

Eureka Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Eureka Care Services Limited, is a domiciliary care agency that provides personal care to people living in their own homes in the community. When we inspected they were providing the regulated activity, personal care, to 10 people in and around the Hertfordshire and Broxbourne areas.

What life is like for people using this service: People did not always receive the care and support they needed at the times agreed. Most staff did not have their own transport and relied on public transport which was not always reliable and resulted in some calls being late. Comments included, "They [staff] are trying to catch up when they are late" and "The logistics in getting staff to visits is posing a big problem at the moment". Staff told us they had the time to complete their calls but there was not always time to travel between clients.

The service did not follow its own recruitment policy. Some files did not have the necessary information required by regulation. One application form was not on the staff file. Two records did not include any employment gaps. Two records did not include interview notes. This meant the fitness of the person to be employed could not be verified.

There were three staff vacancies being advertised at the time of the inspection. The registered provider/manager was working closely with the staff team to support them in carrying out visits. The current vacancies were impacting on the response times to some calls due to the geographical area staff were covering.

There were quality monitoring systems in place as well as auditing procedures. However, they were not effective as they had not addressed the issues we found during the inspection.

People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

More information is in the detailed findings below.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around recruitment practices and governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Eureka Care Services Limited has not been rated at this location. This is the first rating of this service.

Why we inspected: This was a planned inspection. At this inspection we rated the service Requires Improvement.

Follow up: We will carry out a further focused inspection, in line with our inspection programme, to check improvements have been made to ensure the service is meeting the regulations. We will continue to monitor intelligence we receive about the service. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Eureka Care Services Limited

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: Eureka Care Services Ltd is a domiciliary care service. Staff deliver personal care support to people living in their own homes. The service is registered to provide services to both younger and older people who have learning or physical disabilities, who are living with dementia, have sensory impairments and or related mental health conditions.

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

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service.

We visited the service on the 11 February 2019 and looked at records. Following the visit, we spoke with three people over the telephone who used the service and gained feedback through emails from two staff members. We contacted three health and social care professionals to gain their views on the service. However, they did not respond to the requests.

What we did: Before the inspection, the provider completed 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

We looked at the care and medicine records of three people who used the service. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

Is the service safe?

Our findings

Safe –this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. Regulations were not being met.

Staffing and recruitment.

- The service was in the process of recruiting staff to extend the numbers of care staff to support people. Visits were not always timely and in line with care plans. However, people told us no visits had been missed and where people required two staff to support them the care had been delivered.
- We could not determine if staff had been employed safely because not all records for recruitment were available. One person's application form was not on their staff file. Two records did not include the reasons for gaps in employment. Two records did not include interview notes. This meant the fitness of the person to be employed could not be verified. Disclosure and Barring Service (DBS) checks were in place on files we looked at.

Because of the concerns around recruitment procedures we have found the service is in breach of Regulation 19 of the Health and Social Care Act (2008) 2014.

Assessing risk, safety monitoring and management

- There was a call monitoring system to show when calls were being made and for the length of time staff stayed with a person. The system was generally effective although at the time of the inspection it showed in one instance a visit had been missed. However, when we checked the call log, it showed the visit had taken place. The registered manager took immediate steps to check the call had taken place and to review how this had occurred.
- Risks to people's safety and wellbeing were assessed and reviewed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments included actions for staff to take to keep people safe and reduce the risks of harm.
- Staff understood where people required support how to reduce the risk of avoidable harm.

Learning lessons when things go wrong

- The registered manager took responsibility to review accidents and incidents. When accidents or incidents occurred, it was reviewed so that lessons could be learnt to reduce the risk of similar incidents.

Systems and processes to safeguard people from the risk of abuse.

- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- New staff received safeguarding training as part of the induction process. This was refreshed regularly.

Using medicines safely

- Some people needed support or reminding to take their medicines. When staff supported people in this task, appropriate medicines records were completed by staff.
- People told us they were satisfied with the support they received to take their medicines.
- Medicine systems were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and competency checks were carried out by the registered manager to ensure safe practice.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff always had enough protective equipment to support them when delivering personal care.

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

The effectiveness of people's care, treatment and support was not always consistent.

Staff providing consistent, effective, timely care within and across organisations

- The delivery of care and support was not always consistent for some people. Some people told us their morning visits had been late recently. The registered manager acknowledged that there were difficulties in some staff moving between visits due to reliance on public transport. The recruitment of three additional staff was in process. The registered manager told us this would reduce the risk of late visits.
- People using the service and some staff told us it was usually the first call of the day where there had been issues, resulting in some people being in bed until late in the morning because staff could not arrive at the contracted time.
- People told us that generally if a carer was late they still provided the support they needed in an unrushed manner. However, one person said, "They [staff] are always trying to catch up."

It is recommended the service ensures the way staff are deployed means people receive care at the times they have agreed with the agency.

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

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

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care plans showed expected outcomes were identified and ensured promoting people's independence was a priority.
- Care plans detailed times and tasks required when visiting people's homes. They were reviewed and updated when circumstances changed.

Staff skills, knowledge and experience

- People received effective care and treatment from knowledgeable and skilled staff who had the relevant qualifications to meet their needs.
- The registered manager strengthened staff experience and support through supervision and regular spot checks. Staff told us they felt supported in their roles and often worked with the registered manager.
- The registered manager used spot checks and formal supervision to discuss individual training needs. The service used external organisations to deliver staff training.

Supporting people to live healthier lives, access healthcare services and support

- People visited their local surgery to see their GP and community nurse, and attended other health

appointments regularly.

- People told us that staff were vigilant in ensuring they took their prescribed medicines on time and always asked about their wellbeing during visits. One person told us, "They [staff] pay attention to anything that might have changed."

Adapting service, design, decoration to meet people's needs

- The service enabled people to remain as independent as possible by ensuring they had the equipment they needed.

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

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported by staff that knew the principles of The Mental Capacity Act 2005.
- People were asked for their consent before they received any care and treatment. Staff involved people in decisions about their care and acted in accordance with their wishes. For example, a person told us "[Staff] will always ask me if it's OK to do something and they explain it all along the way."

Is the service caring?

Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives, we spoke with confirmed staff were kind, respectful and sensitive to their needs. For example, we received only positive responses about the attitude and performance of staff they included, "Overall I'm happy with [relatives name] care. The staff are very caring" and "The staff who come to me are always courteous and respectful when they are in my home."
- Care records showed planning was personalised and focused on retaining and promoting people's independence.
- People told us staff knew their preferences and cared for them in the way they liked. Each person had their individual preferences recorded which staff used to get to know people and to build positive relationships with them.
- Care planning records showed consideration was given to people's diverse needs and cultures.

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

- Records contained information about people's current needs as well as their wishes and preferences.
- Some people needed aids to help them communicate effectively. This was recognised and supported. Care plans recorded if people needed glasses or hearing aids.
- People were supported to be involved in their care planning and review. Also, what support was required to maintain and promote their independence within their own home.

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds where possible.
- Staff and the registered manager were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships

- People told us how the registered manager would respond to their changing needs. For example, where there were appointments. One person told us staff were flexible and made every effort to support them at different times. Another person told us that during an illness staff had been very vigilant.
- Care was personalised and centred on the individual. For example, details in care records highlighted how people wanted to spend their time and what their interests were and choices they preferred.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- People and their families knew how to make complaints; and that these would be listened to and acted upon in an open and transparent way. One person told us they had not made an official complaint but had in the past made their feelings known about what they described as 'niggles' and felt they had been addressed.
- Some people expressed their dissatisfaction with late calls but had not raised their concerns formally using the services complaints procedure.
- The procedure for raising a concern or complaint was clear. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

End of life care and support

- The service is a domiciliary care agency. The aim of the service is to make independent living a reality by working with the people to overcome the obstacles of day-to-day life. The registered manager told us the service was not currently supporting people with end of life care. However, the service had provision for staff training in 'end of life care'.

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.

Service management and leadership was inconsistent. Some regulations had not been met.

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

- The management of visits was not effective. As reported in the Safe and Effective key questions of this report some calls were late. Staff told us the registered manager gave them their weekly rotas in time but that it was the movement between visits which caused problems at times. The registered manager told us and this was confirmed with staff and people using the service, that they supported staff by driving them to some visits. However, the evidence found at this inspection showed the system was not operating effectively.
- Auditing systems were not effective. The registered manager had not followed its own policy in ensuring all recruitment information was in place on staff files.
- People told us the service needed to improve visit times. One person said, "I don't hold back and let them [staff] know I'm not happy when they are late."
- Staff strived to ensure care was delivered in the way people needed and wanted it.
- There was good communication maintained between the registered manager and staff. This was evidenced throughout the inspection with staff keeping the registered manager up to date.
- Staff felt respected, valued and supported and that they were fairly treated.
- The registered manager was very involved in the day to day running of the service including working directly alongside staff where required.

Because of a failure in governance systems we have found the service is in breach of Regulation 17 of the Health and Social Care Act (2008) 2014.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- Some people were not completely satisfied with the way the service was operating. They told us the impact of late visits was not being addressed. The registered manager was taking action to recruit more suitable staff but the impact on people in the interim was negative.
- Staff told us they were encouraged to raise any concerns in confidence through a whistleblowing policy. The registered manager worked alongside staff and led by example. A staff member told us, "Working with [registered manger] is good because we get more information. It's a small team and this helps with communication."
- The registered manager clearly understood the needs of people they supported and demonstrated a good understanding of their likes and preferences.
- Staff told us they had general confidence in the management of the service and would not hesitate to report any concerns.

- The provider/registered manager understood their role and responsibilities in ensuring they were open and transparent when things go wrong.

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

- The service had systems and procedures in place to monitor and assess the quality of their service. There had been an external quality review. The results of this review were generally positive and did not reflect the current issues found in this report relating to late calls.
- Regular team meetings and spot checks provided staff with an opportunity to share any ideas, or raise any issues about the service.

Continuous learning and improving care

- The provider/registered manager was keen to ensure a culture of continuous learning and improvement. For example, when staff identified a training need this was provided, such as catheter care

Working in partnership with others

- The service worked in partnership and collaboration with other organisations to support care provision and improve service development. For example, care sector organisations for promoting good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have an effective system in place to regularly assess and monitor the governance systems in place.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff files did not always have the required information as required by regulation.