

## Eden Brook Home Care Limited

# Eden Brook Home Care

### 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 

### Overall summary

The inspection took place on 11 November 2015

Eden Brook Care Providers is a domiciliary care agency providing care and support to people in their own homes. The organisation offers support to people living in Chelmsford and the surrounding area. At the time of our inspection there were 30 people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associate Regulations about how the service is run.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

People received care from a consistent staff team who were well supported and trained.

# Summary of findings

Care staff understood the need to obtain consent when providing care.

The provider had systems in place to support people to take their prescribed medicines safely.

People were supported with meals and to make choices about the food and drink they received. Staff supported people to maintain good health and access health care professionals when needed.

Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

The service benefitted from a clear management structure and visible leadership. A range of systems were in place to monitor the quality of the service being delivered and drive improvement.

# Summary of findings

## 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.

Staff understood how to protect people from harm and abuse.

There were enough staff to support people in a safe way.

Staff were recruited appropriately within the required legislation

Staff supported people to take their medication safely

Good



### Is the service effective?

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them

Good



### Is the service caring?

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Good



### Is the service responsive?

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service

Good



### Is the service well-led?

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Good



# Summary of findings

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views

# Eden Brook Home Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 11 November 2015 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service, and the manager is often out supporting staff or providing care. We needed to be sure that someone would be available. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service, this included notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us.

On the day of the inspection we spoke with the trainee care manager and the care co-ordinator at the agency's office. We spoke with one support staff.

Following the inspection we spoke with four people who used the agency, two relatives and received information from two additional staff.

We looked at five people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

# Is the service safe?

## Our findings

People we spoke with confirmed that they felt safe using the service. One person told us, “The carers help me to have a bath and are very careful.” One relative told us, “They are all really good in helping [relative] to get up out of bed two staff help him he has never had a fall.”

People told us that staff ensured their safety when entering and leaving their home. One person commented that staff used the key safe system to access their house, and always ensured it was securely replaced on leaving. They said that staff would only disclose the number in an emergency to health care professionals.

Staff told us they carried a mobile phone and had direct contact to the office or to the on-call manager any time if they needed. One member of staff told us, “There is always someone on the end of the phone to ask for help or advice.”

Staff told us they had been provided with training in safeguarding people from abuse, which was confirmed in the records we looked at. Staff understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns.

There were sufficient staff employed to keep people safe. People who used the agency and their relatives told us that there were enough staff to provide their care needs. One person told us, “I get help when I need it so yes, I do feel safe.” Staff told us there were always two staff when required, for example to assist someone in using a hoist or to use a standing aid. Staff told us they had sufficient time to deliver the support required. If they experienced any difficulties completing their schedule they would inform the manager who would then arrange extra support.

The senior member of staff told us that all of the staff were flexible and able to cover if necessary, for example if

someone was off sick or on annual leave. During our inspection two staff members had phoned in sick, therefore the trainee manager stepped in to cover some visits. When she returned to the office she explained that the clients were the priority and she felt it was important to carry out some care visits herself as she was then able to support new staff with the necessary care tasks.

People had detailed risk assessments which were reviewed regularly. The risk assessments were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks of falls and risk of dehydration or malnutrition.

Recruitment files we looked at showed that the service had a clear process in place for the safe recruitment of staff. Staff confirmed that they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a Disclosure and Barring service (DBS) check had been undertaken before the member of staff could be employed, this was carried out by the DBS to ensure that the person was not barred from working with people who required care and support.

People who needed support with their medication told us that they are happy with the arrangements. One person told us, “The staff make sure I have my medication when I need it.” Staff told us, “I am trained to give medication and I make sure I complete the chart, I would let the office know immediately if there was a concern about someone’s medication.” Senior staff monitored people’s medication records to check people were receiving their medication correctly.

# Is the service effective?

## Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, “The staff know what needs to be done and what help I need they are excellent.”

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and food hygiene.

Newly appointed staff completed an initial induction this included shadowing more experienced workers to learn about people’s individual routines and preferences, before working on their own. Staff told us the induction training they received was good and provided them with the knowledge they needed.

Staff were well supported and monitored. They told us that supervision and spot checks took place regularly, which they found helpful and supportive. Records we saw confirmed that face to face supervisions took place on a regular basis and staff confirmed that any training needs, or areas of concern were discussed and targets were identified for the next three months.

Senior staff explained that they observed staff and supported them as they provided care and support to ensure they were competent in their job role. Staff told us, “The [manager] is always available for advice and support.” One person who received care told us, “Sometimes it takes a while for new staff to know what they are doing, they come with someone else at first until they know what to do.”

People’s consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us the staff asked their consent before they provided any care. Care plans had been signed to give permission for the information in them to be shared with others.

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. The registered manager told us that they were following best practice guidance about mental capacity and best interest decisions. Staff understood their responsibilities under the Mental Capacity Act and what this meant in ways that they cared for people. They said they would recognise if a person’s capacity deteriorated and that they would discuss this with their manager.

Most people told us that their care visits were usually on time and they were contacted if the carer was going to be late. However, one person told us that their carer was on occasion late and they were not contacted, we discussed this with the manager who investigated this and has put measures in place. Staff have been instructed that it is important to contact people if they are not going to arrive at the expected time. Relatives told us, “The girls are on time and always stay as long as needed, they never rush [relative].”

Where needed, people were supported to have sufficient to eat and drink and had their nutritional needs met by staff. One person told us, “They always make sure I have a drink and something to eat on my table before they go.” Staff had information about people’s likes and dislikes. Staff told us that they would know if there were any concerns from talking to people about their diet and observing any food that had not been eaten.

The staff told us that people’s shopping was often done by relatives if they were unable to go out, but that they were responsible for doing some people’s food shopping, and explained how they would sit with them and plan a menu discussing different options and making suggestions to try and ensure they had a varied balanced choice of meals. One person told us, “The girls help me with my meals they always ask me what I want.”

When a person’s health was of concern they would refer to health professionals if needed. One staff member told us, “We have the contact details of the GP surgery and ring if necessary then let the office know.” Records confirmed that staff had taken the appropriate steps when they had noticed a person had been unwell.

# Is the service caring?

## Our findings

People told us that the staff always treated them with respect and kindness. One person said, “I look forward to their visits so I can have a chat.” Another said, “The staff are excellent, they are all very kind.” Relatives told us, “The girls are all kind and caring they are all lovely.”

People confirmed their privacy and dignity was respected at all times. Staff understood the importance of respecting and promoting people’s privacy and dignity and gave examples of how they did this by ensuring curtains and doors were closed before delivering personal care. Staff knew about people’s individual needs and preferences and spoke to us about the people they cared for in a compassionate way.

Staff told us how important it was to have regular schedules so that they saw the same people as this enabled them to build up positive relationships. One person told us, “It is really nice to have the same carer so I get to know them, I look forward to their visits.”

People’s care records identified people’s specific needs and how they were met. The records also provided guidance to staff on people’s preferences regarding how their care was delivered. People had their own communication books which enabled staff to pass on relevant information to each other which meant that staff had the information to provide continuity of the care.

People told us that they felt the staff listened to what they said and acted upon their comments. One person said, “The staff ask me if I want them to do anything for me, I need encouragement to do things for myself they do respect that.” This confirmed to us that the staff promoted and respected people’s independence. Records showed that people had been involved in their care planning and they had agreed with the contents. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

# Is the service responsive?

## Our findings

People told us the service was responsive to their needs for care, treatment and support. One person told us, “I would definitely recommend this agency to other people, they have been great I have no regrets.” Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to be cared for.

People were assessed prior to receiving a service from the agency to determine whether the service could provide the necessary required support. Assessment meetings were used as an opportunity to discuss and record people’s needs and wishes about their care. A support plan was then developed from the conversation which outlined their needs. People had support plans in their homes and a copy was held in the office. Support plans were regularly reviewed and updated to reflect people’s changing needs. We saw that where people required social interaction to reduce their feelings of isolation, this was also included in their care plans.

People told us they were involved in the compilation of their support plan and they had involvement in it being

reviewed and updated. People told us that they were happy with the care and support they received from staff. One person told us, “[manager] is really good I would talk to her if I needed the staff to do anything more for me.”

Daily records were well written by staff and contained a good level of detail about the care that had been provided and any issues that other members of staff needed to be aware of. Staff we spoke with were able to outline the needs of the people they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit. People’s preferences were listened to and acted upon. For example, one person told us they preferred a later visit now that we are in the winter months and therefore their visit time had been altered.

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in information left in their homes. People we spoke to told us, “I know how to complain but I have never had the need to.” Another person said. “I would speak to [manager] she knows me very well she used to care for me herself I would definitely speak to her.”

# Is the service well-led?

## Our findings

The agency had a clear management structure in place. The registered manager had appointed a trainee care manager who was office based we met with her on the day of our inspection. She was able to demonstrate a good understanding and knowledge of the people who received a service from the agency as well as the staff team.

Staff told us the service was well organised and they enjoyed working at the service. They said the manager and the trainee care manager had a visible presence in the daily running of the service. They also told us that they were treated fairly, listened and that they could approach them at any time if they had a problem.

The Staff told us they had team meetings which enabled them to get together to discuss any issues or concerns and this was confirmed by the records we looked at.

Staff said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. The trainee manager told us they had recently recruited a trainer to deliver face to face training, as they felt that after talking to staff, this would be more beneficial as opposed to staff doing the necessary training as e-learning.

Quality audits were completed to identify where any necessary improvements were needed for example, completed daily records including medication charts, were brought back to the office each month to be audited and then archived, this was to ensure that staff completed them thoroughly if any discrepancies were found then the manager would action this by having a discussion with the staff member and taking any necessary action to improve the service.

The provider used a range of ways to seek the views of people who used the service. As well as talking to them on a regular basis they sent surveys to relatives and professionals to seek their views and opinions. We saw the latest questionnaires which had been sent out. People made positive comments about how the service they received was managed. One person had commented, "I have regular visits to check I am happy with everything." The trainee manager told us they listened to people's feedback and looked at ways they could make improvements. Although there were no significant complaints, they took minor concerns seriously, acted on them promptly and used them to improve the service.

Care files and other confidential information about people kept in the main office were stored securely this ensured people's private information was only accessible to the necessary people.