Eden Care at Home Limited

Eden Care at Home Limited (Head Office)

Inspection report

42a Packhorse Road
Gerrards Cross
Buckinghamshire
SL9 8EB

Tel: 01753885556

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Eden Care at Home Limited (Eden Care) is a domiciliary care agency which is registered to provide personal care and nursing care to people in their own homes.
This inspection took place on 28 January and 1 February 2016. We gave 48 hours' notice of the inspection to make sure the people we needed to speak with would be available.

The most recent comprehensive inspection of the service was on 20 May 2014. The service was meeting the requirements of the regulations at that time.

In March 2015 we carried out an inspection in response to concerns raised with the Care Quality Commission (CQC) in respect of recruitment of and support for staff. We found the service was meeting the requirements of the relevant regulations at that time.

In September 2015 concerns were raised with the CQC about shortages of staff, visit lengths being curtailed and poor moving and handling practice. The provider investigated and responded to this information. They told us they had not found any evidence to support the concerns raised, however, they told us they would re-enforce good practice to staff through spot checks, supervision and team meetings. We looked at these areas of the service's operation during this inspection in our conversations with staff and people who used the service. This included responses to our requests for feedback prior to the inspection. We did not find any significant concern on the part of those people who used the service or the staff we spoke with.

The service had a registered manager. 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.

People were positive overall about the quality of the care they received, however, a number told us they did not always get their visits at the time they expected and when there were changes in their regular care staff they were not always told of this beforehand. They were satisfied care staff stayed for the time they were supposed to.

People's safety was maintained and protected. Staff received regular training and support they required to provide a high standard of care to meet people's needs. Care plans set out clearly how people preferred their care to be provided. People were involved in making decisions about their care.

People were supported to eat and drink and take their medicines. Staff received the appropriate training to enable them to do this safely and effectively.

Staff said they felt well supported by the provider and management team. The provider sought feedback from staff, people who received care, their relatives and from professionals responsible for arranging care.

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.

Risks to people's health, safety and welfare were assessed and then eliminated or managed to protect them from avoidable harm.

People were protected from abuse because staff received safeguarding training to ensure they could recognise abuse if they saw it, knew what action to take and how to report it.

People were protected from the employment of unsuitable people to provide their care. This was because before staff started work, they were subject to a rigorous recruitment process.

Is the service effective?

Requires Improvement

The service was not always consistently effective.

Whilst people received the length of visit they expected, their visits were not always at the time they expected and their care was not always provided by a consistent team of care staff. People were not always informed when care staff changed or were running late.

Staff had the skills and training required to provide consistently good standards of care. This included assisting people to eat and drink, manage their medicines safely and provide assistance with their personal care.

Staff understood the implications of the Mental Capacity Act 2005 for the way they supported people to make decisions for themselves wherever possible.

Is the service caring?

Good

The service was caring.

People were positive about the way their care was provided. They told us they had a good relationship with their regular care staff and were always treated with respect.

People were involved in decisions about their care and staff supported them to remain as independent as possible.

People told us they that their dignity was protected and their confidentiality was respected.

Is the service responsive?

Good

The service was responsive.

Staff were able to tell us about the care needs of the people they regularly provided care and support for and were able to identify events and people who were important to them.

People said they felt their regular care staff were interested in them as individuals. They said they were able to make adjustments to the way their care was provided where that was necessary.

People and their relatives knew how to make complaints if they needed to.

Is the service well-led?

Good

The service was well led.

People who received care and those responsible for arranging it for them benefitted through improvements made by the provider to systems and ways of providing care more effectively and efficiently.

There were a range of audits and performance measures in place to enable the quality and performance of the service to be monitored and assessed.

People were asked for their opinion of the quality of the service and this was used to inform and determine where changes in service delivery were required.

Eden Care at Home Limited (Head Office)

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 28 January and 1 February 2016 and was carried out by one inspector. We gave 48 hours' notice of the inspection to make sure the people we needed to speak with would be available.

We reviewed the Provider Information Record (PIR) for the service and previous inspection reports. The PIR is a form that asks the provider to give some key information about a service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about events which the service is required to send us by law.

Prior to the inspection we received 18 responses from people who used the service and seven from relatives and friends of people who did. During the inspection we spoke with a further seven people who used the service and twelve staff including the registered manager and care staff. We also asked for feedback from community health and social care services who had knowledge about the service.

We looked at five care plans including medicines administration records, three staff recruitment files and training and supervision summary records for all staff.

We received additional information from the provider in response to requests we made for clarification or to provide further evidence where that was needed.

Good

Is the service safe?

Our findings

People who received care and those responsible for them, told us that overall they were very satisfied the service provided by Eden Care at Home was safe. "No issues at all about being safe" was one comment and another person said; "Not overly affectionate but absolutely safe".

Responses to the CQC survey about this service showed that all of the 25 people who responded felt they, or their relative, were safe from abuse and/or harm from the staff that provided their care and support.

Staff confirmed they had received safeguarding adults/children training as appropriate. This was supported by staff training records. These included details of initial safeguarding training for new staff as part of their induction, with periodic refresher safeguarding training thereafter for all staff. Staff were able to explain to us what constituted abuse, how it might be recognised and what they would do if they saw or suspected it. Copies of the provider's safeguarding policy and procedures were readily available to staff. We confirmed the provider had contact details for each of the relevant local authority safeguarding teams in whose areas they operated.

People were protected from identifiable and avoidable risk. Risk assessments were carried out when initial referrals for care were received. Care plans included risk assessments for moving and handling, environmental risks, health and safety and medicines, amongst others. Risk to staff were also identified and plans put in place to manage or eliminate those risks. Whilst the summary, rather than full risk assessments were sometimes not sufficiently detailed or completed, the 'main' risk assessments were.

We confirmed risks were reassessed at regular intervals or when any change in risk became evident. The PIR included evidence that where risks had changed, appropriate action had been taken. This could include, for example, additional staff being provided or specific equipment put in place for when people required assistance to move.

Most of the people we contacted told us their care workers did all they could to prevent and control infection, for example, by using hand gels, gloves and aprons appropriately. One person told us there had been an occasion when a carer had not changed gloves in between providing personal care and preparing food.

People received a safe standard of care from the correct number of staff. People told us whilst there could be changes to the staff who provided their care, sometimes at quite short notice, there were usually the right number of staff.

Visits being missed altogether was an issue raised only once with us during this inspection, although two people said it had been a problem in the past but was now improved.

People received the support they required with their medicines. Only one concern was raised with the CQC about how this was done. Staff confirmed they had received medicines training and this was supported by

training records seen. There was a detailed medicines policy and procedure in place. When we looked at medicines records, we found they were not always detailed or clear, particularly when variable doses were involved. In part, this was because the form used to record the medicines did not allow sufficient space for the necessary detail to be provided. During our visit the service sought advice from their care provider association and identified an alternative format which addressed this and which they indicated they would use in future.

The provider confirmed there was a business continuity plan in place and we discussed details of how the service responded to, for example, adverse winter weather conditions. This included a system to prioritise any time critical visits, where no informal support for people was available. The service had the use of a 4x4 vehicle for use where the road conditions were such as to preclude the use of conventional vehicles.

Computers were password protected where they contained confidential information. Systems were backed up. Staff received training in first aid and knew how to respond to emergency situations in people's homes, for example in the event a person had fallen and injured themselves. In one case, we saw emergency medicines were in place. All those staff who provided care to the person concerned had received specific training in its use.

We looked at three recent staff recruitment files. We found people who received care and support were protected from the employment of unsuitable staff as appropriate checks were made and procedures were followed during their recruitment.

Requires Improvement

Is the service effective?

Our findings

There were mixed experiences about communication of changes to care staff or when visits were delayed. This varied from always being told; "Usually advised by office" and "Have always been advised in good time if a carer has to be replaced for illness, even at short notice" to never being told; "Information from the office is patchy. An answerphone is on which does not identify the organisation", "No information about changes, they just turn up" and "Unfortunately they sometimes send a carer for the first time without sufficient information". The provider accepted that at times, when the priority was to make sure people got a visit, there had been occasions when no advance warning of changes to carer was given. This was most likely when there was only very short notice of carer absence, for example.

People had different experiences and views about the consistency of staff that provided care and support for them. The majority of people who responded to our questionnaire told us they strongly agreed or agreed that they received consistent care and support. "In comparison to the previous care company, Eden care is considerably better, with the continuity of staff allocated being of particular note and commendation". However, when we spoke with people who received care and support this was the major cause for dissatisfaction; "The number of different carers is disturbing", "I would prefer to have the same person each time to maintain some continuity", "Inconsistent, too many different staff attending". Three people told us they didn't always know when there was going to be a change in their care worker.

In contrast, there was significant agreement that in most cases, care staff usually arrived on time and stayed for the expected length of time. The majority of people we contacted by telephone said they did not feel care staff were rushing them whilst providing their care. "The carers have sufficient time to do what is requested rather than the rush the (previous care provider) staff were usually in". Those people who said the timing of calls could sometimes be inconsistent put it down to the work pressures on care staff or to traffic "Do not always arrive on time due to needs of previous client or traffic".

Either in talking with people who received care or through questionnaire responses we were told care staff were able to meet their needs. "The best care we've had and always give us a laugh" and "the finest care service I have ever received, including care homes".

People were effectively supported by staff that had the necessary skills and training. We spoke with staff and looked at their training records. Staff told us they were supported by extensive training. We saw training records which detailed what training was required and when it had been undertaken. Training was provided both in house and through external training organisations. The provider had recently appointed a training co-ordinator to ensure all staff training was up to date. Training was provided in a variety of ways, including e-learning, external training and in house training. The provider had recently acquired additional space to enhance their in-house training facilities.

We looked in detail at the care records for one young person who had significant health and care needs. We spoke with their parent carer and with some of the care staff who provided their support. We looked at the training records for all the staff that provided the young person's support. We were told by the parent; "They

are absolutely brilliant – wonderful beyond words". We found care staff knew in detail about the person's care needs and had received specialist external training to give them the understanding and specific skills they needed to provide safe and effective care. The parent told us carers were flexible and responsive to their needs and to those of their young child.

Staff were aware of the implication for their care practice of the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people's right to take decisions over their own lives whenever possible and to be included in such decisions at all times. We confirmed with staff, the provider and from training records that training on the MCA was included for all staff within the safeguarding training they received at their induction and through subsequent updates.

Staff told us how they approached people who may not be able to make all decisions for themselves. They were able to describe how the person's best interests were safeguarded and how they would support people, wherever possible, to make choices about care for themselves. Mental capacity assessments were completed for people and the registered manager confirmed they knew how to make a referral to the relevant authority where that was appropriate.

Staff confirmed they were supported through three monthly supervision, occasional team meetings and an annual appraisal. These gave them an opportunity to raise any concerns, ask about training and share best practice amongst their teams. Each of the care staff we spoke with confirmed they had opportunity and felt able to discuss their own performance or any issues or concerns they had about their role with senior care staff and the provider/registered manager at any time outside of formal meetings.

The provider had restructured senior care within the service to provide more continuity, support to staff and effective communication within the staff group. This meant people who received care had a closer link and relationship with the care staff at all levels, who were principally responsible for their care and support. We saw records of unannounced checks carried out by senior care staff to monitor the effectiveness of care staff in people's homes.

Care plans we saw included contact details for family and health services relevant to the person. Staff told us they would support people to attend appointments, for example by calling earlier than usual to help them get ready. They were able to give examples of how they passed on concerns about people's health to family carers or health professionals to ensure people had access to the specialist health support they required.

Care plans and care staff programmes of work included details of any support people needed with food and drinks. Staff confirmed they had received training in food hygiene and safety and training records supported this. This meant people were protected by safe and effective support with food and drink.

Good

Is the service caring?

Our findings

People who received care and support were overall very positive about the standard of care they experienced. People told us they were happy with the care and support they received. "No complaints", "very flexible", "satisfied" and "no issues" were some comments made to us whilst one person said; "I am extremely happy with the care that I am receiving from Eden care at Home, all of which has been of the highest quality".

The people we contacted by telephone said they were treated with dignity and respect. The relatives who responded to our questionnaires said that from what they observed and were told staff always treated their relative with respect. Staff understood the need for people's dignity to be protected during the provision of care and how this could be achieved.

People were supported to express their views and to be involved in making decisions about their care and support. One principal family carer told us they were fully involved in every aspect of their child's care and decisions made about how their care needs were to be met. When we spoke with care staff at all levels, they were able to tell us how they made sure they supported people where necessary to ensure they were able to express their views and make decisions about their day to day care.

Care plans included contact details for family and professionals involved with the person's care. People told us they were able to discuss their care with their care worker and that they felt able to ask them to do things in the way they preferred. Those care plans we saw included very detailed information about what was to be done and people's preferred routines. Staff told us they always asked people, when they first provided care for them, how they liked things done. They had a good understanding about how independence and choice could be promoted and supported.

There were details of advocacy services available to people where this was needed (Advocacy is independent support provided to ensure and facilitate the person receiving care's voice is heard and understood.) We saw the provider's advocacy policy and procedure which was comprehensive and included reference to the Local Authority role and specialist independent advocacy service who could be involved appropriately. We were told that currently there were no independent advocates involved with people. The advocacy role, where required and appropriate, was filled by significant family members.

People were provided with appropriate and sensitive care at the end of their lives. Induction and ongoing training included palliative care. Where care staff were involved in more complex care, at the end of people's lives, they received specific training. For example, in the use of percutaneous endoscopic gastronomy feeds (PEG). In their PIR the provider indicated that whilst they did not have a dedicated end of life team, they ensured, where a person was at that stage of their life, staff with particular aptitude and experience were allocated to provide their care and support. We saw the provider had a comprehensive end of life policy and procedure to provide guidance to staff and others.

The provider had a comprehensive equality and diversity policy and specialist training was provided. The

current workforce was representative of the local population served by Eden Care at Home.

Good

Is the service responsive?

Our findings

People told us they were involved in decisions made about their care and support needs. Relatives also told us they were consulted, with their relatives' consent, in the decision-making process relating to their care and support. One family carer for a younger person with complex needs was especially positive about the flexibility of the 'usual' team of care workers, who were able to adjust visits to meet specific identified needs.

People were very satisfied with the care they received from their regular and familiar care staff. They told us they had a good relationship with them and that the care staff knew how they liked things done. Where there were short-notice changes in care staff or where visits were outside of the expected time people were less satisfied although they told us they knew the service was sometimes short-staffed and staff had to contend with adverse traffic at peak times of the day.

People said they felt they were treated as individuals, that regular staff knew how they liked their care provided and were flexible and adaptable. If their needs changed or if they required specific help, for example in order to keep a community health or family appointment.

Staff were able to tell us about the care needs of the people they provided care and support to. They spoke of them as individuals and knew, in the case of those they supported regularly, how they preferred their care given. They were aware of people's family circumstances and important events and people in their lives. They acknowledged this was not always the case when they went at short notice to a person who was unfamiliar to them. However, they told us they always read the care plan to get the basic details they required and would also ask the person themselves about how they wanted their support provided.

Care plans included variable amounts of personal information. Those for people who had received care for longer included more information about the person and their care, much of this was obtained during regular reviews of care which took place. This enabled care delivery to be changed and better focussed on both the assessed needs of the person and also on how they wanted their care provided and by whom.

We saw copies of the compliments and complaints policy. This was provided to all people who received care and support. It included contact details for the service and local authority commissioners of care, the Local Government Ombudsman and the Care Quality Commission (CQC). People said they knew how to make a complaint.

Between January and July 2015 there had been 3 complaints recorded by the service, all of which had been resolved. In the year 2015 to 2016 CQC had received four complaints. These were communicated to the provider who investigated them. They took appropriate action to address the issues raised even when they considered the complaints to be not substantiated.

Good

Is the service well-led?

Our findings

People did not always make the link between the standard of care they received, which overall was consistently thought to be good, with management of the service. In part this was explained because where care was consistent and effective, they had no reason to contact the 'office'. They were more likely to do so when something was not satisfactory for them or when something may have 'gone wrong', for example a late call or an unexpected change in care staff.

In response to our questionnaire and in conversations with people, we found they all knew how to contact the provider should they wish to do so. Care staff said they were confident about reporting concerns about care or poor practice to their line manager or to the senior management direct.

We saw copies of recent surveys of satisfaction sent to people who received care. These covered a range of areas of the service's operation and care support including timing of calls and reliability of care. We saw the statistical analysis which had been carried out on these surveys to identify areas of strength and where improvements could be made. The response to our questionnaire showed a marked difference in opinion between people who used the service and those who were responsible for them. In the former case a significant majority confirmed they were asked about their service and its quality, whilst in the latter just over half of them did.

Management and administrative roles within the service were well-staffed and equipped. For example key personnel had access to data and records through the computers and systems provided for their use. The provider carried out spot checks and periodic audits of key areas of the service's operation to identify areas of concern or good practice. These were then used to inform forward planning for the service. For example, in their PIR the provider outlined the new expanded management structure which was in the process of being introduced. This included enhancing the deputy manager and field-supervisor roles and creating more local teams under them, to bring management closer to the people who received care.

Staff told us they received regular supervision by their line manager. Records of supervision planned and those which had taken place confirmed this. Formal team meetings were held at varying frequency. A number of middle management staff had previously been employed as care staff and had progressed into their current roles through internal promotion. This meant people who received support and care staff were managed by people who had 'hands-on' experience of care provision.

The provider's values and mission statement were clearly set out in communications with staff and people who used the service. They were choice, empathy, integrity, independence, respect and dignity.

There were forward plans to enhance training for all staff groups, including management and administrative staff.

We found the provider and registered manager understood the implications for them of the new regulations in respect of 'Duty of Candour'. This requires providers to practice clear, honest and effective

communication with people who receive care and support, their families and carers, including when things go wrong