

Eagle Eyed Care Limited

# Eagle Eyed Care Limited

## 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

Eagle Eyed Care is a domiciliary care agency. It is registered to provide personal care to people in their own homes, including older people. At the time of the inspection visit the service supported 3 people.

### People's experience of using this service

People felt safe using the service and staff understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults. People received support from staff when needed and were supported to have their medicines as prescribed.

Staff prepared meals in line with people's specific nutritional needs to maintain their well-being. People were assisted to obtain advice from healthcare professionals when required. 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 treated with care and dignity, and their independence was promoted wherever possible.

People were involved in planning their care with support from staff. People and their families understood how to complain if they wanted to.

There was not a registered manager at the service at the time of our inspection visit. The provider was acting as the manager of the service and was open and honest. The provider worked in partnership with outside agencies to improve people's support when required. There were checks in place to ensure good standards of care were maintained.

### Rating at inspection

This service was registered with us in October 2018 and this is the first inspection. All areas have been rated as good, this meant the overall rating for the service was good.

### Follow up

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

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

## 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?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Eagle Eyed Care Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

There was one inspector.

#### Service and service type

Eagle Eyed Care is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission. This means that the provider had sole legal responsibility 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 we needed to be sure the provider would be in the office to support the inspection. Inspection activity started on 15 October 2019 and ended on 28 October 2019. We visited the office location on the 24 October 2019.

#### What we did before the inspection

We looked at the information we held about the service. We checked records held by Companies House. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the provider who was responsible for supervising the management of the service. We

reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

After the inspection

We received feedback from one member of staff and one person who used the service.

# Is the service safe?

## Our findings

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

At this inspection we have rated this key question as good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People had risks identified in their care records, and staff had received training and instruction on how to mitigate those risks.
- Risk assessments included information about the person's home, so staff knew about environmental risks, to prevent accidents and injuries.

### Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care.
- Staff had received training about the different types of abuse. Staff understood they needed to report any concerns to the provider and felt assured these would be taken seriously.
- The provider understood their obligation to report their concerns to the relevant authorities and CQC.

### Staffing and recruitment

- People and staff agreed there were enough staff to provide support when it was needed.
- The provider explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- The provider's recruitment process included background checks of potential staff to assure the suitability of staff to work at the service.

### Using medicines safely

- Only staff who had been trained in safe medicines management and assessed as competent, supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them.
- Medication administration records were completed by staff when people received their medicine and were regularly checked for any mistakes by senior staff.

### Preventing and controlling infection

- Staff received training in how to prevent the spread of infection, and wore personal protective equipment when personal care was given.
- Staff understood and followed safe infection control guidelines and knew how to minimise risks of infection.

### Learning lessons when things go wrong

- The provider had systems in place to record and monitor accidents and incidents that occurred at the

service. Lessons were learned from the analysis of such events, to prevent future occurrences.

# Is the service effective?

## Our findings

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

At this inspection we have rated this key question as 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

- Protected characteristics under the Equality Act 2010 were considered in people's assessment of needs. For example, people were asked about religious or cultural needs, so these could be taken into account when planning people's care.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training when they commenced employment. They also worked with existing and experienced staff members to gain an understanding of their role.
- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs.
- Staff told us they received supervision and feedback on their performance from senior staff.

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

- Where people received food and drinks prepared by care staff, staff prepared meals in line with people's specific nutritional needs.

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

- People were referred to healthcare professionals to promote their wellbeing and maintain their health, such as the GP and district nurses.

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.

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 (DoLS).

- People's care plans identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity, there was guidance for staff about how to support people to make decisions.
- At the time of our inspection visit the provider was updating people's records around their mental



capacity. The provider understood their responsibility to apply for community DoLS.

- The provider was obtaining evidence of people's appointed representatives, to ensure the correct people were consulted when decisions needed to be made 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 this inspection we have rated this key question as 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 told us they felt staff cared about them.
- The provider explained they had worked hard to ensure their service helped people to thrive in their home environment. Staff shared the management's caring ethos and told us, "Just to know that I have the opportunity to help someone to live a better lifestyle and put a smile on their faces on a daily basis, this is satisfactory to me."
- Staff felt confident they could support people to maintain their individual beliefs. They understood some people might need particular support to make them feel confident to express themselves.

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

- Staff spoke confidently about how they supported people to make everyday decisions about their care. Staff understood the meaning of people's gestures and behaviours and knew how people preferred to communicate.

- People were asked about their individual preferences and these were acted on. For example, people were asked who they wished to support them, and the gender of care staff.

Respecting and promoting people's privacy, dignity and independence

- People told us care staff acted in a way that maintained their privacy and dignity.
- Staff explained how they encouraged people to be independent because it helped them to remain in their own homes and improved their wellbeing.
- The provider ensured people's personal information was treated confidentially. Records were locked away in the office location and could only be accessed by authorised staff. People had a copy of their own care plan which meant they had access to information about them at any time they needed it.

# Is the service responsive?

## Our findings

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

At this inspection we have rated this key question as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff knew them well and were positive about how responsive staff were to their needs. The staff team were consistent, and people knew who would be supporting them.
- Care plans contained personalised information and gave direction to staff that was specific to each person. One staff member said, "People make choices about their own care package. Where they lack capacity to make decisions, families along with the multidisciplinary team and will carry out a best interest meeting to support the service user's needs."
- Staff and the provider monitored people's health and well-being so they could respond quickly if a person's needs changed or they needed additional support. They said, "If there is a change in service user's needs the manager will inform us immediately."
- People were included in the review of their care plans in ways that suited their individual needs. People's family were invited to reviews where people had consented. .
- Where it was included in people's care arrangements, people were supported to attend activities of their choice.

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 recorded in their care plans. The provider told us if people needed information in particular formats, they would ensure these were made available.
- Staff used a range of communication techniques to engage with people about their daily wishes, such as foreign languages, interpreters, agreed words and symbols.

Improving care quality in response to complaints or concerns

- No formal complaints had been raised about the service.
- The provider's complaints procedure was accessible to people in their homes.
- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- Care staff were trained to support people at the end of their lives. The provider explained care staff were experienced and worked alongside other organisations, such as community nurses, to provide responsive end of life care.

- People's wishes and preferences for their end of life care arrangements had been recorded, where people wished to share these with the provider.

# Is the service well-led?

## Our findings

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

At this inspection we have rated this key question as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- There was no registered manager at the service because the previous registered manager had left at short notice. Since then, because the service is small, the provider had been managing the service. The provider told us they were currently recruiting for a registered manager; but were finding it difficult to recruit someone with the right skills and values to support their service.
- The staff and provider had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- The provider understood their obligations for reporting important events or incidents to the CQC. They were aware of their duties under the new general data protection regulations and information was kept securely.

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

- People and staff were positive about the leadership of the service. Staff said the provider was approachable and they would not hesitate to contact them if they had any concerns. One staff member said, "All staff have access to her mobile number and her office door is always open if a need or concern should arise."
- Staff told us they felt supported by each other and by senior staff. The provider worked alongside staff to monitor their performance and check their competency, as well as provide support and information to staff regarding their caring duties. One staff member said, "I have monthly supervisions with the person in charge, however, we work together on a daily basis, so I have the opportunity to discuss any concern if needed."
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, staff explained how they recorded any changes in people's needs and shared information with other staff in daily records.

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

- People told us they were encouraged to share their experiences of the service by meeting the provider regularly, in review meetings, and when they met care staff on a daily basis. People's feedback was collated and analysed to make improvements to the service.

Continuous learning and improving care

- Checks were carried out by senior staff on a range of issues, including medicine records and care plans.

Records showed actions were taken to make improvements to the service, following the checks.

- The provider was committed to making improvements to the service and had obtained advice and support from external agencies, for example, Skills for Care and other training organisations. They shared best practice with staff to help improve the quality of care provided.
- Team meetings were utilised to communicate updates and required changes to staff. These included updates on individual's needs. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

Working in partnership with others

- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.