

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

### About the service

Edencare Support Services Limited is a domiciliary care service providing personal care to people in their own houses and flats in the community. At the time of our inspection there were 62 people using the service. 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. At the time of inspection, the service was providing personal care to 44 people.

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

The provider managed medicines safely; however, some processes were not always robust in reducing risk. We made recommendations about the safe management of medicines.

The registered manager ensured systems were in place to monitor the running of the service. However, some audits were not carried out consistently, reducing the providers overview of risk within the service. We made recommendations about consistent approaches to auditing care records.

Staff had a good understanding of safeguarding processes. Risk assessments were robust and relevant. Staffing levels were safe and reviewed regularly by managers. Infection prevention and control (IPC) systems were in place to reduce people's risk of infection.

People's needs were assessed and reviewed regularly. People's health and nutrition needs were supported, and staff were aware of their responsibility to promote people's rights. People had access to healthcare professionals.

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 and family members knew how to make a complaint. They were confident their complaint would be listened to and acted upon quickly. Lessons were learned when concerns were raised, and these outcomes were communicated to staff. Staff approaches promoted dignity and respect.

The provider was open and honest in their approach to supporting people. They were in regular contact with people receiving support to ensure they obtained feedback on the quality of support provided. Staff knew how to support people to ensure end of life needs were met. Staff worked in partnership with other agencies to deliver effective support.

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

Rating at last inspection

The last rating for this service was good (published 30 August 2017)

#### Why we inspected

This inspection was a planned inspection based on the date the service was last inspected.

#### Recommendations

We have made recommendations about the management of medicines and governance of service documents.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# EdenCare Support 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Edencare Support Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 January 2024 and ended on 25 January 2024. We visited the office on 23 and 25 January 2024.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, deputy manager, and 5 staff. We spoke with 2 people receiving support and 9 relatives.

We reviewed 7 people's support records, including 4 records of medicines administration. We looked at 5 staff files in relation to recruitment, and a variety of records relating to the management of the service, including policies and procedures.

We asked the registered manager to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Instructions for medicines given when required 'PRN' were not always available. This meant we could not be assured staff always knew when to offer these type medicines to people.
- Topical medicines did not always have body maps in place to instruct staff where, or how, to apply creams so we could not be assured they were applied as prescribed.
- After the inspection the service sent evidence these issues had been rectified. We noted there was no impact of harm on people at the time of the inspection.

We recommended the provider consider current guidance on safe medicines management and administration and takes action to update their practice accordingly.

- The provider had processes in place to support people with prescribed medicines.
- The registered manager and deputy manager ensured staff received medicines training. Processes were in place to assess staff competency.

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

- People were protected from abuse. The provider had policies and procedures for safeguarding and whistleblowing to protect people from the risk of abuse.
- The registered manager modelled an open and transparent culture which encouraged people to raise any safeguarding concerns.
- Staff were aware of the different types of abuse and had been trained in their responsibilities for safeguarding adults. Staff knew what actions to take if they witnessed or suspected abuse.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager and deputy manager assessed individual risk and implemented controls to mitigate these.
- Risks associated with the provision of peoples' support had been assessed. Risk assessments were detailed, and person centred.
- Staff had completed training which the provider had deemed as mandatory to keep people safe.

### Staffing and recruitment

- The registered manager ensured there were enough staff, with the right training and skills, to meet people's needs.
- The provider had effective recruitment processes. Recent records showed staff being recruited safely, with

appropriate checks completed.

- The service had an electronic system to enable coordinators to track late calls effectively and to make alternative arrangements through consultation with people, where appropriate. No calls had been missed and staff told us managers would help with support tasks when needed.

Preventing and controlling infection

- Staff followed effective infection prevention and control measures to help ensure people were safe and protected from the risk of infection.
- The registered manager had plans in place to alert other agencies to infection control concerns affecting people's health and wellbeing.
- The provider's infection prevention and control policy was up to date.



# 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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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's needs were assessed by the provider before support commenced.
- The registered manager and deputy manager maintained an overview of people's changing needs to make sure assessments and support plans were up to date.
- Staff understood people's rights, relevant legislation, and best practice.

Staff support: induction, training, skills and experience

- The provider had systems in place to ensure staff received effective induction, training, and supervision, and were skilled and competent to carry out their roles.
- The registered manager and deputy manager ensured ongoing training was completed by all staff. Staff were supported with job progression and professional development.
- Staff told us they felt confident in supporting people's needs and received a comprehensive induction, including shadowing other staff before supporting people on their own.
- Staff told us they received additional training to help them support people's specific needs. For example, staff received additional training to support people at the end of the lives.

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

- The registered manager and deputy manager recorded people's cultural and religious dietary needs, and ensured staff respected people's needs and wishes when supporting them at mealtimes.
- The provider ensured people's support plans included information about their needs regarding fluids and nutrition.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care and support.
- People were supported to live healthier lives, access healthcare services and support.
- Support records showed advice given by health professionals was acted upon, and staff were prompt in raising concerns or issues
- Relatives said staff were effective in supporting the changing needs of the people they supported. One relative told us, "Staff are absolutely brilliant; they helped [my relative] to get extra equipment as their needs increased. They are very patient and have become part of the family. I would give them 10/10. They go

beyond and above what you would expect."

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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.

- The provider had processes in place to ensure the service worked within the legal requirements of the MCA. Assessments of people's needs included people's capacity to choose and make decisions.
- Staff demonstrated an awareness of supporting people to make decisions and understood the principles of the MCA.

# 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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- Staff treated people with real kindness, respect, and humanity.
- People benefited from staff who knew them well. This meant people's individual characteristics, likes, dislikes and personal preferences were recognised and respected by staff.
- The registered manager promoted equality and diversity. Staff had received training in equality and diversity and were able to explain what this meant for people.
- Staff told us they worked hard to promote people's equality needs and had recently supported a number of charity events raising awareness around mental health needs and cancer treatments. The registered manager and deputy manager told us the provider often recruited staff based on the cultural and communication needs of the people they were supporting at the time.

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

- Staff supported people to express their views and make decisions about their support using their preferred method of communication.
- People were given time to listen, process information and respond to staff and other professionals.
- People and their relatives were empowered to make decisions about the service when appropriate and felt confident to feedback on their care and support.
- People told us staff were caring and inclusive. One person said, "Staff are very kind and caring. My family do a menu plan, but staff still check what I want on the day. They phone up and book my sports activities and talk to me about football and wrestling (which are my favourite things)."

Respecting and promoting people's privacy, dignity and independence

- The provider followed best practice standards which ensured people received privacy, dignity, choice, and independence.
- The registered manager ensured people had the opportunity to try new experiences, develop new skills, and gain independence.
- Staff knew when people needed their space and privacy and respected this.
- The provider promoted people's independence with regular 'courtesy calls' to review people's care progress and to empower them to lead their support provision through the identification of goals and wishes. The registered manager and deputy manager showed us new support plans which were designed to reflect this and were in the process of being introduced.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- The provider ensured people had clear support plans in place detailing their needs and preferences in a personalised, responsive way.
- Managers ensured people's support plans described their health and social care needs in detail. Support plans provided staff with guidance and were person-centred, containing people's likes, dislikes, and preferences.
- Staff had a good understanding of people's needs and told us managers kept them informed of any changes to people's support. The registered manager told us they were developing their website and technology to enable people and their relatives to become more involved in service changes and activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider ensured people had access to information in formats they could understand.
- People had individual communication plans detailing effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

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

- The registered manager and deputy manager assessed and recorded people's social needs, wishes and aspirations and supported people to attain those goals.
- Staff spent time getting to know people's background and history to enable them to support participation in activities meaningful to them.
- Staff understood people as individuals and how their needs and emotional wellbeing should be met. For example, the provider had developed links with local community organisations to meet people's cultural and spiritual needs.

Improving care quality in response to complaints or concerns

- The provider had processes in place to allow people to raise concerns and complaints easily.
- Managers ensured complaints were tracked and analysed to ensure lessons were learned, and improvements were made to people's quality of support. For example, changes were made to monitoring processes following incidents.
- People and their relatives told us they knew how to make a complaint and felt confident any issues raised would be dealt with appropriately by managers.

#### End of life care and support

- Processes were in place to support people with end-of-life decisions.
- Staff knew how to support people and how to access the appropriate health professionals to ensure end of life needs were met.
- At the time of our inspection there were no people receiving support who were at the end of their life.

# 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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had processes in place for auditing support records, including accidents and incidents to assure themselves of quality. However, some audits were not conducted consistently, reducing the providers overview of risk within the service.
- After the inspection, the service sent evidence of how they were addressing these issues. We noted there was no impact of harm on people at the time of the inspection.

We recommended the provider consider current guidance on monitoring and governance of record keeping and take action to update their practice accordingly.

- The registered manager had the skills, knowledge, and experience to perform their role. They demonstrated a clear understanding of people's needs and had good oversight of the services they managed.
- Staff were clear about their roles and responsibilities and felt supported by the management team

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and deputy manager led by example and demonstrated an open and transparent approach. Staff were encouraged to discuss concerns through 'chai and chat' sessions available at weekends.
- The provider recruited staff who were passionate about promoting person centred, inclusive support to reflect the cultural and religious needs of the people receiving support.
- The registered manager was aware of their role in supporting people's rights and in maintaining equality standards

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; Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager fully understood their responsibilities around duty of candour. This was

underpinned by the open and honest culture and by appropriate policies and procedures, including a designated whistleblowing champion.

- The provider had robust processes in place for receiving feedback and suggestions on how to improve the quality of support
- The registered manager and deputy manager ensured people were included in the local community by working closely with local organisations to support people's social and cultural needs.
- Healthcare professionals said the provider was responsive and well-led. One healthcare professional told us, "The provider is very responsive to our input and the registered manager is proactive in working with other organisations. The staff team is consistent and the provider prompts improvements in the quality of service provided to people and their relatives."