

Eclipse HomeCare Limited

Gilbert Court

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 9 February 2017 and was announced.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office. People lived within their own individual flats and shared some communal areas.

The provider registered this service with us to provide personal care and support for people with a range of varying needs including dementia, who live in their own homes.

The service provides personal care to people living either in their own home or the home of a family member. At the time of the inspection, approximately 30 people used the service and a registered manager was 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 and associated Regulations about how the service is run.

People were familiar with staff who regularly attended to their needs and who they felt safe and comfortable around. Staff had received training and supporting on protecting people from harm. Staff understood people's health and the action they needed to protect their health and wellbeing. Staffing numbers were monitored to ensure there were sufficient number of staff available and contingency was in place to cover any unplanned staff leave. Staff underwent recruitment and background checks to assure the registered provider of their suitability to work at the service. Staff competency to support people with their medicines was monitored regularly.

Staff had access to supervision and support and understood how to obtain a person's consent. The registered manager had a process in place for when people were no longer able to make decisions for themselves. People were offered choice in the meals and drinks prepared for them. Staff understood how to escalate concerns about a person's health and people felt assured they would get the help they needed.

People liked the staff and regarded them as their friends. People had access to regular staff who they felt understood their needs and checked they were happy with their care. People felt respected by staff who supported them to maintain their dignity and independence.

People were involved in regular reviews to ensure their care met their needs and preferences. People's care was amended to reflect changing circumstances. People understood they could complain if they needed to and felt confident their concerns would be listened to.

People knew the management team and felt able to access them and discuss matters of importance to

them. People's care was reviewed and monitored regularly to ensure it met the registered provider's expectations of care. The registered provider was exploring further ways of reviewing the quality of care people received and was hoping to expand the service further.

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 knew care staff and felt comfortable in their company. Staff understood how to support people with their health and wellbeing. Staff underwent background checks to review their appropriateness to work at the service. Staff ability to support people with their medicines was reviewed regularly.

Is the service effective?

Good ●

The service was effective. People were supported through regular training and supervision. Staff understood how to obtain a person's consent and obtain further medical help should the person require it.

Is the service caring?

Good ●

The service was caring. People liked and felt staff were friends. Staff understood how to care for people and treat people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive. People's care was regularly reviewed to ensure it met their needs and personal circumstances. People understood they could complain if they needed to.

Is the service well-led?

Good ●

The service was well led. The registered provider monitored people's care through their regular quality assurance checks. Staff enjoyed working at the service and the registered provider was exploring ways of improving people's experience of care further.

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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 February 2017 and was announced. The registered provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available. The inspection was carried out by one inspector.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care. This also included any safeguarding matters.

We asked the local authority if they had any information to share with us about this service. The Local Authority is responsible for monitoring the quality and funding for some people who use the service.

As part of the inspection we spoke to eight people receiving care from the service. Staff working at the service were called Caregivers. We also spoke with three care givers, a team leader, a deputy manager, the registered provider, the registered manager.

We reviewed the computerised care records held at the office for five people and three staff recruitment records. We also viewed records relating to the management and quality assurance of the service including monthly checks. We also looked at newsletters, minutes of staff meetings, minutes of management meetings, complaint and comments received as well as feedback people completed on the service they received.

Is the service safe?

Our findings

People using the service told us they felt safe. One person told us, "I feel safe. Nobody would attack me." Another person told us, "The girls (caregivers) wouldn't harm you." People told us they felt relaxed and safe in the company of Caregivers and felt able to share with them any concerns they had about their personal safety.

Caregivers were able to describe their understanding of safeguarding and what they understood by keeping people safe. Caregiver described training they had received and how they put into practice what they had learnt. Caregivers explained to us how they were vigilant of the signs of abuse and what they would do if they ever became concerned about a person. The registered manager understood their obligations with respect to reporting safeguarding concerns. They also confirmed staff were regularly reminded about the process for recording and escalating their concerns to the management of the service.

The registered manager told us staffing levels were now stable after a period of change following their acquisition of the business. People we spoke with told us they had regular caregivers that supported them who they were familiar with. One person told us, "The girls are pretty regular. They come on time." The deputy manager told us she was able to support with staffing levels if there was ever an occasion when staff were off sick.

Caregivers understood the specific health conditions people lived with. Two people we spoke with lived with medical conditions that required specialist knowledge. Staff we spoke with were able to tell us about their conditions, the equipment they needed to stay safe and the actions they needed to take. Caregivers told us they were able to refer to care plans to supplement their knowledge of people.

Staff described to us the recruitment process they went through to ensure it was safe for them to work with people. Staff told us the appropriate pre-employment checks had been completed. Staff completed DBS checks (Disclosure Barring Service) to ensure it was safe for them to work at the service. The registered manager understood that checks were necessary to assure them the people they employed were suitable in that role and people were not placed at risk through incomplete recruitment practices.

Some people required support with their medication. One person told us Caregivers supported them to take their eye drops. Another person told us, "They help me with my tablets." Staff we spoke with confirmed if medication for people was changed or if people needed extra medication this was recorded in the person's care plan. Information was also passed to staff from the office, detailing changes so staff would have the most up to date details on how to meet people's care and safety needs. Regular checks were carried out on care givers to ensure people received the necessary support to take their medicines.

Is the service effective?

Our findings

People told us they had confidence in the staff supporting them and staff understood what needed to be done to help people them. One person told us, "All the girls are really good."

Staff new to the service described how they underwent a mixture of training and shadowing other staff, to understand the care needs of the people they were supporting. One caregiver told us during the induction "There's loads of training." Staff told us they felt comfortable asking other more experienced staff for support and for guidance. One Caregiver told us, "It's a good team. We help one another."

Caregivers were able to access further support and guidance through supervision meetings. Staff supervisions were monitored by the registered provider, to ensure all staff were offered supervision meetings. Caregivers told us the meetings were useful and enabled them to discuss issues of importance that included people's care. We saw staff training was monitored using an electronic database that highlighted when training was due to expire so that training could be arranged for staff to attend.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff could explain to us what was meant by a Best Interest decision and demonstrated this knowledge by sharing examples. Caregivers who had recently joined the service, told us they had also recently covered the subject as part of their induction. We saw that there was a system in place so that where appropriate people who required assessments on their capacity received these. The registered provider did however explain they did not currently have anyone who did not have capacity to make their own decisions.

People told us caregivers always explained what they were doing to ensure people were happy to receive support with their care. Staff we spoke with also understood the importance of obtaining a person's consent and told us this was also monitored in spot checks to ensure they explained what they were doing appropriately.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered manager understood the process for referring matters to the Court of Protection if they needed to.

People told us they chose the meals and drinks caregivers prepared for them, where appropriate. People told us caregivers knew their preferences but that staff still asked them. One person told us they were

diabetic and that staff always ensured they had access to a snack or a drink before they left.

People's individual health circumstances were understood by staff and people felt able to talk to caregivers when they required additional help. One person told us, "If I wasn't feeling well, I would tell one of the girls." Another person told us, a caregiver had called the "Out of Hours Doctor" when they had felt unwell.

Caregivers understood the need to document their concerns and alert the administrative office if they felt a person was becoming unwell. This allowed staff to monitor the person and seek further medical help if needed. One caregiver told us, each person had a "Grab sheet" so that if the person ever needed to attend hospital, all the important information was easily accessible. Caregivers also told us about how they accessed help from District Nurses if they needed further information and support for people they were caring for such as information on treating people's skin.

Is the service caring?

Our findings

People spoke warmly about the Caregivers that supported them. One person told us, "The girls are nice. No problem at all". Another person told us, "We have a laugh together". Another person told us, "My family are so happy I'm here because the staff are so good." We saw people in the company of caregivers within communal areas and observed their interactions. We saw that people responded positively to caregivers when they saw them. We saw people smile and greet caregivers affectionately and exchange lots of friendly chatter.

Staff we spoke with understood people's routines and about their individual needs. One person told us, "They're (caregivers) are very helpful." One person told us they liked certain sweets and if they were not able to go out, caregivers would purchase their favourite flavour for them. One person told us they were not always able to bend over and caregivers helped them to put on their socks. People told us caregivers always checked with them about what they wanted doing that day. One person told us, "The girls always ask you, is everything ok?" People described a friendly relationship with caregivers where they enjoyed a chat. People told us they knew most of the caregivers and that this made them feel like they were friends.

Staff we spoke with told us they knew the people they supported well and understood their care needs. Caregivers were able to describe each person and their individual support needs. One caregiver told us, "We don't feel rushed at all. We know them all individually." One caregiver described a particular way in which a person liked their hair done. When we saw the person they had their hair tied in that particular way. Caregivers described other people they supported and their preferences. When we spoke to people, they described the same things to us about their care. One caregiver told us they spoke to people and their families to understand how best to care for people. They explained sometimes when new people moved to the scheme they were nervous, because they may not have experienced care before. Caregivers told us they spoke with people and gradually developed friendships.

People told us they caregivers helped them remain independent and that they felt respected by them. One person told us caregivers helped them with their shower when they could not manage on their own. Another person told us, the caregiver knew they liked to do things themselves. The person however told us that if they began to struggle they felt able to ask caregivers for help.

Staff understood how to assist people with dignity and respect and described to us how they supported people. One caregiver explained they used sensitive and respectful language to reassure people. Another caregiver explained that they always ensured people felt comfortable when they offered them personal care so that the care was discreetly offered.

Is the service responsive?

Our findings

People we spoke told us before they started using the service, they met with the service manager and described all the things they needed support with. We reviewed five care plans and saw people listed their preferences and the tasks they needed support with. We saw people's ability to take their own medicines, wash or walk was reviewed regularly so that care could be adjusted to ensure people received the correct support. Where changes were needed, these were made.

People told us their care was reviewed regularly and they were asked about whether they needed any changes made. One person told us they had asked for a change in staff and this had been implemented. Another person had asked for more help with tasks and this had been organised.

The registered manager described how people's individual care needs were reviewed regularly so that it met people's expectations and individual requirements. We reviewed five care plans and saw that where needed, changes to people's care needs were made. Caregivers also told us about how they changed the support people needed dependent on their circumstances. One caregiver told us about a person who when discharged from hospital felt vulnerable and required more intensive support. As the person's independence level improved, caregivers were not required to support the person as frequently.

Staff understood each person's individual care needs because they got to know people over time. Staff told us they were also kept informed about people's needs and any changes in their needs. Staff showed us their smart phones and how any changes in needs were communicated to them. Staff told us they found this system helpful and made it easier to support people.

People we spoke with told us they had not complained but understood they could do if they needed to. People told us if they were unhappy with their care they would talk to the caregivers or to the Service Manager. One person told us, "I would talk to [Service Manager] if I didn't like anything." People felt assured that if they raised an issue it would be resolved. One person told us, "If you've got a problem, it's soon sorted out." We reviewed the registered provider's complaints system and saw that there was a process in place for acknowledging and reviewing complaints. Where learning from complaints was possible, we saw that changes were made to work practices and learning was shared with staff, so that any repeat of the incident was minimised. Caregivers we spoke with also told us that information from the management team was shared so that they could learn about how best to support people. One caregiver told us, "People don't have to have carers they don't like. They can just say and they get changed."

Is the service well-led?

Our findings

The registered provider had recently taken over the running of the service and was supported by the registered manager. A service manager was also in post who had been at the service for a number of years and knew many of the people and staff and had supported the transition from one service to another. The registered provider told us they had learnt a number of key lessons from acquiring another service. They had used the learning from that project to ensure there was minimal disturbance to the service people received.

People told us their care was monitored to ensure it met their needs. People told us they did not have any hesitation in speaking with staff or the service manager if they were unhappy or needed to make changes to their care. People were confident the administration staff would respond to them with the information they needed. People felt able to discuss their care and assured that their opinion was taken seriously.

Caregivers we spoke with described their work and their work environment positively. They told us they enjoyed working at the service and whilst they had initially felt unsettled with the changes in ownership, they now felt the change had been positive. Caregivers described communication as timely. Information about changes to people's care, and to rotas was sent to staff in advance so that caregivers were prepared fully. Caregivers also received information in a number of other ways. Caregivers were given smart phones that included information for them on people's most up to date needs and any changes they needed to be informed of. For example, where people had commenced a short course of medication, this information was sent to staff.

Caregivers spoke positively about the management team and felt able to approach them and discuss any issues they needed to. Caregivers, although line managed by the service manager, knew the registered manager and felt able to approach the registered manager directly. One caregiver described the registered manager as "Very approachable."

The management team within the service had worked with each other for a number of years and understood each other roles and expectations. The registered manager and registered provider were in daily contact and discussed performance monitoring issues as well as people's care. The registered manager understood the Key Performance Indicators set by the registered provider and monitored people's care so that the standard of care people received could be evaluated. We saw monthly information was collated so that action could be taken where improvements were necessary. The information that was reviewed included the number of falls people had experienced, any complaints as well as the times caregivers attended calls.

The registered provider ensured people received the support they needed and were happy with the service through a number of ways. Questionnaires and visits to people helped them to understand people's care as well as whether it met their expectations. Although all the results of questionnaires were not yet available, we saw feedback forms people had completed. We saw that people had responded positively to Caregivers supporting them and the service they received.

The registered provider told us about plans to make the service more efficient and easy for caregivers to complete records for people. A pilot project was about to start which was aimed at using new technology to improve the accuracy of record keeping. The registered provider told us that whilst there were no issues with record keeping, they were keen to explore ways that could improve the performance of their service. The registered provider had also been looking to develop their service in consultation with the University of Newcastle, so that they could better understand how people could be supported to live independently at home for longer. The registered provider told us they were now reviewing key tasks people could be better supported with to aid this work.