

Eden Brook Home Care Limited

New HQ

Inspection report

The Old Fire Station
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CM3 1DF

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Website: www.edenbrookhomecare.co.uk

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22 March 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

New HQ (known as Eden Brook Home Care) is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people, people with physical disabilities and those living with dementia. At the time of our inspection there were 98 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. There were 97 people supported with personal care at this inspection.

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

Improvements were being made to staff training and supervision records to ensure people received safe care. The provider acted to respond to potential risks relating to medication, incidents or accidents. People had risk assessments in place to guide staff. Staff demonstrated effective infection prevention and control practice. Staff were recruited safely. There were sufficient staff available to support people consistently, and to meet their needs and preferences. Most people told us they were satisfied with the safety and quality of the care.

Whilst improvements had been made since the last inspection, these needed to be embedded and sustained to check any changes to systems and processes were effective. We have made a recommendation a system for monitoring this is established. Some record keeping was unstructured and informal. The nominated individual took action straight away, including introducing a provider-level audit as an additional level of oversight following our feedback. The service worked well in partnership with other professionals, such as the local hospice. Staff and people told us the service had improved.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 January 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook a targeted inspection to check whether the Warning Notices we previously served in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

However, during the course of the inspection we found additional improvements had been made, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for New HQ on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about developing a process to monitor and review the implementation of new oversight systems, to ensure they are effective and sustained.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

New HQ

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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we opened the scope of this inspection to review the key questions safe and well-led, following evidence of wider improvements.

Inspection team

This inspection was carried out by 2 inspectors 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 not a registered manager in post. The nominated individual had previously held the role of registered manager, and was applying to register again, but had experienced technical difficulties in their application. We are currently assessing this application.

Notice of inspection

We gave a short period 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 15 March 2023 and ended on 4 April 2023. We visited the location's office on 22 March 2023.

When we announced the inspection the office address for the service had moved. Our inspection occurred at the new office address. We are following up with the provider to check this change of address is correctly progressed.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including records sent by the provider to demonstrate compliance with the Warning Notices served. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people and 5 people's relatives to seek their feedback on care. We looked at a range of documents including recruitment, training and supervision records, care plans and risk assessments. We also reviewed some policies, procedures and audits. We spoke with 9 members of staff, including care workers, the training manager, the HR manager, the care manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At the last inspection, records showed not all staff had received the mandatory training needed to guide staff on how to support people safely and assess potential risks. At this inspection, new systems and processes were being introduced to resolve this. The provider told us they were committed to ensuring all staff were fully trained and assessed and had moved to a new office with a dedicated training room for practical training and staff inductions.
- One care worker told us, "I went into the office, and I did moving and handling training, and had my induction. I have done all my online courses; I have had my medication practice watched over. I was shadowed by the care manager across one shift."
- Staff used an electronic system to access care plans and could raise concerns directly with the office via a telephone 'app' called Birdie. This included any incidents, skin integrity issues or medication concerns. This generated alerts directly to the management team for triage.
- One staff member said, "Birdie is brilliant, you have all the information, if we have to call an ambulance, we can give the crew all the person's conditions and they have all the details, it is helpful for them as well as it is all there."
- Medicines were also recorded electronically and checked regularly to confirm they were given safely and as prescribed. One staff member said, "We know [the management team] are at the end of the phone. We raise concerns on Birdie if we are worried about someone running out of medication."
- The management team met twice weekly to review every person supported by the service, focusing on those people where concerns or alerts had been raised and monitoring the actions taken. This also included any changes to medication, such as starting antibiotics.
- A safeguarding policy was available for staff, who told us they were confident their concerns would be acted on by the management team but could escalate to external bodies if required.

Staffing and recruitment

At our last inspection the systems in place to ensure staff were recruited safely and were suitable for the role were ineffective. This placed people at risk of harm. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- The provider carried out safe recruitment checks on staff, including on employment history and with the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had 'over-recruited', which meant there were sufficient staff available to provide safe and consistent care to people in their own homes, including at weekends. One person said, "There is no difference in evenings, weekends and bank holidays."
- Most people we spoke with were satisfied with the quality and safety of the care. One person's relative told us, "Regular [care workers] have got to know [my person], they are lovely with [my person]. Consistent. [The care workers] are kind and bring positivity, they are exceptional." Another relative said, "No doubt [my person] is in safe hands."

Preventing and controlling infection

- Staff promoted safe practice in infection prevention and control and were provided with personal protective equipment (PPE) to reduce potential risks. One person said, "[Care workers] wear PPE and masks and wash their hands."
- One staff member told us, "All of our PPE is fully provided. We can pick up from the office, and [office staff] also drop it round if we need it."

Learning lessons when things go wrong

- We identified some records were not always structured or clear. The provider was open to learning lessons and acted promptly on feedback during the inspection to make immediate changes and improvements.
- One staff member told us, "[Eden Brook Home Care] really has improved a lot and I enjoy working with them; they are trying, they really are. The pandemic hasn't helped them, taking on work to try and be helpful but with a shortage of staff; they have learned now how to do it and be safe."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the systems in place to monitor the quality and safety of the service were not effective. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider was open and transparent where areas of the service required improvement, and acknowledged where things had gone wrong, taking action to resolve the issues raised.
- The nominated individual told us they had previously stepped back from the day to day running of the service and employed 2 different managers in this time who they had hoped would register with the CQC. However, neither had been successful in the role.
- As a result, the nominated individual had decided to re-register as manager, and told us "I completely accept responsibility" and, "I can't take my eye off the ball." They also shared plans to recruit further management support into the existing office team.
- Since the last inspection, the nominated individual had introduced new systems and processes to support good governance, which continue to be developed and refined. These systems need to be embedded, sustained, monitored and reviewed going forward to ensure they are effective.
- For example, whilst supervisions and training were taking place, records used for the oversight of these areas lacked structure or were too informal. Following our feedback, the provider acted straight away to devise a new electronic system for recording information more clearly, and to run reports and generate automatic alerts for scheduled training.

We recommend the provider reviews their processes for monitoring new systems to check they are embedded and sustained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which

achieves good outcomes for people

- People's views were sought through regular reviews. One person said, "I have filled in surveys. Some concerns were followed up and changed. The manager is good and asks how I am getting on."
- Another person told us, "Other care agencies I have used are nowhere near as good, I highly recommend them. I feel safe; they are kind and very good."
- Staff told us they could communicate openly with the management team and felt supported in their role. One staff member said, "[Care manager] is absolutely lovely, any questions I can go to them, their phone is open 24-7."
- The management team had clear roles and responsibilities. The nominated individual confirmed they would map the management skill sets and strengths to align with the aims, objectives and ambitions of the service.

Working in partnership with others; Continuous learning and improving care

- At the time of inspection, the provider was working with the local authority quality team, to drive improvement at the service.
- The nominated individual told us they had started to establish new processes for sharing learning with staff, such as the introduction of face-to-face team meetings following the COVID-19 pandemic.
- The service worked in partnership with other stakeholders to build positive relationships and improve outcomes for people. For example, a local hospice told us, "At Christmas time care workers provided care at very short notice to a family whose loved one wished to be home for Christmas. This enabled the family to spend the final days together in their own home."