

Eden Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

The inspection was announced and took place on 9, 10 and 11 October 2017.

This service was previously in operation at a different address. This is the first inspection from this address and under the current methodology.

Eden Care Services Limited provides personal care and support to people living in their own homes. They operate from premises located in Macclesfield town centre.

There was a registered manager in post. 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.

This inspection focussed on the domiciliary care provided by Eden Care Services. At the time of the inspection the service offered support to 88 people, however only 79 people were in receipt of the regulated activity 'personal care'.

Risk assessments were not detailed and did not always contain sufficient information to ensure that the risks to people using the service were minimised. There were not always clear plans to instruct what action staff should take to reduce the risks to people receiving a service. However, we saw that care staff often liaised with office staff and the relevant professionals where concerns were noted. The registered manager agreed to review the risk assessments.

There were sufficient staff to complete the scheduled visits for each person and people told us that they had not had any missed calls. They told us that generally staff arrived on time and they were contacted if there were going to be any delays. Visit times were recorded in the daily records and these were checked by the keyworkers. People knew to contact the office with any problems. No concerns had been made to the provider about missed calls.

Arrangements were in place to protect people from the risk of abuse. We spoke to staff about their understanding of safeguarding and they were able to describe what action to take if they suspected that someone was at risk of abuse or they saw signs of abuse. People using the service reported that they felt safe and their relatives told us that they were confident that their family members were safe and supported by the staff of Eden Care Services.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The care files that we looked at contained the detailed relevant information that staff needed to care for the person including their preferences. It was clear through discussions with staff that they knew the people they were supporting well and they were able to provide consistent care to people and build up positive relationships.

Discussions with staff members identified that they felt happy and supported in their roles. They told us that the registered manager was supportive and they felt that they could contact her and the office staff at any time.

The service had a quality assurance system in place, however not all these checks were recorded, such as medication audits. The registered manager devised a form to capture these checks during the course of our inspection. The registered manager also sought feedback from the people who used the service via monthly face to face checks carried out by keyworkers and spot checks were carried out on staff to ensure standards of care were maintained.

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.

Risk assessments were not specific enough and it was not always clear what actions staff were taking to minimise the risks to people. They were not dated and sometimes included contradictory information.

Staff were aware of their responsibilities to protect people from the risk of abuse. People using the service and their relatives told us that they felt safe and secure when staff visited them in their own home.

Recruitment records demonstrated there were systems in place to help ensure staff employed at service were suitable to work with vulnerable people.

Requires Improvement ●

Is the service effective?

The service was effective.

People told us that they felt well cared for and they had no concerns about staff knowledge and skills.

Records showed that staff had received induction when they began working for the service and they were able to access support and training to build upon their knowledge and skills.

Detailed daily records were kept that monitored any changes to people's health and wellbeing and there was good communication between care and office staff to ensure that any changes were noted and relevant action taken.

Good ●

Is the service caring?

The service was caring.

The people that were using the service and their relatives told us that the staff were kind and caring.

People generally received continuity of care as the registered manager tried to ensure that people carried out the same visits

Good ●

each week. People felt that staff who knew them, their needs and preferences well.

Is the service responsive?

The service was responsive.

Task sheets were person centred and provided detailed guidance for staff to be able to support people in their care to meet their individual needs.

Detailed notes were taken of all visits carried out in the home and care staff reported any changes to office staff, who recorded and took prompt action involving other professionals where required.

The provider had a complaints policy and processes were in place to record any complaints received and everyone we spoke to knew how to complain.

Good ●

Is the service well-led?

The service was well-led.

The provider had a quality assurance system in place which used various checks and audit tools to monitor and review practices within the service. This included the use of quality checks and reviews of care plans; however some of the checks were not recorded such as medication audits. Spot checks of staff were regularly carried out to ensure that standards of care were maintained.

Regular team meetings were held and staff were updated through weekly newsletters of any changes with individual people or legislation and policies.

Good ●

Eden Care 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 was planned to check 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.

This inspection took place on 9, 10 and 11 October 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure that someone was available. The inspection was carried out by two adult social care inspectors and an expert by experience on the first day of the inspection. Phone calls were conducted on the second day and a further visit was completed by one social care inspector on the third day. An expert by experience is a person who has personal experience of either using this type of care service or caring for someone who uses this type of care service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Eden Care Services Limited. They told us that they had no concerns.

The registered manager was available throughout the inspection to provide documentation and feedback.

During the course of our inspection we spoke with 23 people who used the service and five of their relatives. We spoke with 12 members of staff including the registered manager, the assistant manager, the client support co-ordinator, care co-ordinator and the training and development manager as well as seven carers. We also spoke to one health care professional following our inspection.

We visited four people separately in their homes with their permission. We looked at care records for eight people who used the service. Records reviewed included: policies and procedures, five staff files covering recruitment and training records, medicine administration records (MAR), staff rotas and complaints.

Is the service safe?

Our findings

Discussions with people who used the service identified that they felt safe and well cared for within their own homes. Comments included, "We feel very safe and comfortable with the carers", "I get the same carers most of the time and if they are going to be late, they let me know that there has been a problem" and "If they are delayed, they let me know – this is not often. They don't rush around and don't leave early".

Relatives who we spoke with told us that they felt the service was safe and they had no concerns. Comments included, "They let me know if they are going to be a few minutes late, but this is not often" and "They are very good, they come straight away".

The service had generic risk assessments that identified some of the risks to people's health and wellbeing such as falls, nutrition and health conditions. However they did not always clearly identify what plans were in place to minimise such risks or contain sufficient detail to ensure that people who used the service were safeguarded from unnecessary hazards. For instance, we saw in one person's file that there were clear instructions about their medical condition and what action staff should take if the person displayed certain symptoms. However in the other files that we viewed, we saw that there was not this level of detail. In one person's file, the risk assessment identified that carers should administer the person's medication, however in the task sheet for carers, it stated that staff were to leave the person their medication and they would self-administer this. There was no risk assessment in place around this specific issue. In another plan, we saw that someone was at risk of dehydration and staff were monitoring their food and fluid intake. However the plan did not give instructions as to when staff should take action if there were concerns about their food or fluid intake. In another plan, we saw a letter from a health professional listing this person's health conditions; however these were not considered within the risk assessment or care plan. It was not always clear from the risk assessments when they had been updated following changes, as the risk assessments were not dated. We were able to view records within the office that showed when changes in people's health or wellbeing occurred that care staff contacted the office and office staff consulted other health and social care professionals. We spoke with the registered manager in relation to this and they agreed to review and amend all the risk assessments.

We recommend that risk assessments are more specific and amended in line with current guidelines; for instance NICE guidelines for the administration of medication.

The risk assessments also included checks of the premises and the environment to ensure that staff were aware of any associated risks and there were instructions to ensure that they were safe whilst carrying out the care in the person's home.

We looked at the staffing list and rotas and noted that travel time was not built into the rotas. We asked the registered manager if there were sufficient staff to meet the needs for the different people at the times of their choice. The registered manager advised that they grouped together calls in order that there was very little travel time between each call. We spoke to people receiving a service as well as their relatives and they told us that staff were more or less always on time and stayed the allocated time. If there were problems or

staff were going to be late, they were contacted by the office. The service provided an on call system whereby staff had copies of all staff rotas and if anyone was unable to complete a visit for any reason they could cover this, or arrange for someone close by to cover the visit. The service had a pool car in order to cover emergencies. The provider had recently introduced key worker roles. They were tasked with checking all the paperwork was in order and ensuring that care plans reflected the current needs of the people receiving the service. Staff had recently started recording their start and finish times in the daily records of each call and this was now being reviewed by the keyworkers and these records were being returned to the office in order that these could be monitored and any issues could be addressed. The registered manager told us that people knew that if a carer did not come for a visit they needed to contact the office and people we spoke to confirm that they knew to contact the office with any problems and they had not had any missed calls.

We also spoke with staff who told us that they had sufficient time to complete their visits and were able to carry out all their required tasks. Staff told us, "We have sufficient timing to get visits done, but can ring the office if I get stuck" and "Generally we have enough time and there is no real travel time, but we can feedback and they will remove calls if it is getting too tight".

Staff told us that they had received training in protecting vulnerable adults and had read the provider's safeguarding policy. We were able to view training records and could see that all the staff had received recent training. All staff spoken with demonstrated their understanding of the process they would follow if a safeguarding incident occurred or they had any concerns about one of the people they provided care to. One person told us, "If I raise a safeguarding, they act on it straight away". Staff were clear about the meaning of the term 'whistleblowing' and they were clear about escalating any concerns regarding poor practice both within the organisation and externally. Services which are registered are required to notify the Care Quality Commission (CQC) of any safeguarding incidents that arise. Eden Care Services had submitted the necessary notifications to the CQC when required.

The registered manager told us that they tried to promote consistency of staff by keeping the same staff with the same people and people confirmed this. Staff told us that they recorded details of the care provided at the end of every visit and this ensured that there was a record of any issues or areas of concern for the next carer to monitor. We were able to view copies of the daily records and could see that these were very detailed and provided a good level of information. All carers were provided with mobile phones and office staff would text any updates that carers needed to be aware of. The registered manager also provided a weekly newsletter, this included updates on legislation or important information, but also included any specific updates on people receiving a service. These were all sent securely or anonymised via the text messages.

We looked at the staff files for five members of staff to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, an application form as well as notes from the interview and evidence of references.

We checked the medicine arrangements and we saw that systems were in place that ensured staff consistently managed medicines in a safe way. Only staff who had received medicines training were allowed to support people with their medicines. Records confirmed that designated staff had received up to date medicines training. Records showed that training and direct observations were completed regularly. We saw that when medication errors occurred, these were picked up quickly by other staff members and staff

underwent training and direct observations prior to administering medication again. We spoke with the registered manager and she advised that key workers now checked these records each month and the medicine administration records were returned each month to the office for checking. We saw on home visits that key workers were signing each month to record that they had checked these. However the monthly office checks were not recorded. The registered manager immediately devised a form for office staff to record this in order that there was a clear audit trail and these were distributed to staff on the day of our inspection.

Both staff and the people receiving the service told us that staff were provided with protective equipment such as gloves and aprons and they wore these at all times. This was to try to reduce the risk of infection.

Is the service effective?

Our findings

People we spoke with told us that they were well cared for by people who had the skills and knowledge to look after them. Comments included, "They are very skilled, efficient and experienced. They always explain what they are doing", "She [the care staff] writes down what she's done and knows her job well" and "I know them very well and they know me". We also spoke to relatives of the people who were receiving the service and they told us, "They are very good, they will contact me if they are worried about anything" and "We were worried about having carers in, but they are very respectful and kind and we feel comfortable with them".

Staff told us that after interview and prior to starting work they had a period of induction. This included training in areas such as manual handling, safeguarding, infection control and medicines. The staff members also confirmed that they shadowed a number of shifts before starting work within the service. They stated that they were given time to read the care plan if this was a new visit to them and they could always contact the office or on-call with any queries. One staff member told us, "You can always call the office for advice or on-call and get more background information".

All the staff members we spoke with told us that they received on-going support and supervision on a regular basis. We were able to view the supervision and appraisal records. We could see that all staff received an appraisal annually as well as regular supervisions. Staff also received regular direct observations of their practice and staff told us that there were always spot checks. We could see that these were happening on a regular basis.

All the staff we spoke to confirmed that their training was up to date. Training records showed that staff had received recent training in key areas such as first aid, food hygiene, safeguarding, and moving and handling. We noted that it was not always easy to see when people's training was going out of date as the provider did not have an overall training matrix. We spoke to the registered manager in relation to this and she acknowledged that the training and development post had been vacant and therefore this had not been fully developed. We saw that the staff member who was new in post had started to pull together a training matrix so this was easier to monitor.

We asked staff how they made sure that they sought permission from people before providing care. Staff told us in all cases, they could ask the person directly and gain consent and there was also information contained within the care plan to guide them about their needs and preferences. People we spoke to using the service confirmed that carers would always gain their consent prior to carrying out any tasks. We noted in the care plans that people had been asked to sign their consent to receiving the care prior to the care commencing.

Discussions with staff showed that they understood their role in identifying and referring people who had experienced a change in their mental capacity. 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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they noticed any change in the capacity of a person using the service, they would contact the office. The registered manager confirmed that if they had any concerns about someone's capacity, they would involve the local authority or GP in order that they could assess the situation and take appropriate action in the person's best interests.

We saw that the service regularly made referrals and sought advice from other health and social care professionals. We spoke to one health professional following our inspection and they advised that staff regularly contacted them for advice in a timely manner or where changes had been noted and they acted upon any advice given and worked well with their team.

Is the service caring?

Our findings

Everyone that we spoke with was positive about the care and attitudes of the staff. Comments included, "The staff are exceptionally good. They are very friendly, very obliging and very good", "On the whole they are good, like a friend" and "They are very kind, like family. It's lovely". Relatives that we spoke to told us, ""We enjoy the company of them, they are all a bit different but very friendly" and "They are all great girls".

We were able to view how staff communicated with people during a home visit and observed their interactions. They were respectful, encouraging and explained what was happening during the visit.

We viewed recent thank you cards that had been sent into the service. One person wrote, "Thank you so much for looking after our mum beautifully and enabling her to stay at home for so long. We are very appreciative of everything you've done and mum thinks the world of you". Another person's relative wrote, "I can't thank you enough for the care that you provided for my mum. Every day we were greeted with a smile, professionalism and compassion. Everyone went the extra mile for my mum".

The staff members we spoke with showed they had a good understanding of the people that they were supporting and were able to meet their various needs. The staff we spoke with told us that they mainly worked with the same people all the time and were able to build up good relationships with people. They told us that they enjoyed working for Eden Care Services and had very positive relationships with the people they worked with. Comments included, "I love the job, even if there isn't much to do, I'll stay the time and have a chat. I like to get to know people", "The office staff do a great job and all the carers I have worked with have been very caring" and "We get time to know people, some of them are like family".

People using the service and their relatives told us that the staff respected their dignity and always explained what they were going to do prior to carrying out any actions. They spoke of the carers taking their time and always having time to have a chat with them. Comments included, "These two ladies are excellent and should have a gold medal", "They always turn up and don't cut their service short" and "They always ask if there is anything else they can do".

Personal information about the people using the service was securely stored in the offices of Eden Care Services to ensure that confidentiality was maintained.

Each person was provided with a care file which was kept in their home. People we spoke with knew about the file and commented that the carers wrote in this after each visit. This provided detailed guidance on who to contact in an emergency as well as how to make a complaint. The care plan also contained a copy of the Statement of Purpose so people were clear on the values and ethos of the service.

Is the service responsive?

Our findings

People we spoke to felt that the service was responsive. They told us that they were able to amend their visits and cancel these if they were not required. One relative told us, "If we need to change the time of the visit, we contact the office and they are very helpful". Another person told us, "They are very flexible, as I don't always need them if my family are coming, but I just let them know".

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan had personalised information and included the person's interests, likes, dislikes as well as some background history. There was the generic risk assessment and associated plans, along with a detailed task sheet for each visit undertaken. These were detailed and contained lots of information about how people liked to receive their care. Staff and people using the service told us that the staff had time to read the plan and talk through this on the first visit. People also commented that staff read and wrote in the plans at each visit and they spoke to them about their care plans. Staff were alerted to any changes in people's care via texts, newsletters as well as reading through the communication book and handover sheets kept in the care files. We noted that the task sheets were not dated, however only the most recent ones were kept within the files at the person's house.

The information in people's care plans was detailed and contained lots of information about people's preferences, for instance how they preferred their tea. The care files mainly consisted of a task sheet which broke down each visit into tasks incorporating all the preferences of the person using the service. People we spoke with confirmed that their choices and preferences were respected and people commented that they often had the same staff so they knew them well.

We asked staff members about several people's choices, likes and dislikes within the care plans and the staff we spoke to were knowledgeable about the people they cared for. One person told us, "We get regular updates through the newsletter that comes out with your rota" and "We have to read the care plans each time and sign that we've read them".

We noted that the daily records in each care plan gave a detailed overview of what services had been provided at each visit. Each person also had an electronic folder in the office where any calls into the office were logged of any concerns and these also contained information of any referrals or discussions with other professionals. The carers commented that any changes were reported to the office and prompt action taken. They felt supported by office and on-call staff that they would be able to provide more information in relation to people if they had any queries. Relatives and people using the service all commented on the communication. Comments included, "[name] checks the care plan and updates me; they are pretty thorough" and ""They pick up on any little changes and let me know".

The provider had a complaints policy and processes were in place to record any complaints received and to address them in accordance with their policy. The service had received three complaints in 2017 and we could see that these had been dealt with appropriately. People we spoke with told us that they knew how to complain and the complaints policy was contained in the care plan. Comments included, "Twice I had to

complain to the office and it was sorted out" and "I have no complaints". A couple of other people mentioned that they had complained to the office and their issues were resolved.

Is the service well-led?

Our findings

There was a registered manager who had been registered at this address since June 2016, however she had been in post as manager since 2004.

The registered manager told us that information about safety and quality of the service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate.

Keyworkers had recently been introduced and they were now carrying out checks each month that all the necessary paperwork was being completed in people's homes at each visit. Any concerns were then escalated to the office staff. Spot checks and direct observations were carried out of staff on a regular basis to ensure that standards of care remained good. We were able to view a sample of these and could see that they were carried out regularly and where issues were noted, staff attended additional training or action was taken in relation to their performance.

Feedback forms were completed with people by keyworkers each month. The provider had previously left these with people and they found that very few were returned. Quality assurance questionnaires were completed annually and these asked questions about the standards of care, whether people receive the correct information and whether staff are polite. The responses we viewed were all positive.

We saw that the keyworkers were now checking medication administration records as well as care plans and these were returned each month to the office. The registered manager told us that they checked these; however this work was not recorded. The registered manager devised a form during the course of our inspection to capture this work. We did note that medicine errors were logged and reported to the local safeguarding authority.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the service was being managed and the quality of care being provided. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the registered manager and office staff. Comments from the staff members included, "The managers are all approachable, if they can accommodate you, they do", "The managers are very approachable" and "It's an amazing company to work for – the support is brilliant".

We saw that staff meetings were held regularly and staff had the opportunity to raise any issues and discussions took place regarding individual people who used the service as well as training, documentation and confidentiality. These meetings were also used to complete additional training as we saw at the last meeting in September; staff had discussed the mental capacity act and best interest decisions. Staff were also updated through the weekly newsletter and regular texts.