

Eclipse Care Solutions Ltd

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Inspection report

Unit 21
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Tel: 01925390794

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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

Eclipse Care Solution Ltd provides care and support to people in their own homes across the St. Helens area. Not everyone who used the service received personal care. 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 the inspection there were 14 people were using the service.

People's experiences of using this service and what we found

Individual risks to people had been assessed and in most cases staff had access to information and guidance around how to manage identified risks and prevent harm occurring. However, two people had risks associated with diabetes. No information or guidance was available for staff to enable them to identify and respond to concerns associated with this risk. No person had come to harm as result of this and by the end of our site visit, the registered manager had created risk management plans and guidance sheets for staff to access. This was further confirmed by staff throughout the inspection.

People told us they felt safe with the staff who supported them and whilst they had no concerns or worries, knew who they could talk to if they did. Family members told us they knew their relatives were safe and felt confident leaving them in their presence. One family member told us; "I can go the shops now which I couldn't do before."

There enough suitably qualified and skilled staff to cover the hours of support that people required. People and family members told us staff always arrived on time and never appeared rushed. Staff told us calls were well organised and carefully spaced out giving them enough time to travel to each call. Safe recruitment processes were in place to ensure newly recruited staff were suitable to work with vulnerable people.

Systems were in place to prevent the spread of infection and reduce risks associated with COVID-19. Staff accessed regular COVID-19 testing and told us they were kept up-to-date with information and guidance about infection prevent control and the current pandemic. People told us staff always wore the correct PPE and staff told us they had access to enough supplies.

People's needs had been assessed in line with current guidance and plans in place to help staff manage these effectively; this included any needs associated with meal preparation. Staff supported people to access health care professionals and acted on advice given when needed.

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 were complimentary of all staff who supported them. They told us they were

genuinely kind and lovely people and brightened up their day. One person told us; "They [staff] do anything they can do for me. I never have to ask, they just do it." A family member told us; "They [staff] always ask if we need anything doing before they leave. Even things they are not paid to do."

People received care that was person-centred and based on their choices and preferences and were involved in the decisions about their care. Family members felt included in the care planning process and were kept updated when things changed. Where required, staff supported people to access the community.

Systems that were in place to monitor the quality and safety of the service were mostly effective. However, where checks and audits had been completed on daily communication logs and medicine administration records (MARs), there was a lack of cross-referencing to ensuring information recorded was consistent across records. This was discussed with the registered manager and relevant records amended to address the issue.

People, family members and staff all spoke highly of the service and the person-centred culture promoted by the registered manager. People and family members highly recommended Eclipse Care Solution. One family member told us; "I couldn't speak highly enough of the service. They are amazing."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 31 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on CQC inspection guidance for newly registered services.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

This service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

This service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

This service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

This service was well-led.

Details are in our well-led findings below.

Eclipse Care Solution Ltd

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 June 2021 and ended on 1 July 2021. We visited the office location on 28 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who use the service and their family members about their experience of the care provided. We spoke with seven members of staff; this included the registered manager and deputy manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had been identified and in most cases, management plans were in place to offer guidance for staff to manage those risks safely.
- Where people had risks associated with diabetes, information was not available for staff to identify and respond to risks associated with this condition. This was discussed with the registered manager and risk management plans were immediately implemented.
- People told us they felt safe with staff who supported them and family members were reassured their relatives were well looked after. Comments included; "I feel very safe. 100 percent, they [staff] are all very good," "I feel very safe. When I see them I think 'thank god you've come'" and "[Relative name] is very safe with the staff. They are very careful."

Using medicines safely

- Where people required support with their medicines this was recorded in their care plan.
- Staff used electronic devices to access information about people's prescribed medicines and medicines given 'as required'. Medicine administration records (MARs) had been accurately completed by staff.
- People told us they received their medicines at the times they were supposed to. One person told us; "I get my medicine when I need it. They [staff] make sure I take it."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received training in relation to safeguarding and knew how to identify and respond to incidents of abuse or concern.
- A record was kept of any safeguarding incidents. These showed appropriate action taken to reduce the risk of incidents occurring in the future.
- The registered manager kept a record of any incidents or accidents that occurred in people's homes. These were reviewed regularly to look for patterns or trends. Action was taken to prevent incidents occurring in the future.

Staffing and recruitment

- There were enough suitably qualified and skilled staff to cover the hours of support that people received.
- People and family members told us staff arrived at the times agreed in their care plans and stayed for the required amount of time. Comments included; "Yes they [staff] are always on time. If they are going to be late the carers themselves will ring me to let me know," "Always on time. If they are running late, either they call or the office do" and "They [staff] always come at the right time."
- Staff told us they never felt rushed and had enough time to travel between calls to ensure they were not

late. One staff member told us, "I never feel rushed when I'm at a call. We get enough travel time, calls are carefully spaced apart."

- Safe recruitment processes were in place. Appropriate checks were completed on new applicants to ensure they are suitable to work with vulnerable people.

Preventing and controlling infection

- Robust systems were in place to prevent the spread of infection, particularly in response to COVID-19.
- Staff told us they had access to relevant and up-to-date information and guidance in relation to infection prevention and control (IPC). People and family members told us staff always wore the correct PPE. One person told us, "Oh yes, they [staff] won't even enter the garden without their mask on and always keep it on until they leave."
- Records kept by the registered manager showed staff accessed regular COVID-19 testing in line with current national guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated 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;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs had been assessed and staff had access to relevant information and guidance to ensure their needs were met safely and effectively.
- Assessments from external health and social care professionals were used as part of the assessment process to ensure the service could meet people's needs.
- The assessment process took into account needs and/or risks associated with food and drink intake; this included any support people required with meal preparation.

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

- People and family members told us staff supported them to access health care when needed. Comments included; "They will ring the doctor for me if I need it" and "They contacted someone about my equipment and it got sorted."
- Where people received regular support from external health professionals, this was recorded in their care plans and staff followed any advice given.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role and specific to people's needs.
- Newly recruited staff provided positive feedback about the induction they received and told us they felt confident supporting people on their own. One staff member told us, "I shadowed [staff name] and she was really thorough. I was really nervous but they [managers] were so supportive and calm. It made me feel confident."
- People and family members told us staff knew what they were doing and they felt reassured with the care they provided. Comments included; "They [staff] definitely know what they are doing. It makes a difference to me because I can switch off and not worry when they are here" and "Even the new ones are good. It's like they have been hand picked."
- Staff received regular supervision meetings to enable them to discuss any concerns or development needs.

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 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.

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.

- Consent for care was obtained from people in line with the principles of the MCA.
- Whilst no-one receiving care or support had a Court of Protection in place, the assessment process took in to consideration whether any person had lasting power of attorney who could make decisions about their care on their behalf.
- People told us they were given choice and control over how their care and support was provided.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were treated well and supported by staff who were kind, caring and compassionate.
- People spoke highly of the staff who supported them and described how positive relationships had been developed. Comments included; "Absolutely lovely, all of them [staff]. We look forward to them coming," "Never met such a great bunch of people [staff]. I love them. They are wonderful" and "Very pleasant. Very kind."
- Family members told us how reassured they were by the kindness of the staff and how well they treated them and their relatives. Comments included; "It makes a difference now as I can switch off when they [staff] are here" and "I can go shopping now. I couldn't do that before."
- People and family members told us staff were never rushed and took time to chat with them. One person told us; "They [staff] are great. We have a good laugh and banter together. They always take time to chat."

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

- People were supported to express their views and be involved in decisions about their care. One person told us; "Yes, I had a chat with them [staff] about what I need them to do."
- Regular reviews were completed by office staff to give people and family members the opportunity to discuss their care and support needs and raise any concerns.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's dignity and supporting them to remain as independent as possible. One family member told us; "They [staff] always make sure he is presentable."
- People described staff as respectful and how comfortable they felt when receiving care and support. One person told us; "They [staff] all have respect and consideration and always ask if I need anything before they go."
- Care plans were accessed through electronic devices which were password protected. This ensured only those with authority had access to information about people's care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- People received care that was person-centred and based on their needs and choices.
- Discussions were held with people and their family members during the planning process and through regular reviews to ensure the care they received care that individual to them.
- Staff had access to people's care and support needs through electronic devices. These devices also enabled staff and managers to provide, and have access to, up-to-date information about people's needs.
- People and family members told us staff were quick to respond to changes in needs and contact relevant professionals such as nurses and GPs. One family member told us; "If they [staff] see any marks on [relative name], they will report it to the nurse straight away."
- Where required, staff supported people to access the community. One person told us; "They [staff] are taking me to the park today. I haven't been too good on my feet so they help me get out and about."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of the care planning process.
- No-one using the service required information to be presented in an alternative format. However, the registered manager understood the need to ensure that where required, people had access to information in a way they would understand.

Improving care quality in response to complaints or concerns

- People and family members had access to information about how to raise concerns or complaints if they needed to. They told us; "We don't have any concerns but I would ring the office. I know them [staff] all now so I could speak to any of them" and "I would have a word with the owner if there was a problem but so far no concerns."
- The registered manager kept a record of any complaint, including quality concerns raised by the local authority. Information showed that action was taken to help improve the level of care people received.

End of life care and support

- The service was not currently supporting anyone with end-of-life care. However, this was considered as part of the care planning process and where requested, end-of-life care plans were available to ensure

people received person-centred care at this time in 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Systems in place to monitor the quality and safety of the service were mostly effective.
- Audits and checks were completed in areas such as care plans, medicine administration records (MARs) and daily communication logs. However, records such as MARs and communication logs were not always cross-referenced to ensure information recorded was consistent. This was discussed with the registered manager and deputy manager and action taken immediately to address this.
- Managers completed observations and competency assessments on staff to check their performance and standard of care delivered. These coincided with staff supervision to allow for any performance issues to be discussed and addressed immediately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a culture that was person-centred; this was evidenced by the feedback received from people, family members and staff.
- People and family members described how there was a 'personal' touch to the management of the service and spoke highly of all staff and managers. Comments included; "Definitely happy with the service. They [service] support [relative name] but my [relative] suffers with water infections and I wouldn't hesitate to contact them," "We couldn't have asked for a better company. Second to none care. Never need to ask for anything" and "They [service] are fantastic. Even at the height of the pandemic."
- Staff were proud to work for Eclipse and told us they all work as a team and support each other. One staff member told us; "I've had quite a lot of jobs and never felt happy. Since working here I can't see myself working anywhere else." Another told us; "I love it here. It's a family business and it's a lot calmer and nicer."

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

- Staff spoke positively about the registered manager and office staff and the support they gave. Comments included; "[Registered manager] is really supportive. Any issues they help with it and have given me time to complete my NVQ" and "I feel really supported by managers and office staff."
- People and family members knew who the registered manager was and were able to name all the office they had regular contact with.
- The registered manager told us they were keen to grow the service but planned to do this in a slow and controlled way to ensure people continued to receive quality care.
- The registered manager knew about their duty to send notifications to external agencies such as the local

authority safeguarding teams and CQC where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager engaged with staff, people and family members to obtain their views and provide them with information about the service.
- Regular meetings were held with staff both through video calls and face-to-face. Staff told us they were able to share their views and were given updates about the service. One staff member told us; "We have regular meetings. I can share my views. I feel listened to. It's a good service to work for."
- Quality surveys and questionnaires were given to people and family members to enable them to give their views and feedback about the service. These were reviewed by managers and action taken to address any areas of suggested improvements.
- The service worked with external health and social care professionals and had links with other care providers to ensure people received quality care.

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

- The registered manager understood the requirements of the duty of candour, this is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.