

Eden Quality Care Ltd

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Inspection report

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Website: www.edenqualitycare.com

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

Eden Quality Care Limited is a small domiciliary care agency which provides personal care and support to people in their own homes. The service registered with the Care Quality Commission (CQC) on 19 February 2016. This is the first inspection of the service since registration.

On the day of this inspection there was one person receiving personal care from the service. This meant that although we were able to carry out an inspection we could not rate the quality of the service as we had insufficient evidence on which to do so. Eden Quality Care Ltd was not the primary care agency delivering support to the person. Rather they provided care and support during periods when staff from the main provider of care were unavailable.

A registered manager was in place at the time of the inspection. 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 safe as a result of the risks to their safety being identified and assessed. Staff understood the actions they should take to protect people from abuse. People received their medicines safely and staff followed good hygiene practices to protect people from infection.

People were supported by capable and experienced staff. Staff were supervised and had the training they required to support people effectively. People gave consent to the care they received and were treated in accordance with the Mental Capacity Act 2005. People had access to healthcare services and received the support they required to eat and drink healthily.

Caring and kind staff delivered care and support to people. Staff respected people's privacy and confidentiality and maintained people's dignity. People were supported to make decisions about the care and support they received.

People received care and support that was responsive to their needs. People's needs were assessed and they received planned support in line with their personalised care plans. The service demonstrated flexibility in its provision of short notice staffing to cover gaps in the rota of the person's primary care provider. People were aware of how to raise a complaint if they had any concerns and the provider gathered their views.

The service had a registered manager in post who was a qualified nurse. The registered manager ensured an open and transparent culture within the service. There were quality assurance processes in place which included spot checks at people's homes. The registered manager worked in partnership with other organisations in people's interests and understood their legal role and responsibilities as a part of their registration with us.

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. People felt safe.

People's risks were assessed and plans made to mitigate them.

Staff were recruited using a robust series of checks that ensured they were suitable to work with people

People received their medicines safely and were protected from avoidable infection.

Inspected but not rated

Is the service effective?

The service was effective. People were supported by skilled and knowledgeable staff.

Staff received training and supervision from the registered manager.

People were treated in accordance with the principles of the Mental Capacity Act 2005.

People gave their consent before care was delivered.

People received the support they required to eat and drink.

Inspected but not rated

Is the service caring?

The service was caring. People told us the staff were caring.

Staff treated people with dignity and respect.

Staff respected people's privacy and confidentiality were protected.

Inspected but not rated

Is the service responsive?

The service was responsive. People's needs were assessed and care plans detailed how identified needs should be met.

The service was flexible and able to meet the short notice staffing requirements of people.

Inspected but not rated

People understood how to raise concerns and complaints and their views were gathered.

Is the service well-led?

The service was well-led. There was a registered manager in post who ensured an open culture within the service

The quality of the service being delivered to people was audited.

The service collaborated with other agencies to ensure positive outcomes for people.

Inspected but not rated

Eden Quality Care Ltd

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 2 August 2017. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the registered manager and staff were available. This meant the provider and staff knew we would be visiting the agency's office before we arrived.

Prior to the inspection we reviewed the information we held about Eden Quality Care Limited including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection we spoke with one person, one member of staff and the registered manager. We reviewed one person's care records and reviewed four staff files which included pre-employment checks, training records and supervision notes. We checked management and quality auditing records.

Is the service safe?

Our findings

People felt safe receiving a service from Eden Quality Care Limited. People told us they felt confident with staff being in their home and safe when receiving care and support.

People were protected from the risks of abuse and avoidable harm. People had their risks assessed and plans to mitigate them were available to staff within care records. Staff and the registered manager had received training in safeguarding people from abuse. They told us the steps they would take if they suspected a person was being abused or at risk of abuse. This included contacting the safeguarding team within the local authority and notifying CQC.

Risks associated with people's health conditions and mobility were identified and managed. Staff supported people to move and transfer safely. Where people presented with risks related to their health, these were assessed by healthcare professionals and detailed guidelines to keep people safe were contained within care records.

People were supported by staff who had been recruited through robust processes which ensured they were safe to deliver care. The registered manager interviewed all prospective staff and confirmed their identities, addresses, employment histories and eligibility to work in the UK. The details of staff were checked against criminal records data bases and lists of individuals barred from working with vulnerable adults. This meant staff were suitable to deliver care and support in people's homes.

People received medicines safely. Staff administered people's medicines in line with the prescriber's instructions. People received their medicine at the right time and in the correct dosage and the administration of medicines was recorded. Medicines records were checked by the registered manager.

People were protected from infection by the good hygiene practices of staff. Staff wore personal protective equipment (PPE) when delivering personal care. PPE included latex gloves and plastic aprons. These items were used once and disposed of to prevent the transmission of bacteria which may cause people to become unwell.

Is the service effective?

Our findings

People received support from capable staff. One person told us, "I would say they have skills and they are always willing to be shown how things should be done." Each member of staff had extensive experience in delivering care and support to people. Staff files showed that each staff member had more than ten years' experience in health and social care.

The registered manager monitored and coordinated the training of staff. Staff provided the registered manager with certificates from the training courses they had undertaken with previous employers. The registered manager's induction and training plans for staff were based on the needs of the one person the service was supporting, along with mandatory areas including safeguarding, medicines and mental capacity.

The registered manager coordinated the supervision of staff. These one to one sessions took place at the home of the person they were supporting. Supervision included observing practice and providing feedback. The manager was developing a supervision and appraisal plan. None of the staff had received an annual appraisal at the time of this inspection as the service had only been delivering care for four months.

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 found that people were treated in line with legislation.

People told us they gave consent to the care and support they received. One person told us, "They are good at listening and following my instructions." Care records were signed to show the person's consent with the care plans which directed staff to meet their assessed needs.

Staff provided people with the support they required to eat healthily throughout the day. Staff received training to support people's specific requirements to eat and drink. Staff support was delivered safely and in line with recommendations from health and social care professionals.

People had access to healthcare services when required. The assistance of staff was not required to schedule appointments but assistance was at times needed to attend appointments.

Is the service caring?

Our findings

Staff delivering support to people were caring. One person told us staff were, "Very good hearted, well-meaning people. Good people."

People and staff had developed positive relationships. One person told us that staff knew them "well enough", and added, "It can be difficult to find the right staff and I think I have done well with these ones." Staff knew people well. Care records provided staff with information about people and people shared relevant information including, their likes, dislikes, preferences and history.

People made decisions about the care they received. The provider supported people's choice to select services through direct payments. Staff implemented people's choices regarding the delivery of day to day care. This included making decisions about personal care, activities, eating and their home environment.

People were treated with dignity and respect. People told us that staff supported them to maintain their dignity and explained the circumstances in which this was done. Staff respected people's privacy and personal space. For example, staff knocked on doors before entering rooms and removed their presence when people were engaged in private conversations. Staff maintained people's privacy in relation to documentation. Staff understood the need-to-know basis upon which information could be shared. People told us their care records were kept discreetly in their homes so that visitors would not see private information.

Is the service responsive?

Our findings

People told us they were happy with the way staff supported them. One person told us, "I am pleased with the carers. They do all that is asked of them. All the support I need I get."

People received care in a personalised way. A person we spoke with told us they decided the times at which staff would be present to deliver their care and how that care should be provided. Care records provided staff with clear information as to how people's specific needs should be met. This included personal care and support with nutrition.

People's needs were assessed and care plans provided staff with the details they required to meet them. Assessments were undertaken by health and social care professionals and reassessments were carried out when people's needs changed. Care records were updated which reflected people's changing needs and people told us they were involved in the reassessments, new care plans and communicating changes to staff.

People were supported to be active. One person told us they were supported by staff to be active at home and in the community. A member of staff told us, "The support we provide is holistic so we meet [person's] need to socialise and be out in the community." People's mobility needs were supported by staff within their home and when leaving it.

The service was responsive to people's staffing and support requirements. The service was not the primary care agency delivering support to people. Rather Eden Quality Care Ltd provided care and support during periods when staff from the main provider of care to people were unavailable. A person told us, "They have been really good. They have covered planned gaps caused by carers being away or otherwise unavailable but more importantly to me they have been able to come when my main carers have cancelled at short notice for instance when they call in sick." This meant people continued to receive care and support as planned.

People shared their views and opinions with the provider. The registered manager regularly contacted people to find out about their experiences of the care and support they received. One person told us they knew how to make a complaint but have never felt the need to do so.

Is the service well-led?

Our findings

People expressed confidence in the registered manager. One person told us that the registered manager was, "Very sincere and very caring. They clearly want to do well."

The registered manager was a qualified nurse and maintained her registration with their professional body. They undertook training to continue to be a nurse as well as training to develop their knowledge and skills as a registered manager of a domiciliary care agency.

The registered manager had a development plan in place which included recruiting, training and supervising more staff in order to deliver care and support to more people. The sole person to whom the service was currently providing care told us, "The organisation need to grow and establish themselves. If they keep their values they will do well."

The service had an open culture. People and staff told us the registered manager operated a transparent and inclusive service. One person told us, "I think they are open about their abilities and limitations. They listen to what I have to say." A member of staff told us, "We are moving forward together and taking on board all of the best ideas from wherever they come."

The registered manager checked the quality of the care being delivered. Quality checks included spot checks in which staff were observed delivering care and support to people, audits of records to ensure they were completed correctly and feedback from people.

The service worked in partnership with others. The provider liaised with other agencies and their staff to ensure the continuity of care to people. Staff followed the guidance of health and social care professionals within care records and were available to support people at meetings with them.

The registered manager understood the responsibilities of their registration with CQC including the requirement to submit notifications of events or incidents involving people who use service.