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Eureka Care Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on 01 and 05 June 2017 and was announced. This was the service's first inspection since registering with the Care Quality Commission on 05 September 2016.

Eureka Care Services Ltd provides personal care for people living in their own homes. At the time of the inspection seven people were receiving a service from them.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. On this occasion the registered manager was also the provider.

People told us they felt safe and their individual risks were assessed and managed. There were sufficient staff to meet people's needs but not all staff had undergone rigorous employment checks prior to working in the service. Staff were not required at the time of inspection to administer medicines to people.

People were supported by staff who had received appropriate training and development that was supported by a thorough induction and on going training. People's consent had been sought before care was offered and the staff were familiar with the principles of the Mental Capacity Act 2005. People were assisted to eat and drink enough to maintain a healthy diet and health professionals were contacted on people's behalf if needed.

People told us they were treated with dignity and respect and were involved in planning and reviewing their care. People felt their views were listened to and staff supported them as individuals. Their confidentiality was promoted as records were held securely.

People received personalised care that met their needs and there was effective communication between staff and the management team to help ensure staff had up to date information about people. People were supported with interests important to them and staff adapted their style of social interaction with people based on their individual needs. There had been no complaints to review but people knew who to speak with if they had a complaint.

There were systems in place to monitor the quality of the service however these at the time of inspection had not been effectively utilised. These were being developed further to support a planned increase in the number of people who used the service. People's care records lacked detail about the person, and were not updated when people's needs changed. People knew the registered manager and told us they felt the service was well run. Staff were very positive about the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not always supported by staff who had undergone a robust recruitment process.

Staff were aware of how to identify and report concerns regarding a person's safety or welfare.

People told us they felt safe and that they were supported by sufficient numbers of staff.

Risks to people's individual safety and welfare were assessed and managed.

Is the service effective?

Good

The service was effective.

People were supported by trained staff.

People's consent was sought.

People were supported to eat and drink sufficient amounts.

People were referred to various health professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated in a dignified manner.

People were involved in planning and reviewing their care.

People's confidentiality and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised and responsive to their needs.

People were supported by staff to maintain interests and social interaction.

People were aware of how to raise a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People's care records did not record in sufficient details information relating to identified care needs or peoples changing needs.

The provider did not effectively operate a system to ensure they monitored the quality of care that people received.

The provider sought people's feedback regarding the service informally.

People and staff told us the provider was approachable, visible and that they could discuss matters relating to the management of the service.

Eureka Care Services

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and carried out by one inspector on 01 and 05 June 2017. We gave the provider 48 hours' notice to ensure that they would be available to support us with our inspection and that staff were available to speak with us.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who used the service, two staff members, and the provider. We viewed care records relating to two people's care and support and we also reviewed records relating to the management of the service including employment records, auditing tools and training and development records.

Requires Improvement

Is the service safe?

Our findings

The service did not follow a robust recruitment processes to ensure staff were of sufficiently good character to work with people in their own homes. We looked at the recruitment records for four staff. We saw that application forms were completed and people's identity had been checked and verified. However, people's employment or educational histories were not complete and the gaps in these areas had not been explored through interview. We found that references were not always sought from the most recent and relevant employer. For example one staff member although working at that time for a care agency, had their reference provided by another carer at the company and not the manager. Other examples were friends or colleagues had provided references as opposed to a professional. For one staff member we found that one of the references had been received two months after they started working with people providing care.

We found that of the four staff records reviewed, one staff member did not have a current criminal records check in place although they were providing care to people. The criminal records check seen by the provider related to a previous organisation and was dated April 2016. The provider had applied for a current check for this staff member, however was awaiting this to be returned to them. We brought this to the provider's attention who then suspended the worker from providing care unsupervised whilst awaiting the criminal records check to return. The provider did have a policy in place to guide them with regards to the recruitment of staff, however was not aware of the content or how it applied to their recruitment of staff. During the inspection they contacted a local organisation to seek further support and guidance with their recruitment processes and policy.

People told us they felt safe. One person said, "Perfectly safe, yes absolutely all the time." A second person said, "I do always feel safe and at ease."
Staff spoken with were aware of how to recognise and report abuse and had received training in this area. Staff we spoke with told us that they could report any concerns to the provider or that they could report their concerns externally to the local authority. One staff member said, "If I reported something to [Provider] and nothing was done I would go straight to social services, CQC or even the police." The provider demonstrated to us they had a good understanding of how to respond to any concerns about people's welfare and they had visited people in their homes frequently either through carrying out spot checks or providing care to ensure people were satisfied with the care they received.

People told us there were sufficient numbers of staff they knew well to support them. People confirmed their calls were usually at the time they requested and for the length of time staff were booked for. People told us if staff were running late they called ahead and that staff, including the provider had time to carry out extra tasks when needed. One person said, "They are on time, traffic depending, but if they are held up they call, they always stay the time they need to, and if I wanted them to, they would stay a bit more if I needed something doing." A second person said, "We have four different ones, they take it in turns but are always the same staff so we recognise them all and are happy with that." The provider told us they had put a hold on any new care packages until they had recruited further staff to support the new people. This demonstrated that the provider ensured sufficient staff were available, and also that they were aware of the need to recruit more staff to accommodate new care packages safely.

People confirmed they were happy with how staff responded to any risks. One person told us, "We found out about them via a friend, they helped us get the house rigged up with the alarms and chairs, everything we wanted to keep us safe." Staff told us they frequently discussed with the provider any changes to people's needs, and that they responded promptly when needed. This means meant that although the care records did not document accurately the change in people's needs, staff had shared the risks through daily discussions and handover and responded accordingly. In all examples, the provider regularly supported people with their personal care so was also able to monitor and identify quickly any changes that required addressing.

People told us they felt that risks were identified and managed positively. People had a full assessment undertaken which identified areas of risk when they started using the service. For example, in relation to mobility, nutritional needs, skin integrity or environmental issues. We found that these were not all well documented within people`s care records as their needs changed. However staff spoken with were able to recall in detail people's particular needs and how they supported them day to day. For example, staff told us about one person who had developed a sore area after an extended period in bed. They described to us how they worked with the district nurse team to ensure the appropriate equipment was provided and then how they provided daily care to reduce the pressure on these areas. At the time of the inspection the person confirmed to us that since having Eureka Care Services providing the care to them this area had healed.

People who used the service were able to manage their own medicines without the need for staff to administer them. Staff spoken with confirmed that they would remind, or prompt people to take the medicine, but did not actively give them their medicine at a required time. The provider told us that staff would not administer medicines until they had all received the appropriate training to do so. Where staff used a cream or emollient prescribed by a doctor, they made a note within the care record to note they had done so.

Good

Is the service effective?

Our findings

People told us they felt the staff were skilled and knowledgeable. One person told us, "They are first class, they are very well trained, I should say exceptionally well trained." A second person told us, "They seem fine to me. They get on with the task in hand and do it confidently."

Staff told us they completed an induction when they started work. This covered key areas of training following a nationally recognised certificate that included moving and handling, safeguarding people from abuse, health and safety and infection control. When staff started work, the provider shadowed them for varying lengths of time depending on how much support they required and their confidence levels. Staff confirmed this with one staff member saying, "I did shadowing with [Provider], mine was for nearly a month until we were sure I could do it on my own." A second staff member told us their shadowing period was for two weeks, demonstrating that the provider adopted an individual approach to supporting staff on induction.

Staff competency was further tested during regular spot checks and subsequent supervision meetings. The provider told us they had not completed as many of these as they wanted formally, but as they worked with each staff member daily they were able to see how they worked. Although some formal spot checks had been undertaken that involved the staff member and person, and we could see these focused on areas such as practise, record keeping, people's satisfaction and checking if the equipment used was appropriate.

People's consent was sought prior to care being offered. We saw that people had signed their agreement to the care plan and also signed relevant risk assessments and care plans. People told us that staff sought their consent prior to carrying out care and people felt they were able to withdraw their consent when they wished to. One person said, "They don't just get on with it but ask if I am ready, if I am not I tell them and they go off to do something else until I am, but they never grumble about having to wait."

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. We checked whether the service was working within the principles of the MCA but found at that time no people were considered to lack the capacity to make their own decisions. Staff we spoke with and the provider were knowledgeable about supporting those people who may in the future lack capacity.

People were supported to eat healthily and maintain their nutritional intake. Staff spoken with were able to tell us about people's particular needs in relation to food and fluid, and were clear about what support people needed. Where staff cooked meals for people they tried to encourage people to select healthy options and also ensured snacks and drinks were left in people`s reach when they left. One person said, "I am sometimes amazed at what they [staff] come up with in the kitchen from the ingredients we have, I know I am putting my weight on steadily."

Staff when concerned about people's changing health needs contacted the registered manager who then referred people to various health professionals. For example staff told us about a person`s leg bag [Continence aid] that had detached. They quickly notified the provider and also waited for the nursing team to attend the service to reattach the bag. Staff told us and records confirmed that staff supported people to access a wide range of other professionals including the GP, pharmacist, dentist and social work teams.

Good

Is the service caring?

Our findings

People told us they were treated with dignity and kindness by staff. One person said, "Dignity is not just a word, it is a way they practise it and the [staff] always treat us with respect and cordiality." A second person said, "I feel very much at ease with them around because they don't make me feel awkward or burdensome in any way." Staff spoken with told us how they protected people's privacy when providing care by knocking on doors prior to entering the room, closing the curtains in the room, protecting people's modesty when bathing and speaking at a lower level to avoid other people in the home overhearing the conversations.

People told us they were involved in planning and reviewing their care and were aware of what was written in their care plan. One person told us, "[Provider and staff] listened to me very much at the beginning which led to me getting exactly the care I wanted. I can change things as I wish, so for example if I have an appointment I phone up and ask for them to come when I need them to and they do."

People told us and staff confirmed that there were frequent daily handovers between carers and people they supported and these were communicated to the provider. We saw from care records that people's personal preferences were documented, however these required further improvement to ensure they were person centred and encapsulated the individual care each person required. We discussed this with the provider who agreed that the records lacked detailed information about people's life choices and preferences and they would undertake to review these.

People were however supported by staff who knew them well. Staff were able to tell us in detail about people's needs, preferences and how they chose to be supported. Staff were able to recall people`s individual needs, and how they would adapt their approach depending on how the person communicated for example. One staff member said, "[Person] is quite hard of hearing so I sit with them and use the tablet to type and they respond. [Person] likes it and we both sit laughing away as we chat via the tablet." Staff were clear when describing people's individual routines and how they met people's varying and changing needs.

People's confidential records were stored securely and confidentiality was promoted. We saw that records at the office were held securely and people confirmed that records in their homes were stored securely to minimise the likelihood of someone visiting the person unwittingly glancing at the confidential information contained in them. Staff spoken with were aware of the need to maintain confidentiality at all times and would report any concerns they had to the provider.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. One person told us, "If I didn't have them I would be in a care home, I rely on them for everything." A second person said, "We told them what we wanted and how and they have done it exactly to our requirements, when they bath me they are excellent."

People had a personalised assessment of their needs carried out prior to care being delivered. Staff were clear about how to support people in a way that responded to their individual needs. With care being provided to people by a consistent staff team this meant people and staff had developed a close rapport with one another. The provider told us that when people's care was provided this was in a manner to meet their own goals and wishes. One person told us, "[Provider] came out to assess me at first which was perfect because they listened to me. They [provider] are always here so will fine tune my care as I need it and as things change day to day. I have to say I am very happy and feel very much part of the process." One staff member described how they knew to provide person centred care saying, "The first thing we do is go through the care plan, we talk to them [people] and then get them involved from the outset. Then when we are writing up our notes we do it with them [people] so they can see what we are writing and comment, make changes or question things. That means they are able to shape their care the way they want and it`s not our thoughts."

People were supported with their individual interests and social interaction. Staff spoken with told us about one person's daily routine. They told us about this person's life, relationships and interests comprehensively. They told us about a second person who liked to watch television and enjoyed it when staff sat with them for a while, and that they made time to do so. One person said, "They [staff] are all very amiable, nothing is too much trouble, if we want something from the shop they get it, when I talk to them they show a genuine interest in what I say and in me as a person." Staff and the provider gave us further examples where staff accompanied people to church groups and local coffee mornings so they could maintain social connections. One person told us, "If they [staff] are here and I have friends or family visiting, they are part of it, showing an interest, making drinks and being part of it." This meant that staff shared a rapport with people that meant they understood the person and what was important to them and supported them to maintain social links and interests.

People were aware they could make a complaint to staff, the provider or to external organisations. One person said, "I would go to [provider], I see them about once a week sometimes more so can always talk to them. I've never had to make a complaint and wouldn't expect to need to at the moment." A second person said, "I would go to [provider] and if that didn't work then I would speak to the health authority or you [CQC], but I have not had a need to make a complaint." Since being registered with the Care Quality Commission six months prior to the inspection, no complaints had been received. We were however shown compliments that had been received, praising the staff and provider.

Requires Improvement

Is the service well-led?

Our findings

People spoken with told us they knew who the provider was, saw them regularly and felt overall the service was well run. One person said, "We are comfortable with the way things go, the manager talks to us, and I feel I can raise anything I want to." People felt the provider kept them informed of developments within the service and how it was run and felt they were able to discuss these with them openly. One person said, "[Provider] spoke with me the other day about recruiting more staff and expanding the company, my hope will be that they listen to me when I say to keep things personal as they are now and not get too big and lose that."

Staff spoken with told us they felt the provider was approachable and listened to them. One staff member told us how they had discussed additional training areas with the provider which had been sourced for all staff following their feedback. Staff told us that team meetings were held, however the minutes of these meetings were not recorded and actions were not set or reviewed to ensure they were completed. The provider told us they would develop an agenda for discussion at the meetings alongside any emerging issues and would document each meeting as required.

The provider at the time of the inspection had policies in place relating to areas such as recruitment, safeguarding, care planning, health and safety etc. but was not aware of the content of these or how to implement it at the service. For example, when asked about the frequency of care reviews they were unsure, initially stating this was done monthly, but then changing their opinion. We found similar ambivalence with the frequency of spot checks of staff, recruitment policy and systems to monitor and improve the quality of care people received.

When we looked at people's care records we found that changes to people's needs were not documented. For example, for people who were at risk of developing pressure sores, or who were prone to urine infections. Risk assessments and care plans had not been developed to address these areas, however staff demonstrated good knowledge which meant that people had received the care they required. Where care plans were available, we found duplication of records with conflicting information. This presented a risk that staff could provide the wrong support. For example, one record asked the assessor to consider if the person was at risk of falls. They had recorded 'No'. However this person had experienced falls and was at the time of the inspection considered to be at risk. A second person's mobility had deteriorated and the care plan referred to a stand hoist, however staff confirmed that a full hoist was used at that time. Once again there was no guidance in the person`s records, however staff were aware of how to safely operate this.

We asked the provider for a copy of their governance arrangements and management plan that had been developed from monitoring and auditing their service. For example identifying training gaps, care records that were not up to date, gaps in recruitment, or other areas that would usually be identified through a system of auditing.. In response they gave us a copy of their business continuity plan. When we asked for a copy of their own service improvement plan they told us they did not have one.

The provider relied solely on people reporting to the office if the care staff were late or missed a call, and by

their regular visits to people at home. Staff competency was assessed by the registered manager but not documented into an assessment of staff skills, and did not then form part of on-going professional development. The registered manager when accessing induction training for staff had not considered the quality of the content, merely the need to have a certificate to evidence they had accessed this. They acknowledged the quality of training was not sufficient and had taken steps following the inspection to organise a nationally recognised certificate.

The provider at the time of inspection did not have a system in place to monitor the satisfaction of the service provided, or improvements people felt were required. Ordinarily this would be completed by the use of surveys to people, relatives, staff and other professionals. However, as the service remained small the registered manager frequently spoke to people to gather their feedback; however, they also acknowledged that this level of personal care would not be manageable as the service grew in size. They were in the process of developing a system to seek feedback from people and collate the feedback so that they could use this information to improve the service.

Subsequent to our inspection the provider had contacted local organisations for support with their governance and quality monitoring, however this was an area that required improvement to ensure people`s records were accurately maintained, appraisal systems were effectively used, and effective monitoring was in place.