needs.

Where people needed assistance to see health and social care professionals staff supported them to do this, so they would enjoy the best health outcomes possible. People told us staff regularly offered to make them drinks and supported them to have enough to eat, based on their preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had developed very positive relationships with the considerate and kind staff who cared for them. The bonds between people and staff meant people were confident to ask for additional help when they

wanted it. Staff spoke warmly about the people they supported and knew people well.

People made their own decisions about their care and were listened to. Staff considered people's rights to dignity, independence and privacy in the way they cared for them.

People decided what care they wanted, and relatives were encouraged to contribute to care plans and reviews, as their family members wished. Staff worked with people to adapt their planned care, as people's needs changed. This helped to ensure people's needs continued to be met.

People's communication needs were assessed, and staff responded to these needs, to promote people's inclusion and independence. Staff sensitively managed any concerns or complaints and learning was taken from these. People's preferences at the end of their lives were acted on.

The provider was further developing their care plan processes by introducing electronic care planning and recording. Staff would be further supported to provide good care to people through the inclusion of additional information on how to support people to manage their risks, information on people's previous history and how people would wish to be supported in the event of their sudden death.

People and their relatives were very positive about the service they received and were asked for their views on the care provided. Staff understood how they were expected to care for people and were motivated to provide good care, through incentives and recognition of good practice.

The provider and senior staff checked the quality and safety of the care provided and reflected on people's care experiences. The development of the service was informed by work undertaken with other specialist organisations to drive through further improvements in people's care.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Rating at last inspection

This service was registered with us on 01 March 2019 and this is the first inspection.

The last rating for this service was Good, (published 01 June 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Follow up

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

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Eclipse HomeCare (Redditch & Terryspring Court Office)

## **Detailed findings**

## Background to this inspection

### The inspection

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

### Inspection team

The inspection team consisted one inspector.

### Service and service type

Eclipse HomeCare (Redditch & Terryspring Court Office) is a domiciliary care agency. It provides personal care to people living in their own flats and specialist housing.

Eclipse HomeCare (Redditch & Terryspring Court Office) is also registered with CQC to provide a supported living service.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 January 2020 and ended on 28 January 2020. We visited the office location on 23 and 24 January 2020.

#### What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had already prepared a provider information return and provided us with a copy during the inspection. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since their registration with us. We sought feedback from the local authority who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people using the service and five relatives to ask about their experience of the care provided. We spoke with two registered managers, one of whom was also the nominated individual. We also spoke with the provider's human resources director, plus the manager with responsibility for day to day care at Eclipse HomeCare (Redditch & Terryspring Court Office),

In addition, we spoke with two care team leaders and five care staff members. We also spoke with a visiting social worker and the landlord of the premises, to ask their views about the support provided to people.

We looked at seven people's care records, multiple medication records and information relating to the quality and management of the service. These included complaints and compliments, staff training records, minutes of staff meetings, minutes of manager's meetings and systems for managing accidents or incidents.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were confident staff would take action to support them, should there be any concerns for their safety.
- Staff knew how to recognise and report any concerns for people's safety and knew what action to take to support people in the event people may be experiencing harm.
- The provider and senior staff had systems in place to manage any concerns for people's safety, so they would be protected, should this be required.

Assessing risk, safety monitoring and management

- People told us staff talked to them about their safety needs and provided the guidance they needed to promote their safety. One person said staff were always particular to make sure they had their alarm pendant on, in case they should need emergency assistance. Another person explained about the support they received from staff to manage their safety, and said because of this, "I feel the safety and security is very good."
- Staff had discussed people's safety needs with them and their relatives. Where specialist advice was required from other health and social care professionals, staff had sought and followed their advice, so risks to people's safety were reduced. This included risks in relation to choking, to promote good skin health and when helping people to move around their homes independently.
- People and relatives told us staff recognised when their safety needs were changing and said they were comfortable to ask for additional help, so people's needs would continue to be met.

Staffing and recruitment

- People and relatives told us they could rely on staff providing the care they wanted at times they preferred.
- Relatives said there were sufficient staff to provide additional care calls when people wanted this.
- People and staff told us there had been some changes in the breadth of support staff were expected to provide, which included care staff undertaking laundry duties and cleaning, to promote good infection control. People said this did not affect care calls, and they could rely on staff to continue to provide their care as planned. Care staff told us any possible disruption to calls because of the additional tasks were removed, as staff worked together to ensure people's care needs were met.
- Staff were not permitted to care for people until checks had been made to ensure they were suitable to work with vulnerable adults, to promote people's safety.

Using medicines safely

- People told us staff understood some of them liked the continued independence of managing their own medicines.
- Other people wanted support from staff to have the medicines they needed to remain well. People told us they could rely on staff administering these as prescribed.
- Staff were not allowed to administer people's medicines until they had been trained and their competency was initially and subsequently regularly checked.
- We found two instances where people's creams had not been dated to show when they had been opened. There was no evidence this had adversely effected people, and senior staff took immediate action to address this.
- The provider confirmed they intended to review their checks, so they could be assured the date people's creams were opened was recorded. This will help to reduce the risk of people receiving creams which may not be effective.

#### Preventing and controlling infection

- People told us staff followed good hygiene practices to reduce the likelihood of infections. One person said, "They [staff] are very particular to wear gloves."
- Staff were supported to reduce the chance of infections, training and guidance. One staff member said, "I did infection control on e-learning, and you always make sure to wash your hands, wear gloves and change gloves frequently."
- Senior staff also undertook checks on staff practice, so they could be assured the likelihood of people experiencing infections was reduced.

#### Learning lessons when things go wrong

- The provider, registered manager and staff had systems in place to review any incidents or accidents and to identify if action was needed to prevent these happening in the future.
- Staff had opportunities to reflect on people's safety needs and risks through immediate discussion with senior staff, staff meetings and other forms of communication, such as staff handover. This helped to ensure any learning regarding safety issues were communicated across the staff teams.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 told us their views were considered when their care needs were assessed. One person explained they had the opportunity to meet with staff before they decided they would like to receive support. The person said this also gave them the opportunity to let staff know how they would like their care to be provided, and said because of this, "I was lucky I found them."
- People and relatives gave us examples showing how care needs were reassessed as people's needs changed. This helped to ensure people were supported to continue to have the care they needed.

Staff support: induction, training, skills and experience

- People were very positive about the way staff used their skills to assist them. One person said, "We have extremely efficient staff who know what they are doing, and you can rely on them."
- Staff told us they had been supported to learn new skills through face to face and on-line training. One staff member said because of this, "Training here is good, and it means you know you are giving [people] the correct care."
- Staff had been supported to gain the skills required to meet the individual needs of the people they cared for. This included training from other health and social care professionals, so staff would be able to use specialist equipment to promote people's safety and meet their health needs.
- New staff were supported to provide good care through a comprehensive induction programme, which included working alongside more experienced staff. The provider had developed additional systems to support the retention of staff at key stages of their induction. This helped to ensure people enjoyed continuity of staff caring for them.

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

- Some people enjoyed the independence of preparing their own meals and drinks. Where people were supported by staff to have enough to eat and drink, people were positive about the meals and beverages prepared for them. People told us staff regularly checked they had enough to drink and one person said, "[Staff member's name] made sure I had a cup of tea when I came back from my trip to hospital."
- Staff knew people's food preferences and if people needed particular support to have enough to eat and drink safely, such as a specific texture of food.
- Senior staff had put systems in place to ensure people's dietary requirements were communicated appropriately to specialist housing staff who also prepared a range of food for people to enjoy.

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

- People gave us examples of support they had received from staff for routine and emergency healthcare, so they would remain as well as possible. One person told us the provider had supported them to obtain essential help and equipment they needed to remain well.
- Relatives were positive about the assistance their family members received to maintain their health and told us staff let them know if their family members health needs changed. One relative explained how staff had worked with district nurses, to develop the specialist skills they needed to promote their family member's skin health.
- Another relative told us how promptly their family member had been supported by staff after experiencing a fall. The relative said, "Staff got [family member's name] to the hospital. They sorted it immediately."
- Staff gave us examples of joint work they did with other health and social care professionals, such as district nurses, people's GPs and occupational therapists, so people would enjoy the best health outcomes possible.
- Senior staff gave us example of work they had done to ensure people's health needs were supported and people were able to remain in their own homes when their health needs changed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff listened to the decisions they made about their care, and relatives said they were consulted about key decisions effecting their family members, as appropriate.
- Staff had been supported to understand how MCA effected how they needed to care for people. One staff member told us about the MCA training they had done and said this helped them to focus on the best way to support people so their rights were respected. The staff member said, "It's about [people's] autonomy."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 told us staff were very considerate and spoke positively about the relationships they had developed with the staff who cared for them. One person said, "The staff are marvellous. I have never had a missed word with one of them, I can't find fault. I care a great deal about the staff, they are lovely people." Relatives said staff knew their family members well. One relative said, "All the staff know me and are friends and always [talk to me]."
- People told us because they had close and caring relationships with staff, staff noticed if they wanted extra reassurance. One person explained they sometimes got anxious and said because staff understood how this affected them they kindly did little extra things to support them. The person told us, "[Staff] put CDs on for me in the background and this perks me up a bit." We saw expressed their affection for the people they cared for using gentle touch, in line with people's preferences.
- Staff spoke warmly about the people they cared for. One staff member told us, "I love my job. I love the rapport with people. You look at the care plan to find out about them. You chat with them [and] you learn so much from them." The staff member explained how they had spent time with one person, looking at items which were important to them and helping them reconnect with the person's past. The staff member explained by doing this, "You get a little bit closer to [person's name] truth."
- Staff gave us examples of how they incorporated and promoted the Equality Act 2010. This included acknowledging people's unique pasts and histories and sensitively supporting them, so people were able to connect with other people in receipt of the service.

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

- People told us staff listened to any decisions they made about their care and supported as they preferred. This included which gender of staff they preferred to receive care from, how they wished to spend their time, and the amount of support they would like.
- Relatives told us staff acted on their family member's decisions. One relative said staff let their family member know about interesting things they might like to do, and said, "[Staff] understood their right to decide."
- Staff gave us examples of how they sensitively supported people to make their own choices, where they needed extra help to do this. For example, by offering people choices based on their known preferences, and limiting the number of possible choices, so people were less anxious and confused when making their own decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated respectfully by staff. This included how they were addressed, how they

were supported during personal care and how their right to privacy was acknowledged in the way their personal information and correspondence was managed.

- Staff told us the culture at the service was to promote people's dignity and independence. One staff member said during care, "You close curtains and you make sure [people] can keep on doing what they can for themselves, such as [managing] their own medicines."
- People had worked with staff to decide what equipment they wanted to enhance their independence and meet their sensory needs.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives were involved in planning the support to be provided. This helped to ensure people received care based on their preferences and needs. One person told us, "They [staff] talk to me about my care plan. [Staff member's name] listens to me and checks it."
- People told us they were encouraged and confident to let staff know if they wanted to revise their planned care. One person said their needs had changed, and they had requested and received additional assistance as they wanted. The person said, "Staff have understood my needs have changed and have worked with me. That's the beauty of it."
- Relatives' views were considered when people's care was planned, and their needs assessed. One relative explained they had been involved in planning their family member's care and return to the service after a stay in hospital. The relative told us, "They [staff] pulled out all the stops to have her back just before Christmas and put in extra calls to facilitate this."
- Staff told us they were encouraged to let senior staff know their views on the support planned for people, and suggest any adjustments to the care planned, based on people's preferences and needs. Staff considered people's wider needs, and varied their call times, so they could keep in touch with people who were important to them, or celebrate their faith.
- The provider planned to further develop their care plan processes by introducing electronic care planning and recording. As part of this, information on people's previous history and guidance to staff to help them assist people to manage their risks would be further enhanced.

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 needs had been considered when their care was planned. One person explained they required assistance to understand and respond to written communication. The person told us staff supported them to manage this.
- Staff gave us examples of the ways they supported people with sensory needs, so people would have the best opportunity to understand the options available to them, and to make informed decisions about their care.
- The manager gave us examples of how they had previously responded to people's needs for documents in alternative formats. They advised us these would be made available, should people require them in the future.

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 told us staff supported them to take part in activities provided by the landlord and other organisations, by working flexibly with them and adjusting their call times.
- People told us they looked forward to the social aspects of their care calls. One person said, "Staff make sure I am okay and stay longer if I need it. Staff quite often stay and chat, and always as we go along. We chat about anything." The person told us this helped them to feel less isolated.
- Staff knew the people valued opportunities to converse and to be involved in their lives. A staff member said, "You just sit and chat to make their day."
- Staff understood the importance of supporting people to keep in touch with those they were close to. One staff member explained how they had provided extra assistance to one person to send birthday cards to their loved ones. The staff member told us, "[Person's name] was very anxious about it, so it cheered them up."

Improving care quality in response to complaints or concerns

- People knew how to raise any complains and had been provided with information on how to raise any concerns or complaints, should they wish to.
- People and relatives were confident if they raised any concerns or complaints staff would take action to address these.
- A health and social care professional we spoke with told us staff sensitively tried to resolve any complaints, and to take learning from these.
- Systems were in place to manage and respond to complaints. The provider also considered if the number and types of complaints indicated their systems were working effectively and informing the development of the service.

End of life care and support

- Staff gave us examples showing how they worked with other organisations, so people's end of life needs and preferences would be met, to ensure people were free of pain and able to receive the care they wanted at their preferred location.
- One staff member highlighted how helpful the senior and other staff teams were in the event of people experiencing sudden death. The staff member said, "[Manager's name] was supportive, I do feel we as a staff team look after each other, too."
- The provider told us they planned to further develop people's care plans, so their end of life preferences would be fully identified. This included in the event of people's sudden death.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were positive about the way their care was managed and the culture of service. One person said, "This place [recognises] we all have real lives, and that's what we have, and staff help us to do this. It's well run and I think we are extremely lucky."
- Relatives said there was open communication with the staff team. One relative told us, "[Manager's name] is always there, you get to know him, he has his finger on pulse, and I always find him when I go to look for him." Another relative said, "There is no problem with the care. You can't fault the staff they do a great job. They're open and honest if anything goes wrong and always phone me and I feel listened to."
- Staff were positive about the way they were managed and told us Eclipse HomeCare (Redditch & Terryspring Court Office) was a good place to work. One staff member said, "As I see it, Eclipse want people to be happy as possible and have approachable staff, so that they can live their lives the best they can." Another staff member told us senior staff's approach was to focus on people's individual needs, and said, "It makes a massive difference they have done care as well, and are caring, lovely people."
- People told us the culture of the service encouraged them to ask for any extra support they wanted, so their needs and preferences would be met. The nominated individual said, "I feel the culture is very key for us. We've spent time winning hearts and souls and minds and are proud of what we've done."

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

- The provider and senior staff understood their responsibilities to check the quality and safety of the care provided and to monitor any risks.
- Staff understood how they were expected to care for people through one to one meetings with their managers and staff meetings. Staff told us they were able to obtain advice from senior staff promptly, which supported them to provide good care.
- The manager of the service also delivered care to people. The manager said, "I get to see if the care plans are working. You get to ask about staff. It keeps you focused."
- The provider understood their responsibilities to advise CQC and other agencies of key events which may occur during care and was aware they needed to support people in an honest and open way in the event of any mistakes in the care occurring.

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

characteristics;

- People told us they were involved in decisions about the services they received. We saw the views of people and relatives were incorporated into quality monitoring arrangements. People's and relatives' views on the care provided were checked through discussions, care reviews and surveys.
- One relative told us their family member lived with a long-term health condition which had often made their family member feel anxious. The relative said, "[Staff] would tell us if [family member's name] was agitated, and we would trace the triggers together." The relative explained because of this consultation, their family member's anxiety had decreased considerably.
- A health and social care professional we spoke with told us their views were considered when plans were put in place to improve people's care further.
- The staff teams met regularly to discuss people's care needs and to make suggestions for improving their care. Staff told us their suggestions were listened to. Staff gave examples showing how people and staff had been consulted about planned changes to care records, and other service improvements. The provider had swiftly driven through further development based on these consultations and to inform learning at the provider's other locations.

Continuous learning and improving care; Working in partnership with others

- People told us senior staff checked the quality of care they received, to identify any areas which required further development. One person said, "[Nominated individual and registered manager's name] worked all through night, because they wanted to see what happened. It's nice when the boss helps you. It proves a point, you can't ask for better."
- The provider, and senior staff audited other key aspects of the service. This included the management of people's medicines, care records, accidents and incidents, staff skills and complaints received. Where any actions were identified, the provider and senior team acted to develop the service further.
- Senior staff regularly reflected on the care provided and explored ways to develop the service further. Initiatives had been introduced to ensure staff knew they were valued, and projects developed to support staff retention, so people would benefit from continuity of care staff.
- The provider and senior staff worked with other health and social care organisations, This helped to ensure people were assisted to have the range of support they wanted, and staff understood how to assist them. The manager gave us an example showing how one person's health and independence had improved, through joint working to reduce the likelihood of the person experiencing infections.
- The provider understood their responsibilities to provide care which was based on best practice standards. This included contributing to and taking best practice from academic projects and research, so they could explore different models of care and be assured people's independence promoted.