

# Eclipse HomeCare Limited

## Gilbert Court

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Gilbert Court is an extra care scheme providing personal care to 60 people living in a purpose built housing complex and 30 people in the local community. Not everyone who lived at the scheme 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.

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

People experienced care which was centred around them and personalised to ensure they regained independence in daily living. The provider had worked with a number of new tools, to develop and promote this care philosophy. These values shared with the staff team who demonstrated their commitment to provide great care and understood how their role could achieve this. People were supported to live their lives with a sense of independence and purpose.

People told us they had developed special relationships with their care givers over time and had a mutual trust and respect for each other. People received care which meet their individual needs and staff understood and knew people very well. Individualised care was reflective of people's choices and life histories.

People, relatives and staff told us they found the service to be very well managed and was a remarkably caring service. There was consistent praise from staff on the skills of the management team who were keen and motivated to provide an exceptional service.

The provider used best practice and demonstrated this through their detailed and exhaustive governance processes. People were able to maintain and in some areas improve relationships with people who were important to them. Relatives were encouraged to be involved in people's lives to add further knowledge of the person.

People retained responsibility for their own health and the staff team supported people to make and attend appointments if needed. This promoted and maintained people's health needs. Medicines were managed so that people received their medicines as prescribed.

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.

Staff understood their responsibility to safeguard people from harm and knew how to report any potential concerns to ensure people's safety was maintained. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks.

People received their care at the times they wanted and from the care givers they liked. People and relatives told us the care provided them with positive outcomes.

Staff training reflected the needs of people's specific care and support needs so staff had the knowledge and understood how best to provide their care. Staff told us the provider offered a range of opportunities to further develop their skills and knowledge.

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

#### Rating at last inspection

The last rating for this service was good (published 25 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was well-led.

Details are in our well-Led findings below.

# Gilbert Court

## 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

There was 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 provides care and support to people living in specialist 'extra care' housing and is a domiciliary care agency which provides personal care to people living in their own houses and flats. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

The service had a manager registered with the Care Quality Commission. A registered manager 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.

#### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the provider, the registered manager, the care manager and care workers, known as care givers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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 reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe and the staff took steps to support people to keep them safe. One person told us, "We do feel safe here. We have the 'lifeline' [emergency call bell] where there is someone available 24 hours a day."
- People were supported to understand how to keep safe and to raise their concerns.
- The provider had reported abuse to the local authority and CQC when it had been identified. Steps were taken to protect people from any further or ongoing harm.

Assessing risk, safety monitoring and management

- People were positive about how any potential risks to them were managed and the steps they needed to take to minimise these risks. For example, associated risks with physical or emotional needs.
- Staff knew the type and level of assistance each person required to maintain their safety. One person told us, "I feel they [staff] are knowledgeable and experienced when using things like the hoist, they always put me at ease and make sure I am comfortable, I always feel quite safe."

Staffing and recruitment

- People had staff available to them when needed and agreed. One person told us, "I have never had trouble with their [staff] availability, they are always respectful and polite."
- People's hours of care were reviewed to ensure there were enough staff to meet people's care needs.
- Staff told us and files we looked at demonstrated, checks had been made to ensure they were suitable to work with vulnerable adults.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the administration of medicines. One person told us, "I do take tablets, I know what they are for and the carers give them to me when they do their calls."

Preventing and controlling infection

- Staff told us they observed and practiced good food hygiene to help reduce the risk of infection. Staff told us there was personal protective items such as gloves for them to use.

Learning lessons when things go wrong

- Staff had completed reports where a person had been involved in an incident or accident and reported to the management team, so they could be reviewed, and records showed people's risks had been updated in

their care plans. The provider used this information to improve the safety of the service overall.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had shared their needs and choices with the management team.
- The registered manager completed an assessment of people's care needs to assure themselves they could provide the care needed.

Staff support: induction, training, skills and experience

- People told us staff understood their care needs well and could provide the care they wanted and needed. One person told us, "All the carers know me, and they know what I like done. When they come in the evening they go and make sure all the doors and windows are locked before they leave and make sure I am settled."
- Staff received an induction when starting work and training courses had been completed, which helped them understand people's needs.
- Staff were supported in their role with structured routine staff meetings and individual discussions with supervisors to talk about their responsibilities and the care of people. One care giver told us, "We work as a team and all so close, on shift you are not on your own and if you need someone they are here for you."

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

- People were supported to access food and drinks in line with their needs and choices. This including making meals and escorting people to a café/restaurant within Gilbert Court.

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

- Staff told us they worked alongside district nurses and GP's in support of people's care. Staff also provided examples where they were encouraged to contact the GP where they noted a person had not been well.

Ensuring consent to care and treatment in line with law and guidance

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.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed. Where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- People told us they had developed close friendships with the staff team and they enjoyed sharing their lives and got to know their personalities. We heard examples of people addressing staff with affection and individual knowledge of them. People commented on how these trusted relationships had developed over time. One person told us, "The carers that visit are all lovely, they tell me their troubles and I tell them mine."
- Should people's health decline, the management team were immediately informed by staff and took steps to prevent a further decline and meet the person's needs. This included, for example, one person who had lost interest in eating and was losing weight. Staff looked at their past history in the military, and purposely starting using familiar words from that time to resonate with and encourage them. This resulted in the person's improved mood, increased appetite and weight gain.
- Staff demonstrated an inclusive attitude which improved life experiences for people. One staff member told us, "You get to know the clients on a personal level, it makes a huge difference to understand their life and not judge."
- One care giver told us, "One person (living with dementia) is scared. They don't remember which staff are coming in and this can come out as anger. So I say 'I'm [staff's name]' and have also taken pictures and bought souvenirs to show [person] we know each other. I made an album to look through like 50 first dates, it's just an idea I had." This album showed a series of pictures of the person and the staff member together to remind them of this relationship and provide the person with reassurance and helped settle them during the care calls.
- Relationships between people and staff had been nurtured and this was part of the values and principles of the staffing group. People received a high quality of care which was driven by staff and management who were very clear on their dedication to achieve this. For example, one person no longer completed their personal care and had low self-esteem. The staff team supported the person by taking time to build a trusting relationship so the person felt safe, valued and listened to. As a result the person's self-esteem had improved and their personal care needs were met. In turn, their relationships with family had improved and they spent more quality time together.
- Staff were heartfelt and intuitive about the care they provided to people. This was endorsed by the provider and management team, who described people and staff as "Family". One person told us, "The carers are wonderful, I am totally impressed, they genuinely really care, they are kind and really caring."
- There was a genuine warmth when staff spoke about people and told us they wanted people to not only receive great care but have a delightful time.

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

- The provider had invested in making sure people received care which improved their health and independence. This was through the use of new and innovative care tools which tailored individual exercises for people to regain independent living skills. The outcome for people had been demonstrated by less care calls being needed and people being able to regain previously lost living skills. The provider told us, "We provide a [no cost] 15 minutes increase in call time for motivation which has saved 15% overall in care hours." People were therefore encouraged to take part in the programme to increase their independence and this in turn led to less care being needed and improved quality of lives.
- People were enthusiastic to tell us and others of how they benefitted from the constructive choices made which had improved their wellbeing since they had received care from Gilbert Court. One person told us, "I have been part of the (ADL SmartCare) 'life curve scheme' since coming out of hospital last year and feel I have greatly improved, I was having three visits per day and have been doing exercises, I needed help dressing and having a shower... I can now do them again, it's nice to still have the visits for company." One care giver told us, "One lady went from not moving to walking and going up the stair lift." This was since receiving their care package from Gilbert Court.
- The new ADL SmartCare 'life curve' care model identified a unique and individual set of exercises designed to get the person back to independence with certain tasks. One person told us, "The exercises I think has been a good idea and a real help, I have been doing it for about 6 months, I think it has made a bit of a difference, it gives me an idea as to what I can do." One care giver told us, "It's very interactive and we can do it with them [people] and make it into a dance, thinking outside the box."
- People made decisions about their daily lives and care. One person told us how they have full control over the times staff supported them. They said, "I have to be helped, I go (to bed) at around 9pm and am helped to get up at 8.30am." People gave us examples of the choices they made on a daily basis such as full choice about their daily living routines, meal times and support when going out. They told us about the little things staff did to promote their independence and make their lives more comfortable. One person told us, "I make my own breakfast and tea in my flat, the carers usually make me a flask if tea in the morning as I can't walk with a hot drink and my frame."
- People's views, wishes and choices were respected and staff told us how this was important in delivering people's care. For example, one person told us, "The carers that come do whatever it is that is needed on the day for me. They are always very helpful."
- Staff used their skills and knowledge of people to improve the care and outlook on life. One person who was now 'nil by mouth', following illness had wanted to regain their skills in relation to eating. Involving their family and professional support, care givers spent time with the person to build up their confidence and the person was on their journey to regain eating. One care giver told us, "[Person] made the decision, it's nice they shared this with us in confidence and we were able to make it happen."

#### Respecting and promoting people's privacy, dignity and independence

- People told us staff had superb skills which promoted their independence and helped them to be able to do more things for themselves. They told us staff supported them to take part in activities of their choice. One person told us, "The carers will take me shopping and to exercise classes run by the local Parkinson's group."
- Staff had used various methods to make sure people were involved in and drive decisions about their care to ensure they delivered person centred care. One person with heightened anxiety had been able to understand about their mental health as staff had spent time with them to discuss and explain it which had reduced their worries and promoted a positive mind set. One care giver told us, "[Person name] has told me that they understand themselves more through our discussions and this has helped a lot."
- Staff had worked thoughtfully with people and people told us staff worked proactively so they were able to retain their privacy and dignity. One person told us, "I have en-suite facilities, the carers help me to have a shower, the make sure the door is closed and that I am covered up."

- People were free to express their views, with support when needed, with inclusion and acceptance. We saw staff were polite and respectful and ensured people's human rights were upheld. There were examples of the inclusive atmosphere with celebrations of cultures, religions, LGBT+ lives and people's histories, such as difficult pasts and cultural expectations. People trusted and felt comfortable with staff to talk about these important aspects of their lives and they responded with acceptance and kindness.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were involved in planning their care and where appropriate, relatives and advocates were consulted.
- People said they had support plans in their homes and these included risk assessments which identified how the risks in their care and support were minimised.
- People's care plans were personalised and reflected people's needs and choices.
- Care plans were detailed and informative and reviewed if there had been a change in someone's care needs. Care staff confirmed they were kept updated to any changes and records were detailed and reflected current care needs.
- Care staff knew each person well and understood the exact care and support they needed.
- Staff told us they recorded and reported any changes in people's needs to management who listened and then followed up any concerns immediately.

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 living with dementia had received methods of communication which had been tailored to their needs One care giver told us, "I have started a memory book with dates in and what's happened, and get other care staff to write in it. I will go on in and [person] will be reading the book and say 'which one are you then'?"

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

- One person received care and support which had increased their social interest. The person told us, "I have an extended shopping call where a carer will collect me and take me to Gilbert court where I will stay for lunch and a chat whilst the carer goes and does my shopping for me, they then pick me up, take me home again and unpack my shopping, it's wonderful."
- Another person told us, "There are activities if you want to go to them, there is poetry readings, darts and knit and natter".

Improving care quality in response to complaints or concerns

- Where complaints had been received, they were followed up and where needed, information was used to

enhance the service provided and make improvements.

- People told us they knew how to complain, one person told us, "Not had to make a complaint as such, more a mention, this was dealt with satisfactorily. [Staff name] makes herself available specifically on a Monday morning in the dining room for anyone to go and see her if they have any problems or complaints."

#### End of life care and support

- Staff had a good understanding of what their roles were in supporting people as they were approaching the end of their life, such as emotional support for the person.
- The provider recognised and would refer to other agencies in support of people's needs.

# Is the service well-led?

## Our findings

Well -Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider's vision was, "To improve the quality of our client's lives," and it was clear that the management and staff team shared this ethos. People and their relatives consistently told us throughout our visit this had been achieved.
- The management team spent time with and spoke to people and their families to help them focus on people's happiness, health and wellbeing and made sure these were at the forefront of the support given. For example, for a number of people, the care and support, together with specific exercises had ensured they had regained their independence. One person told us how the care provided had impacted so positively on their well-being, they said, "I feel it really knocked my confidence having a fall. I was totally independent before the fall and they have helped me get this back."
- People shared and expressed their great satisfaction with the exceptional management at the service and how they felt it was driven with a strong emphasis on promoting inclusion and independence.
- Staff were motivated and proud to be part of the service and told us the provider and registered manager rewarded staff with praise, thanks and incentives. One member of staff told us, "A company like this is brilliant. Very, very supportive and rewarding as they offer a monthly reward for, 'what are you doing to help a client outside of the support package'."
- Staff also felt extremely valued and had opportunities to put forward suggestions for improvements. Another staff member told us, "Here staff look for ideas within the group. They encourage you to think outside the box, if you tell them they will say 'fantastic keep it up' and share the idea. We have never once been criticised." Staff had raised they would benefit from further training in behaviour management in order to provide consistently excellent care for people who may require support in this area. This training had been provided. Staff also told us they had put forward an idea of how to improve meal times for a person who was experiencing a poor appetite. The measures put into place were effective and were shared with the person's family to enable the support to be consistently delivered.
- Managers continually developed the skills of the staff team, for the benefit of people who used the service. As a result staff had developed confidence in areas such further driving skills, active listening and dealing with conflict. Staff had also been supported to enhance their career within the organisation with professional qualifications and opportunities to developed new skills.
- The provider and registered manager were clear about their commitment to provide an excellent person-centred care service for people and their relatives. People were consulted to put forward suggestions of

good practice they had experienced from individual staff members resulting in rewards (called achievement pins) for the staff. One care giver told us, "Diplomas and pin badges are good, and staff are proud to wear them." Staff were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people. One member of staff told us, "Clients are looked after as I would want. The small things make a difference which brightens someone's day up, even if it's a smile."

- There was a strong framework of accountability to monitor performance and risk, leading to the delivery of demonstrable quality improvements to the service. The provider and managers saw this as a key responsibility.
- The management team provided an exceptionally high level of experience and delivered care which was compassionate and inclusive. Staff were committed to this and told us how they learned together, reflected on situations and demonstrated accounts of how this improved people's care. One staff member told us, "All management are available at the end of the phone, even if they are not working. A company like this is brilliant." Another staff member said, "[Care manager] is an excellent manager and always there for us. We always get feedback about what we have asked or concerns and have monthly feedback, they are massively caring, definitely."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The providers comprehensive range of audits demonstrated continuous improvement. Checks monitored the success of outcomes for people and highlighted what had worked well. In addition, any identified improvements were actioned in a timely way to improve people's quality of life. We found monitoring of the service to be very thorough, with both the registered manager and provider spending time with staff and people who used the service. Significant on-going improvements had been planned and delivered with people using the service. This included developing early infection testing and how other technologies could be implemented, such as home movement alerts systems to aid assistance to people at high risk of falls.
- Staff told us learning from concerns and incidents was a key contributor to continuous improvement and meant the service continued to change and adapt the support provided and reduce the risk of further reoccurrence. One example included training in mental health first aid to improve the overall understanding in this area.
- The provider had taken new initiatives, working in connection with the local authority. The successful trial of the ADL SmartCare life scheme study had been shared by the provider to other social care organisations and the Newcastle university for further investment and support. These trials included exercises which improved people's mobility and independent living skills. The provider now planned to introduce this initiative to all their services as the study had proven results in improving people's independence and quality of life.

Engaging and involving people using the service, the public and staff

- There were consistently high levels of constructive engagement with people and staff from all equality groups. People's views were at the core of quality monitoring and assurance arrangements.
- People held and led regular meetings to discuss the running of the service. This included activities, suggestions and discussions on care.

Working in partnership with others

- The provider shared their good practice and how this had been recognised by external professionals, both by the local authority and across the UK.
- People were involved in the local community because staff championed the rights for people including involving local shops and religious commitments. People received care flexibly to ensure they continued to have the opportunity to remain part of their community.



- The provider had been awarded an 'Investors in People'. The provider had also set up their own day care centre to further support clients with early stage dementia. People and staff took confidence the provider invested in the service and care provided. These awards demonstrated the provider's commitment to provide high quality care, for the benefit of people who used the service.