

EdenCare Support Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 01 August 2017 and was announced. This was the first inspection for this service.

EdenCare Support Services Limited provides personal care to people with a range of difficulties. At the time of the inspection there were approximately 38 people using the service.

There was a registered manager at the service. 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 we spoke with told us they felt safe with the carers who visited them. There were sufficient staff to cover the work and staff we spoke with told us they were able to meet all the commitments of their job and were given enough time to complete all tasks required and have meaningful interaction with people who used the service.

The recruitment process was robust and helped ensure people employed were suitable to work with vulnerable people. Medicines systems were safe and staff were suitably trained in medicines administration.

There were appropriate, up to date safeguarding policies and procedures and staff we spoke with were confident in being able to recognise and report any suspected abuse or poor treatment.

Environmental and personal risk assessments were undertaken for people who used the service, to help ensure the safety of workers and safe delivery of care and use of equipment. Staff had undertaken appropriate infection control training.

Staff induction was thorough and training records evidenced that mandatory training was refreshed annually.

Staff supervision sessions were undertaken every few months and we saw evidence of these discussions.

Care records included relevant health information and consent for issues such as medicines administration and key holding was signed appropriately. The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA).

We spoke with people who used the service and they were positive about the care delivery. They told us the carers were always polite and respectful.

We saw from care records that people were involved in all aspects of care delivery and reviews of care.

People's independence was promoted and encouraged.

The service had an appropriate confidentiality policy and procedure and confidential information was locked away safely in the office. There was a service user guide which was given to all people who used the service and/or their relatives.

Assessments were thorough and the registered manager endeavoured to match up care workers with people they supported to ensure the service offered would best suit their needs.

Care plans were person-centred and included a range of health and personal information. Some people were supported to access activities in order to help them retain links with the wider community.

There was an appropriate complaints procedure and complaints were followed up appropriately. The service had received a number of compliments.

There was an out of hours service for people who used the service and staff could also access help and guidance if they required it via the out of hours number.

People who used the service felt the management were accessible and approachable. Staff meetings were held on a monthly basis.

Quality review forms were sent out on a regular basis to help ensure feedback was gathered from people who used the service. Spot checks were undertaken regularly.

Accidents and incidents were recorded appropriately and monitored by the registered manager to help ensure the risks were minimised in the future.

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.

People we spoke with told us they felt safe. The recruitment process was robust. Medicines systems were safe and staff were suitably trained in medicines administration.

There were appropriate, up to date safeguarding policies and procedures and staff we spoke with were confident in being able to recognise and report any suspected abuse or poor treatment.

Environmental and personal risk assessments were undertaken for people who used the service, to help ensure the safety of workers and safe delivery of care and use of equipment. Staff had undertaken appropriate infection control training.

Is the service effective?

Good ●

The service was effective.

Staff induction was thorough and training records evidenced that mandatory training was refreshed annually.

Staff supervision sessions were undertaken every few months and we saw evidence of these discussions. Care records included relevant health information and consent for issues such as medicines administration and key holding was signed appropriately.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People who used the service were positive about the care delivery. They told us the carers were always polite and respectful.

People were involved in all aspects of care delivery and reviews of care and independence was promoted and encouraged.

The service had an appropriate confidentiality policy and procedure and confidential information was locked away safely in the office.

Is the service responsive?

Good ●

The service was responsive.

Assessments were thorough and the registered manager endeavoured to match up care workers with people they supported to ensure the service offered would best suit their needs.

Care plans were person-centred and included a range of health and personal information. Some people were supported to access activities in order to help them retain links with the wider community.

There was an appropriate complaints procedure and complaints were followed up appropriately. The service had received a number of compliments.

Is the service well-led?

Good ●

The service was well-led.

There was an out of hours service for people who used the service and staff could also access help and guidance if they required it via the out of hours number. People who used the service felt the management were accessible and approachable.

Staff meetings were held on a monthly basis. Quality review forms were sent out on a regular basis to help ensure feedback was gathered from people who used the service. Spot checks were undertaken regularly.

Accidents and incidents were recorded appropriately and monitored by the registered manager to help ensure the risks were minimised in the future.

EdenCare Support Services Limited

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 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.

The inspection took place on 01 August 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary service and we wanted to ensure that someone would be available in the office to facilitate the inspection.

The inspection was undertaken by an adult social care inspector.

Prior to the inspection we reviewed information we held about the service and notifications we had received from the service. We also contacted the local authority commissioners of the service and the local authority safeguarding team and received no negative comments about the service.

During the inspection we spoke with the registered manager, a senior carer, and two care staff. We spent time at the office and looked at four care files, five staff files, training records, staff supervision records, service user satisfaction surveys, meeting minutes and audits. Following the inspection we spoke with three people who used the service and one relative.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the carers who visited them. They said this was mostly because of the consistency of having the same carers visiting, which was very important to people who used the service.

We looked at numbers of staff and the number of people who used the service and calls to be made. There were sufficient staff to cover the work and the registered manager told us they would not take on a care package that the service could not manage. Staff we spoke with told us they were able to meet all the commitments of their job and were given enough time to complete all tasks required and have meaningful interaction with people who used the service.

We looked at five staff files and saw that the recruitment process was robust. Each file included a job application, offer letter, proof of identity, two written references, terms of employment signed by the employee and Disclosure and Barring Service (DBS) checks. DBS checks help services know whether potential employees are suitable to work with vulnerable people.

There were appropriate, up to date safeguarding policies and procedures and they included relevant contact numbers. Staff we spoke with were confident in being able to recognise and report any suspected abuse or poor treatment. One staff member said, "The policies are in the office and on line for us to check. I would contact the manager – she always answers the phone out of hours". Another told us, "We all have safeguarding training. I feel really confident as it was really good training".

Employees had undertaken training in basic first aid, food safety and health and safety. Environmental and personal risk assessments were undertaken for people who used the service, to help ensure the safety of workers and safe delivery of care and use of equipment.

Many of the people who used the service were able to manage their own medicines or required some prompting. However, a few required administration of their medicines. Training records evidenced that staff undertook training in medicines administration and there was a clear process to follow in the event of a medicines error. Spot checks helped ensure staff competence remained good and regular medicines audits were undertaken to help ensure safety in this area.

Staff had undertaken appropriate infection control training. Personal protective equipment, such as plastic aprons and gloves, were readily available and plentiful for staff to use when delivering personal care. This helped minimise the risk of spreading infection.

Is the service effective?

Our findings

We asked staff about their roles and responsibilities, which they were able to explain to us. One staff member told us, "I find the job really good, I am learning every day. We can do more training when we want to". Another told us, "We have a supportive team and we all help each other. Shadowing on induction was really helpful and there is enough training". A third commented, "We are given enough time to complete tasks".

We looked at records of staff induction which were comprehensive and complete. Staff were required to undertake mandatory training, read policies and procedures, understand the background of the company and demonstrate an understanding of the requirements of their role and responsibilities. They were required to shadow an experienced member of staff for as long as needed until they felt confident and were deemed competent. Staff we spoke with told us the induction was thorough and they felt equipped to carry out their roles once they had undertaken this. One staff member told us, "I was new to domiciliary care work and shadowed for a significant length of time until I felt confident to work on my own".

We saw training records which evidenced that mandatory training was refreshed annually. The service had introduced the Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Staff were encouraged and supported to access extra training, vocational courses and other personal development opportunities.

Staff supervision sessions were undertaken every few months and we saw evidence of these discussions. Staff we spoke with felt supervisions were helpful in discussing their personal development, training needs and any issues or concerns.

We looked at four care records and these included relevant health information, assessment of needs, support plans, summary of support, communication records and medicines records. Duplicates of the records were kept in people's homes and included authorisation forms for issues such as key holding and dealing with finances. These were signed by the person who used the service or their representative if appropriate.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw that all staff had

undertaken some training in MCA as part of their induction programme. Staff we spoke with demonstrated an understanding of the principles of the Act. One staff member said, "We assist with decision making when people have, for example, advanced dementia. Decisions that you assist people with need to be in their best interests and not putting them at risk". Another told us, "I can recognise people's needs [in this area] because of the training". The registered manager was able to tell us about best interest meetings that she had contributed to.

Is the service caring?

Our findings

We spoke with people who used the service. Comments included, "I am happy with the agency, never been happier ever since I have been with EdenCare"; "I am happy with the services. They are nice girls morning and night. I am indoors all day so it's nice to see them"; "I have younger people supporting me who understand my needs. These care workers become your friends and there is someone there to talk to". A relative told us, "The carers are always on time. My [relative] has the one carer each weekday and one at weekends. She keeps the same carer five days and two days. I have dealt with many agencies but this is the best. They [carers] are just like family to her and the support we get is excellent. My [relative] loves them"

We asked people if their privacy and dignity was respected. They told us the carers were always polite and respectful. One relative told us, "They respect privacy and dignity. I would recommend them to anyone".

Staff we spoke with had a caring attitude and it was clear they enjoyed their work. One staff member said, "I really enjoy my job. I love my job. Every moment I come into work I love it". Another said, "I think the service is fantastic and I enjoy the job".

We saw a written comment from another agency which read, "The staff from EdenCare Support Services who work with our residents are an asset to the company. The staff are well respected, courteous, reliable and hardworking and always have a positive attitude towards their work".

We saw from care records that people were involved in all aspects of care delivery and reviews of care. People's independence was promoted and encouragement given to people to help ensure they were retaining as much independence and autonomy as possible.

The service had an appropriate confidentiality policy and procedure and confidential information was locked away safely in the office. All employees were required to read the policy and sign a confidentiality agreement and we saw these signed documents were included within staff files.

There was a service user guide which was given to all people who used the service and/or their relatives. This included the service's Statement of Purpose, mission statement, aims and objectives. The services that could be provided were outlined within the document and these included, nutritional support, personal care, activities and domestic support. There was information on assessment, support plans, reassessments and reviews. The care team were also described. We saw that service user rights, including the right to dignity and privacy, choice, fulfilment and independence were documented

We saw that the service user guide also include guidance on how to request a change of carer if the person was not satisfied with the worker they had. . There was information on how to complain, raise a concern or offer a compliment and relevant contact details were included. There was a contract and terms and conditions, fees and payments, information on how to cancel a visit, cancel the service or how to go about asking for more help. Details of how to report alleged abuse was included.

Is the service responsive?

Our findings

We asked people if the service was responsive to their needs and wishes. People told us, "I explained I didn't like different people coming in, asking the same questions. Someone recommended this service and the registered manager sat down with me and set up the package to suit me. I felt like I mattered to them as a company and whatever they promised, they have done": "What you need from a company is them to work round you, not you work round them"; They do everything I want".

Assessments were thorough and the registered manager endeavoured to match up care workers with people they supported to ensure the service offered would best suit their needs. Care plans were person-centred and included a range of health and personal information. There was information around communication, sensory issues, health, nutrition, religious and cultural preferences, some background history, likes and dislikes and things enjoyed by the person. Some people were supported to access activities in order to help them retain links with the wider community and continue to participate in things they enjoyed.

We saw that reviews were undertaken on a six or 12 monthly basis, or when changes occurred and these were complete and up to date. Care packages were altered in response to people's requests and the visits were flexible so that, if the person had other arrangements, visits could be rearranged to suit them.

We looked at some recent quality review forms that had been completed by people who used the service. Comments under 'What I Like About the Service' included, "Always send the same staff that are polite and helpful. Care worker looks after my care needs and I know my carer"; "I like my carer. She is good with me and knows me well"; "Making my [relative] laugh and joke again has been the most thankful part of having you support him"; Very reliable and most important, the manager fits someone according to my needs". Under 'What Could be Improved' there was a comment, "I would like more hours of care".

We saw compliments received by the service in the form of cards. Comments included; "Thank you for all the care you have shown"; "I am writing to say I am very happy with the services from EdenCare"; "Don't know how I coped without you and your team".

There was an appropriate complaints procedure and this was outlined in the service user file. There was also information within the service user guide, with relevant contact numbers. Complaints were recorded with details of the complaint or concern, actions, response date and final outcome. There had only been one complaint received and this had been followed up appropriately and in a timely manner. People told us they had no complaints. One relative told us, "I have not once complained. I have no concerns."

Is the service well-led?

Our findings

There was a registered manager at the service. 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.

The registered manager explained that they would not take on a package of care that they could not fulfil. This helped ensure the care and support offered could be delivered well.

There was an out of hours service for people who used the service and this was outlined in their care files at their homes. Staff could also access help and guidance if they required it via the out of hours number. We asked staff if the management were supportive. They told us, "I have never worked for a more supportive company. Any problems you can contact the registered manager or managing director any time"; "The manager is very approachable. If I ring she always answers and deals with it straight away"; "The manager is always on the end of the phone, any time of day, any time I am unsure I can ring". One staff member commented, "I wasn't sure I could do the job at first but the support I receive has made it possible".

People who used the service felt the management were accessible and approachable. One person commented, "I ring the registered manager if I need to alter times and she sorts it out". A relative said, "You can get hold of the office always".

There was a supervision policy and procedure and this was read and signed as read by all employees. Supervisions were undertaken several times per year.

There were monthly staff meetings. Discussions included new staff introductions, on call arrangements, rotas and annual leave requests, uniforms, changes of client needs, spot checks, MAR sheets, staff issues and employee of the month. Any actions agreed at the meetings were recorded.

Quality review forms were sent out on a regular basis to help ensure feedback was gathered from people who used the service. Spot checks were undertaken regularly and we saw evidence of these where checks were made on time and attendance, tasks and medicines records. Observations of practice were carried out to help ensure continued competence and the person who used the service was interviewed to gain their views. A summary of the visit was then completed. We saw evidence of monthly medicines administration record (MAR) audits.

There was an appropriate incident reporting policy and procedure. Accidents and incidents were recorded appropriately and these incidents were monitored by the registered manager to help ensure the risks were minimised in the future.