

Eagle Care 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Eagle Care Ltd is a domiciliary care agency and provides personal care and support to people living in their own homes. Not everyone using the service receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, which is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection, there was one person receiving a regulated activity.

People's experience of using this service

Relatives spoke positively about the service. They told they felt safe and people's needs were being met. Where risks were identified, there was guidance in place for staff to ensure that people were safe. However, there were some instances, where guidance was not detailed enough. There were appropriate numbers of suitably skilled staff available to meet people's needs. Appropriate infection control practices were followed. Systems in place to record and respond to accidents and incidents in a timely manner. Any lessons learnt were used as opportunities to improve the quality of service.

Care and support was personalised to people's individual needs. Assessments were carried out to ensure people's needs could be met. Staff had the knowledge and experience to support people's needs. They were supported through induction, training and supervision to ensure they performed their roles effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain good health and access to healthcare services when needed. People were encouraged to eat healthy food for their wellbeing.

People's privacy, dignity and independence was promoted.

Care was personalised to people's needs and preferences. There were procedures in place to respond to complaints.

There were systems in place to assess and monitor the quality of the service provided. The service worked with healthcare services and professionals to plan and deliver an effective service.

Rating at last inspection

The last rating for this service was requires improvement (published 9 January 2019) and there was one breach 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

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-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

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Eagle Care 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. 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:

This inspection was completed by one inspector.

Service and service type:

Eagle Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults. There was one person using the service when we inspected.

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

Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in. Inspection site visit activity started and ended on 10 July 2019. We visited the office location to see the registered manager and review care records and policies and procedures.

What we did:

Before the inspection, we reviewed information we held about the service and the provider which included statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we spoke with one relative and reviewed one care plan and risk assessments. We also spoke with one care worker and the registered manager and reviewed other records relating to the management of the service including policies and procedures.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection on 13 November 2018, we found the provider failed to maintain accurate and complete records in respect of the medicines support provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We asked the provider to take action to make improvements and this action has been completed.

- People's care plans detailed what support they required with their medicines. People required no support with their medicines because they were being supported by family relatives with their medicines.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding and whistleblowing policies and procedures in place that provided guidance on abuse and reporting to relevant authorities. Relatives told us they felt people were safe using the service.
- Care workers were aware of the different types of abuse and reporting procedures to follow if they had any concerns of abuse. One care worker told us "I would report any safeguarding issues immediately to the manager, CQC and the local authority."
- The registered manager was aware of their responsibility to report and notify the relevant safeguarding and healthcare authorities if there were any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments contained guidance for staff to ensure people were safe in areas such as moving and handling, mobility, continence, skin integrity and nutrition and hydration. Risk assessments had been reviewed and were up to date.
- However, some guidance did lack detail on how to minimise the risk. For example, risk assessments identified a risk of slips during personal care, however there was limited guidance as to how this risk could be minimised. We highlighted this during the inspection with the registered manager who told us they would review this and ensure risk assessments included more detailed information. Shortly after the inspection, the registered manager provided an updated and more detailed risk assessment.

Staffing and recruitment

- There was consistency with the care being provided by the service. There were two care workers employed by the service who have been with the service for a number of years. A relative told us "We have a regular carer. She has been caring for [person] for a long time."
- The registered manager followed safer recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.

Preventing and controlling infection

- Measures were in place for infection prevention and control. The service had an infection control policy in place. Care workers had received training and were aware of safe infection control practices. They told us they had access to gloves, aprons and other protective clothing which was kept securely in the office or the registered manager delivered it to them.

Learning lessons when things go wrong

- The service had policies and procedures in place for reporting and recording of accidents and incidents. There had been no incidents since the last inspection.
- The registered manager was able to provide examples of lessons learnt and changes made to embed good practice which was also shared and implemented by staff.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection, care workers did not receive regular supervision. During this inspection, records showed care workers had received regular supervision and appraisal. Care workers confirmed this and told us they felt supported in their roles.
- Care workers had completed training the provider considered mandatory in areas such as safeguarding, moving and handling, health and safety, fire safety, first aid and COSHH. A care worker told us "I can speak to [registered manager], she is approachable. We get training and yes, it helps me to do my job."

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

- Before people used the service, assessments were carried out to ensure their needs could be met.
- During these assessments, expected outcomes for people's care were identified and were used to develop people's care plans and risk assessments.

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. We checked whether the service was working within the principles of the MCA.

- The service obtained consent from people and where a person lacked the capacity to make specific decisions, records showed decisions were made on their behalf in their best interests which involved the person's next of kin and relevant healthcare professionals.

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

- People's care plans contained guidance on people's nutritional and hydrational needs and identified areas where they were at potential risk of poor nutrition and dehydration, and/or if they had swallowing difficulties.
- People required no support with their food and drink because they were being supported by family relatives with their meals.

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

- The provider worked in partnership with other services, and health and social care professionals such as the local authority, occupational therapists and district nurses to deliver effective and timely care.

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 remained the same. 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

- Relatives spoke positively about the care they received and told us care workers were kind and caring. A relative told us, "[Care worker] is kind and caring and knows [person] well."
- Feedback from relatives indicated positive caring relationships had developed between people and care workers. A relative told us "[Care worker] is very good with [person]."
- People's cultural and religious beliefs and preferences were detailed in people's care plans which were respected and acted upon. A care worker told us "I know of their religion and respect their culture."
- Care workers had a good understanding of equality and diversity. A care worker told us, "It is about understanding and being thoughtful of people's backgrounds, culture and religion."

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

- People and their relatives were involved in decisions about their care. Records showed there had been formal review meetings with people using the service and their relatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively. A relative told us, "[Registered manager] came in recently to do the yearly review and we had a chat about the care."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity was respected.
- Care workers were able to tell us how they maintained people's privacy and dignity, and ensure they were comfortable when providing people with personal care. A care worker told us "I make sure the door is closed and make sure [person] is covered where needed. I always talk to [person], ask how their day was and make them laugh."
- People were supported to maintain their independence and encouraged to do as much as they can for themselves. Care plans clearly set out what people could do for themselves and areas where they needed to be supported so people could maintain as much of their independence as possible.
- Care workers understood the importance of promoting people's independence. A care worker told us "[Person] can do things themselves and maintains their independence where they can. I support them to do this and help [person] when they need me to."

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 now remained the same 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

- Relatives spoke positively about the service they received which met their needs and preferences. A relative told us, "I am happy with the care being provided."
- People's care plans were person-centred and provided staff with guidance on how their needs should be met. Care plans were reviewed and updated when people's needs changed.

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 care plans contained information which showed how they communicated and how care workers should communicate with them. When speaking with care workers, they were able to tell us how they communicated with people to ensure people's needs could be met. A care worker told us "I can understand [person] even though they are unable to verbally speak. [Person] uses facial expressions and I know whether [person] is having a bad or good day."

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The service had not received any formal complaints. The registered manager told us they would follow their complaint policy to ensure any concerns were promptly resolved. A relative told us, "No complaints. If there are any issues, it gets dealt with straight away."

End of life care and support

- No one at the service currently received end of life care. The registered manager told us, where required she would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. However, the provider will need to demonstrate the improvements they have made are sustainable over time before this key question can be rated Good.

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

At the last inspection on 13 November 2018, we found audit processes were ineffective and care documentation had not been updated. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We asked the provider to take action to make improvements and this action has been completed.

- The registered manager carried out care plan and risk assessment audits, any areas of improvement identified were actioned. Records reviewed during the inspection had been reviewed and were up to date.
- Care workers competency was assessed by spot checks. This involved care workers being observed by the registered manager and assessing how care workers carried out their duties. Records showed that if there were any areas of improvement, this was followed up.
- The registered manager also told us she had plans to meet an audit consultant who would be visiting the service at the end of month to review the audits and ensure the auditing processes of the service was effective.
- There was a registered manager in post who knew of their responsibility with regard to the Health and Social Care Act 2014 work and under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager obtained feedback from people and relatives about the service via service user satisfaction surveys. The registered manager told us they were in progress of sending surveys to people and relatives to receive feedback for this year. We reviewed the previous survey which was received and saw positive feedback had been received. Comments included 'Carer has provided [person] excellent service.'
- Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had.

Working in partnership with others

- Records showed the service had liaised with local authorities and other health and social care professionals to provide joined up care. The registered manager told us they would continue to do so and build good links with other key organisations.