

Eternity Care Services Ltd

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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

Eternity Care Services Limited is a family run domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were thirteen people using the service.

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 our inspection there were thirteen people using the service.

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

We received positive feedback about the service. People told us they felt safe as staff were familiar to them and treated them fairly. One person told us "I feel safe as they are familiar people." People were supported by staff who had received appropriate training and had been safely recruited. Risks were assessed, with measures implemented to mitigate. Staff were provided with guidance and were aware of measures to take to prevent and control the spread of infection. Medicines were administered by staff who had received training and their competency to do so checked.

An initial assessment of people's needs was carried out before they received a service to ensure the provider was able to meet them. Staff received a detailed induction and had access to a wide range of training relevant to their role. The provider worked effectively with external professionals to support people's health and wellbeing.

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 were supported by staff who demonstrated kindness and respect and were supported to regain and maintain their independence.

People's choices and decisions about the care they received were listened to and incorporated into person-centred care plans. Regular reviews took place to ensure people's care plans incorporated any changing needs or wishes. Staff were trained to support people with care at end of life, liaising with external professionals when required.

Systems were in place to assess and monitor the quality of the service. There was an open, learning culture led by the management team to continuously improve the service. People and staff had opportunities to give their views about the service.

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 27 July 2021 and this was the first inspection.

Why we inspected

This was a planned inspection to give the service its first CQC rating.

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 ●

Eternity Care Services 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one 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

This service 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 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 began on 26 September 2022 and ended on 4 October 2022. We visited the provider's office on 29 September 2022.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from professionals who

work with the service, receiving a response from five. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager, operations director and 6 members of staff. We reviewed a range of records. This included 2 people's care records, medication records and a variety of records relating to the management of the service, including policies and procedures. We also reviewed 2 staff files in relation to recruitment, staff supervision and training.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care they received. People told us, "I do feel safe with them as they do what I need and ask them to do" and "I feel that [relative] is safe as they talk to him and he is relaxed and has got used to their visits."
- Systems and procedures were in place to protect people from the risk of abuse.
- People were supported by staff who had received training and were aware of signs of abuse and steps they would take in the event abuse should occur.
- The registered manager had reported any concerns to the relevant authorities as required.
- Staff told us they were confident any issues they reported had been or would be dealt with appropriately by the management team.

Staffing and recruitment

- Safe recruitment procedures were followed including appropriate checks to ensure recruitment decisions were safe.
- Sufficient permanent staff had been recruited to meet the needs of the business.
- The service did not currently require the use of agency staff. However, had sourced and was registered with an agency to support their emergency planning.
- The management team were able to monitor call times via the electronic system which generated an alert highlighting if a call became overdue, allowing for swift follow up.
- People told us there was a "familiar" staff group and staffed stayed the right amount of time during calls.

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

- Risk assessments were completed and regularly reviewed, with measures in place to mitigate.
- Staff had access to the guidance and information they needed to deliver care and support safely via an electronic device.
- Accidents and incidents were recorded and reviewed to identify emerging themes or trends and to capture any learning opportunities.
- Actions to reduce the level of risk or prevent reoccurrence had been identified and actioned, including consulting with relevant professionals if required.

Using medicines safely

- People's received their medicines as prescribed.
- Medicines were administered by staff who had received training and their competency to do so checked.
- Policies and procedures were in place to provide information and guidance to staff, including medicines

which were administered 'when required'.

Preventing and controlling infection

- Staff received training, including in relation to the COVID-19 pandemic, and were aware of the procedures to follow to prevent and control the spread of infection.
- The provider ensured that policies and procedures in relation to infection prevention and control were up to date and provided staff with the guidance and information they needed.
- The provider ensured that staff had plentiful supplies of personal protective equipment (PPE) with checks carried out to ensure it was used as required.

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

- An initial assessment of people's needs, likes and choices was carried out before they received a service to ensure the provider could meet them. One person told us, "They came out to see us and talked over my [Relative's] care needs and wishes."
- People's needs and choices were well reflected in their care plans in line with current standards. Care plans were regularly reviewed to ensure that any changes were captured, and their care plans updated.
- People were positive about the care they received. One person told us "The carers never rush their tasks and if they are going to be late, even by a few minutes, they let us know."

Staff support: induction, training, skills and experience

- Staff received a detailed induction programme, including shadowing other staff before working independently. Staff described the induction programme as "Thorough" and "Comprehensive."
- Staff were able to ask for additional shadow shifts if they felt more were needed. One staff told us "I didn't feel awkward asking" adding the registered manager reassured them it was a "continual offer" and they could ask at any time.
- Staff's competency to carry out their role was checked using assessments and ongoing spot checks.
- People were supported by staff who had received a wide range of training, the majority of which was delivered in face-to-face sessions. The service supported staff to undertake professionally related qualifications.
- A process was in place to ensure staff received support during regular one to one sessions and staff meetings.
- Staff spoke positively about the training, induction and support they received. Staff told us; "What I was promised in the beginning has been delivered"; "I found it [induction] very good" and "[Name] does the training, it is in depth and relevant to the role."

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

- Staff were aware of and provided with appropriate guidance about people's nutritional needs. Appropriate risk assessments and monitoring were in place. Staff were aware of external agencies to escalate concerns to should the need arise.
- Staff ensured that people were offered choice. When required, options were presented visually to help them make their choice, for example, for a person living with dementia.

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

- The service worked effectively with external agencies to support people to maintain their health and well-being. Professional guidance was then incorporated into people's care plans and risk assessments.
- We received positive feedback from external agencies with experience of working with the service including, "Eternity Care will liaise with [organisation] if they require any advice or increase to care packages."

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 service was working within the principles of the MCA.
- Staff sought people's consent when delivering care. One person told us, "They ask his consent, for example, is it alright if we?"
- Where decisions were made in people's best interests this was recorded in their care plan. The registered manager had identified this as an area for additional focus to support and develop practice.

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 supported by staff who treated them with kindness and respect.
- People told us, "The carers are lovely, we have good chats"; "All the carers are very approachable" and "They [Staff] respect them and don't make them feel uncomfortable in their own home" and "I trust them [Staff], they care and listen to me and my parents and have been so helpful."
- Policies and procedures were in place to ensure people were treated fairly and without discrimination. Characteristics protected by the Equality Act 2010, such as religious and cultural needs and beliefs, were considered and reflected in people's care plans.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to maintain their independence as much as they were able to.
- Staff were aware of the importance of encouraging people to be involved in their care. People told us "They [Staff] are so caring but don't take over, my [Relative] still feel independent." A staff member told us "If I go to a client's home and they are capable to do things by themselves I support them."
- The registered manager gave examples of how they had supported people to regain their independence and the pride they felt as they helped people require less and then no support.
- Staff delivered care in a way which supported and respected people's privacy and dignity. People told us "They [Staff] are all respectful and carry out personal care behind closed doors."

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

- People were involved in decisions about their care during assessments, ongoing care reviews and during care delivery.
- Questionnaires were issued regularly to seek people's views about their experience of the care they received. We saw that feedback received within these questionnaires had been positive. Responses indicated people were satisfied with the service they received and they felt able to recommend the service to others.

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

- People's care and support needs, their likes, dislikes and preferences for how they would like their care to be delivered were incorporated into person-centred care plans.
- People told us, "They [Staff] know what my [Relative] likes and doesn't like."
- Regular review meetings took place to ensure people's care plans were updated as and when needed to ensure they remained reflective of people's needs and wishes.
- Staff were alert and responsive to people's changing needs and to people's anxiety when receiving care and support for the first time.

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.

- People's communication needs were assessed and incorporated into their care plans. Information would be provided in alternative formats should this be required.
- Policies and procedures provided guidance to staff in this regard demonstrating the provider's understanding of this legislation.

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's social needs were considered as part of care planning.
- Where people were supported with activities, a variety of choice was offered in line with the person's interests and wishes.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to ensure complaints were dealt with appropriately and in a timely manner.
- People felt able to raise concerns if needed. One person told us, "I have no complaints but if I did, I wouldn't be worried about raising it with the staff."
- The registered manager had oversight of concerns received to ensure any areas for improvement were identified and actioned.

- Several compliments had been received from people and family members thanking the registered manager and staff for sensitive care, invaluable support and for always putting their loved one's needs and feelings first.

End of life care and support

- Staff received training to support people at end of life liaising with relevant professionals as and when appropriate.
- The registered manager spoke with passion about this element of care provision. They expressed the importance the service placed in supporting people, families and staff during and following the delivery of end of life care.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Systems were in place to assess and monitor the quality of the service.
- People's care needs were regularly reviewed to ensure people received the care they needed to achieve their goals.
- There were clear lines of delegation which supported the operation and development of the business.
- The values and expectations of the provider were shared and understood by staff. Staff told us, "[Name] has high expectations and standards and I don't feel we drop below those."
- Staff consistently described a positive, supportive and inclusive culture within the service. Staff told us, "[Name] has taken us on the journey of building the company with her"; "If you need support, there is always someone there to help, even out of hours. There is no need to find yourself struggling" and "No matter what you are doing they are there to assist."
- People were positive about the delivery and impact of the care and support they received. One person told us, "I don't know what I'd do without them, it's lovely having them here."
- The registered manager understood their responsibility to notify CQC about events which occurred within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were regularly encouraged to give their views about the service in conversations, review meetings and surveys. People told us, "I have regular chats with [Registered Manager] about how they are doing and if I'm happy" and "[Registered Manager] has been to visit [Relative] to chat about the care he receives and if he is happy."
- Regular staff meetings were held, and staff were encouraged to become involved and share their views. One staff told us "Everyone is asked individually if they have anything they want to say." Minutes were distributed so staff who were unable to attend had information about what had been discussed. Staff told us they were able to make suggestions and felt listened to.
- The operations director told us about several initiatives they had introduced to thank the staff team. They told us, "It's important that my staff never feel unappreciated."
- The provider was keen to become part of the local community, taking part in local initiatives and actively seeking opportunities to engage with local events and organisations.

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

- During the inspection, the registered manager and operations director were open and transparent, engaging with the inspection process diligently throughout.
- They expressed a clear desire to act on learning opportunities to develop and improve the service on an ongoing basis.
- Any concerns received had been handled in line with the provider's policies and a learning culture followed.

Working in partnership with others

- The provider had built positive working relationships with external professionals and other agencies. Feedback from partner agencies described the service as a "person centred, caring, respectful, responsible and well managed care provider" and their experience of dealing with the service had been "nothing but positive."