Eagle Care Alternatives Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 25 and 26 July 2018 where breaches of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found. They included breaches in Regulation 12, Safe care and treatment and Regulation 17; Good governance. We served a warning notice for Regulation 17, Good Governance, to the provider and told them they must be compliant by 24 October 2018.

We met with the provider to confirm what they would do and by when to improve the key questions safe, effective, responsive and well-led to at least good.

We carried out an announced focused inspection on 1 November 2018. This inspection was done to check that the provider had made improvements to meet the legal requirements.

We inspected the service against two of the five questions we ask bout services: is the service safe? And is this service well led? This is because the service was not meeting some legal requirements.

This report only covers our findings in relation to 'Safe' and 'Well-Led'. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring so we did not inspect them. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eagle Care Alternatives Limited on our website at www.cqc.org.uk

Eagle Care Alternatives Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in a supported living setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection visit eight people were using the service.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found improvements had been made to ensure risks to people's health and wellbeing had been assessed and took account of people's preferences and health conditions. Measures were put in place to manage risks safely whilst promoting their independence. Care plans provided clear guidance for staff to follow to keep people safe. Staff supported people to receive their medicines in a safe way.

Improvements had been made to staff recruitment procedure. Records showed pre-employment checks had been carried out to reduce the risks of employing staff unsuitable to work in care. There were enough staff to support people.

Staff had completed training in safeguarding and other relevant safety procedures to ensure people were safe and protected from avoidable harm and abuse. Staff understood their responsibilities to report concerns. Staff followed infection prevention and control practices.

The provider had met all the conditions of their registration; registered the service correctly and notified the Care Quality Commission of significant events which occurred, which they are required to by law.

The provider had made some improvement to the governance systems. The provider's policies, procedures and processes had been updated and shared with the staff team. New electronic care planning system was fully operational.

A system was in place to ensure staff training was kept up to date and they were supervised and supported in their role.

The registered manager had provided leadership and support to staff. System was in place to log all accidents and incidents, these were analysed and action taken. Any lessons learned from inspections, incidents and complaints were shared with the staff team to improve safety.

People were given opportunity to express their views about the service and offered advocacy support to complete surveys. The provider maintained accurate records and information relating to the people who used the service, staff and the management of the service.

Further action was needed to ensure the improvements made could be maintained. Reviews of people needs and care plans had not been completed since the information was transferred to the new electronic care planning system. Quality audits and checks had been put in place. Some checks such as unannounced spot check had been carried out but not all. Therefore, we were unable to confirm whether these processes were effective in identifying shortfalls.

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 had improved to good.

People were protected from abuse and avoidable harm because staff were trained in safeguarding and safety procedures and had reported concerns promptly.

Risks associated with people's needs had been assessed and care plans provided clear guidance for staff to follow. People received their medicines in a safe way.

Staff recruitment procedures ensured suitable staff were employed. There were enough staff to provide care and support to people.

Staff followed infection control procedure.

A system was in place to ensure that lessons were learnt.

Is the service well-led?

Requires Improvement

The service had improved to requires improvement.

The registered manager had taken steps to meet their legal responsibilities. They provided leadership and taken action to make some improvements.

There had been some improvements to the governance system. New care planning system and processes were in place. A system was in place to ensure staff were supported and trained for their roles. People and staff views about the service were sought and used to drive improvements.

Further action was needed to ensure audits in place were effective to drive and maintain the improvements made.

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Detailed findings

Background to this inspection

We undertook an announced focused inspection of Eagle Care Alternatives Limited on 1 November 2018. We gave the service 48 hours' notice of the inspection because the registered manager is often out providing care so needed to be sure they would be in.

We inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led? This is because the service was not meeting the legal requirements with regards to safe care and treatment and good governance was not being met.

The inspection was carried out by one inspector.

When we inspected the service in 25 and 26 July 2018 people told us they were happy with the quality of the service. We had not received any concerns about the care people received. Therefore, we did not speak with people who used the service or their relatives.

During this inspection we spoke with the registered manager, care worker and the administrator. We reviewed a range of records. This included three people's care records, two carer workers recruitment files, training records and records relating to the management of the service such as policies and procedures and quality audits.

Good

Is the service safe?

Our findings

At our last inspection in July 2018, we rated this key question as 'requires improvement'. This was because we found concerns in relation to how risks associated to people's needs and safety were assessed and managed. This led to a breach of Regulation 12, Safe care and treatment.

At this inspection we found improvements had been made. The registered manager had reviewed the risk assessment processes. Risks assessments documentation had been updated and covered all aspects of risks to people, such as moving around, falling and swallowing difficulties. They took account of people's diverse needs and any known health condition that could affect how staff supported people in the least restrictive way.

Records showed risks had been assessed for a person following a fall. The assessment looked at the support the person needed to move around and the risks within the home environment. Advice sought from physio had been reflected in the care plan. There were clear instructions for staff to follow including the number of staff required and how best to support the individual. Equipment such as a commode and an emergency pendant alarm was provided to improve the person's safety.

A staff member described the texture of meals prepared for a person they supported. They said, [Person's name] eats and drinks quickly so tea has to be luke-warm and food needs to be cut into small piece and soft fork-mashed." The measures identified to manage the risks had been reflected in the care plan and included the guidance from provided by the dietitian for staff to follow. The person had been provided with adapted cutlery, so they could eat independently. This showed the person needs were met safely whilst promoting their independence.

The provider's new electronic care planning system was being used. The registered manager had reviewed people's risk assessments and care plans before the information was transferred to the electronic system. The registered manager confirmed that care plans and risk assessments would be reviewed monthly or sooner if people's needs changed and the care plans amended. That meant any changes to people's needs could be met safely by staff who would have clear guidance to follow in the care plans. The next review of people's care was due at the end of November 2018.

Staff member said, "I've nearly done all training, like health and safety, medicines and safeguarding that I needed to complete except one course, because I had problems logging in [to complete the on-line training]." Staff training confirmed staff had completed training in topics such as health and safety, moving and handling, safeguarding adults and basic first aid. That assured people that staff were trained to support them in a safe way.

Policies and procedures to promote people's safety had been updated and were available in alternative formats to make it easier for staff and people using the service to understand. These included health and safety and safeguarding people from abuse. Systems were in place where the package of care included shopping calls and handling people's money. All transactions were documented although receipts for one

person had not been kept. The registered manager assured us this would be addressed to ensure people were protected from financial abuse.

Staff understood how to identify signs of abuse and preventable harm and knew how to report these; staff knowledge in safeguarding adults had been supported by training in this area. Safeguarding incidents had been reported to the local authority and the Care Quality Commission (CQC) and appropriate action was taken to prevent further similar occurrences.

We found improvements had been made to ensure staff recruitment processes were followed to ensure suitable staff were employment. Recruitment records showed that the relevant checks including a check from Disclosure and Barring Services (DBS) had been completed for all staff, checks on previous employment history and obtaining references. Photocopied ID documents were not always signed and dated when the photocopies were taken so we could not be sure how current they were. The registered manager assured us this would addressed.

Records showed staff had completed medicines training and their practice was checked before they could support people. This meant people's health was supported by the safe administration of medication.

People who needed support with their medicines, had care plans which included information about the support they needed. For example, where the medicines were kept, how the person preferred to take their medicines and the records needed to be completed. Medicine administration records confirmed that staff documented when people were supported with their medicines.

Staff received training on infection control. Personal protective equipment such as disposable gloves and aprons were readily available for staff to use.

Staff understood their responsibilities to report incidents when required. All incidents, accidents, complaints were logged electronically. The registered manager had analysed these events to identify the causes and actions needed. The registered manager had shared lessons learnt from the last CQC inspection with the staff and had made the required improvements.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the service in July 2018 people told us they were happy with the quality of the service. However, we found concerns in relation to the provider's quality monitoring systems and processes and this led to a breach of regulation 17; Good governance. We served a warning notice to the provider and told them they must meet the legal requirement by 24 October 2018.

At this inspection we found the provider had made some improvements. The provider is also the registered manager, and they understood their responsibilities and legal requirements. They had submitted applications to Care Quality Commission (CQC) to ensure the service was registered correctly. This was actioned immediately following our last inspection.

The registered manager had access to the Health and Social Care Act Regulations 2014 and current guidance for providers. Timely notifications were sent to CQC about significant events and incidents that had occurred within the service and the actions taken. The provider's registration certificate, last inspection report and rating was displayed in the office and on the provider's website.

The provider's policies and procedures had been updated and followed. These changes had been shared with staff team at the staff meetings. The policies reflect the provider's visions and value, which was provide care that met people needs to enable them to live a quality life. This meant the service had clear and up to date information available to staff to reflect the current legislation and good practice guidance.

The provider had also updated the business continuity plan. This meant staff had the correct information about the action to take in the event of an unforeseen emergency, for example unable to access information at the office.

We found the provider had made some improvements to the quality assurance and governance of the service. Further action was needed to maintain the improvements made.

The new electronic care planning system was now being used. The registered manager had completed a full audit and review of people's care needs, risk and supporting records. Records showed people and their relatives or representative had been involved in this process and decisions made had been documented. The registered manager told us that people's care plans and needs would be reviewed monthly. We were unable to establish the effectiveness of the review process because the first reviews were not due until the end of November 2018.

Records showed care provided by staff was documented and checked by the care coordinator and the registered manager. This meant any changes in people's needs or risks could be addressed promptly. Electronic records showed that all communication with people, their relatives and health care professionals had been documented. Good record keeping enables the registered manager to monitor people's needs and the quality of care provided.

An audit on staff recruitment and training files was completed following our last inspection visit. Although all pre-employment checks and documentation were in place, photocopied evidence of staff identity was not always signed and dated when the copies were made. The registered manager said they would address this.

All staff had received or were booked to complete the essential training for their role. Training records were kept up to date and monitored. This helped the registered manager to plan training in advance so that staff knowledge and skills would be kept up to date.

People were supported by regular staff team, who could get to know people and their individual routine and preferences. Staff skill mix and training entered into the electronic care planning system helped to identify suitable staff to meet people's needs and requirements, for example, gender of staff or language skills. The care coordinator had already begun to plan the staffing to cover the Christmas and New Year period.

A staff member told us that had a clear responsibility to ensure staff training and training records were up to date. Staff were supported, trained and their work was checked through unannounced spot checks. These checks looked at staff presentation, punctuality and that they provided care and support safely and in line with people's care plans and wishes.

Staff told us the registered manager was approachable and supported them. Staff were aware of the improvements made to the care plans. A staff member told us that communication between the staff team had also improved. Staff meetings were used to share information and provided staff with an opportunity to raise concerns and share ideas around good practice. The meeting minutes were not detailed to reflect any updates from the previous meetings or learning from incidents and complaints. This was also a missed opportunity to check staff knowledge and understanding of training completed and procedures. The registered manager assured us this would be addressed.

People, their relatives and staff were encouraged to share their views and influence the development of the service. These included individual comments through review meetings, unannounced spot checks on staff practices, complaints and compliments.

Surveys had been sent out in September 2018, to people, their relatives, and professionals involved in the care of people using the services. People had been offered advocacy support to complete the surveys. The registered manager told us they would analyse the responses and would address any issues that were raised.

Records showed the provider worked in partnership with commissioners and health care professionals in an open, honest and transparent way. That meant people received a joined-up approach to their care and support.