

Eden Care at Home Limited

Eden Care at Home Limited (Head Office)

Inspection report

Europa Court
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Tel: 01753885556

Date of inspection visit:

31 October 2018

01 November 2018

05 November 2018

Date of publication:

03 December 2018

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 ●

Summary of findings

Overall summary

This inspection took place on 31 October 2018, 1 and 5 November 2018. It was an announced visit to the service.

Eden Care at Home Limited (Head Office) is a domiciliary care agency. It provides nursing and personal care support to children, adults and older adults who live in their own home. At the time of our inspection the service was supporting 179 people, some of whom had a live-in care worker.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People gave us positive feedback about the service. Comments from people included, "The girls that come are so kind, really friendly and wonderful," "I would give them top marks, they are excellent" and "They [Care workers] are brilliant, very capable." A relative told us, "I could not manage without them." Another relative told us, "The carers are excellent."

The registered persons had not notified us of all the events they were required to do so. We made a recommendation about this in the report.

People were supported by people who had been recruited to ensure they had the right skills, however the provider did not routinely ensure all the required checks were undertaken. We made a recommendation about this in the report.

People were protected from abuse, as staff had received training in how to recognise potential concerns. Where required the service worked with the local safeguarding team to investigate concerns.

People told us they were routinely treated with dignity and respect. Comments from people included, "They [Care workers] are all very respectful."

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.

The service supported people to access meaningful activities, these include the attendance at a local social and exercise group and visiting local garden centres.

There was a very clear management plan in place. Staff told us they felt valued and were rewarded for going

'above and beyond'.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service has improved to Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 comprehensive inspection commenced on 31 October 2018 and ended on the 5 November 2018. It was an announced visit. We gave the service 48 hours' notice of the inspection visit because we needed to ensure the registered manager was available. One inspector visited the office location on the first and second day of the inspection. On the third day of the inspection an expert by experience made telephone calls to people and the inspector visited five people and their relatives in their own home.

Whilst at the office location we looked at six people's care plan files, which included risk assessments. We looked at four staff recruitment and training records, we spoke with the registered manager, the director, operational manager and a further 11 staff. Following the visit to the office we reviewed a further 10 care plans and reviewed additional information sent to us by the provider, which included risk assessments, policies and procedures. We received written feedback from staff and relatives.

Prior the inspection we requested and received back a completed Provider Information Return (PIR). We used information the provider sent us in the PIR. 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. Throughout the inspection we offered the registered manager and staff opportunities to share with us what they did well. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

Prior to the inspection we sent out questionnaires to people, relatives and staff. We have used the information gathered to form our judgement.

Is the service safe?

Our findings

People and their relatives told us care and support provided by Eden Care at Home Limited (Head Office) continued to be good. Comments from people included "They [Care workers] are always one step ahead" and "They [Care workers] are very alert." Another person told us "They [Care workers] always ensure the door is locked on leaving, they know I cannot easily get down stairs. A relative told us "The support has given me piece of mind."

People were supported by staff who had been through a safe recruitment process. The provider had a HR manager who was responsible for recruitment of new staff. Pre-employment checks were completed for staff. These included employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. However, the provider did not routinely check on a new starter's physical or mental health to ensure they were able to perform the required tasks. We discussed this with the HR manager and registered manager. They advised us they would ensure this is completed for all future staff.

We recommend the provider ensures all the required pre-employment checks are completed prior a member of staff working alone with people.

People told us the staff were deployed in a way that suited their needs. Comments from people included, "The staff are invariably on time and usually they or the office call us if there is to be an unavoidable delay," "They are nearly always on time," "It is unusual if late in the morning" and "Regularly on time." Where people did tell us care visit took place outside of the planned agreed time, they told us "Someone always calls from the office" and "I always get a call if someone is going to be late. There has been a lot of traffic works recently, it has caused a lot of problems." We observed and people told us, the provider sent a rota to people for the following week. People told us the service was, "Pretty reliable" and "It gives me peace of mind, that I know who will be coming."

Risks posed to people as a result of their medical condition were assessed. For instance, where people required support with moving position, a risk assessment was in place. However, where people had a condition which had the potential to change, specific risk assessments were not routinely in place. For instance, one person was a diabetic and no guidance was available for staff on how they would identify if the person was unwell. However, other people's care plans clearly identified what action staff should take. We discussed this with the registered manager and provider. They agreed some care plans required more information. Following the visit to the office we received confirmation from the service that action had been taken to address this issue.

Where people required support with managing their prescribed medicines this was included in their care plan. A medicine risk assessment was completed. One person told us "They [Care workers] always ensure I have my medicines, you see I cannot open them, so they need to do it for me." Some people were prescribed as required medicine. One person was prescribed epilepsy recovery medicine. We observed there was additional guidance for staff on when this should be used. A member of staff was responsible for carrying out a regular audit of medicine records. The same member of staff had worked closely with GP

surgeries to improve communication on repeat prescriptions. The provider was confident electronic information would be sent from the GP practice to ensure the service always had the most recent information regarding a person's prescribed medicine. The service had introduced an electronic medicine administration record. The electronic system would flag if medicine were not administered. The people who were supported by a live-in care worker had a hand-written MAR. We checked MARs when we visited people in their home. The MARs reflected all the required information to ensure medicine were administered safely.

People were protected from potential abuse. Staff had received training and had a good understanding on how to recognise abuse. Staff told us they would not hesitate to raise an alert if they were concerned about a person. Comments from staff included, "I would call the office and ask to speak to a member of management and explain what I had been told. I would seek advice from them and I would also record all information given" and "Would contact the office and would be asked to go into the office and fill in safeguarding incident form with a manager."

People were protected from the risk and spread of infections. Staff had access to personal protective equipment (PPE) and had received training on infection control. Where people were supported with a meal, staff had received training to ensure they were aware of cross contamination.

There was a strong commitment from the provider and registered manager to learn from when care was not delivered as planned. Lessons learnt were discussed at weekly management meetings and systems were in place for the learning to be cascaded. Incidents and accidents were monitored to identify any trends. Where required action was identified, for instance, the need for a new piece of equipment, appropriate referrals were made.

Is the service effective?

Our findings

At the last inspection we rated the effective key questions as requires improvement. This was because care visits were not always carried out as planned. People did not receive a visit at the time they expected and were not always informed when changes had been made. At this inspection we found improvements had been made. Therefore we have changed the rating for this key question to good.

Prior to a person receiving support, a full care needs assessment was carried out by a senior member of staff. The assessment gathered important information about a person's medical health, social and physical health. The service was able to use the information to decide if they could support a person. The director told us "We are realistic, if we cannot support a person we will point them to your [CQC's] website or the [Name of an online service]."

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 if the service was working within the principles of the MCA. Care plans contained details of people's level of mental capacity and staff had received training in the subject. We spoke with the registered manager and staff about one person and their family. It was clear from the discussion held staff were aware of the MCA and its implications. One member of staff told us "The Mental Capacity Act (2005) is a legal legislation that acts on making decisions for adults who may not have the mental capacity to be able to do this for themselves. It states that a person is deemed to have capacity unless it has been shown that the said person lacks capacity. Any decision made must be done so in the best interest of that person."

Where people required support to maintain their hydration and nutritional levels, this was detailed in their care plan. One person told us, "She [Care worker] is an excellent cook she really thinks about the meals."

People were supported by staff who worked together and with external agencies to ensure people received effective care. Where changes in a person's condition was noted by care staff this was quickly escalated to external healthcare professionals. For instance, one person had a deterioration in their skin care staff had noticed a breakdown in skin integrity. This was reported to the district nursing service. Another person had been referred to the occupational therapist due to changes in their ability to move position. A relative told us, "They usually say to me [wife] he needs the GP or district nurse. He has a catheter and they have told me he had an infection. They have used his call button and me at the same time in an emergency. The ambulance and GP arrived at the same time. I have no problem with Eden Care. I would report to the office if I did." Another relative told us, "When they think he has a temperature and infection or when they have a worry they always come and tell me."

People were supported to live a healthy life. The service provided people with information on how to keep healthy. The service had supported people to attend a local gentle exercise group. One person told us "They are very good at picking up changes in health."

People were supported by staff who had received initial induction training and ongoing support to maintain and develop their skills. The service had developed its own internal training team. The service had a clear vision for targeting training to meet people's level of need. Staff who supported the most dependent people were to receive more training. We spoke with a local specialist trainer in artificial feeding. They informed us the service was not completing the training in line with the locally agreed timescales. We discussed this with the operational manager, who agreed to rectify the situation.

Is the service caring?

Our findings

People and relatives told us staff continued to be kind and compassionate. Comments from people included, "They treat me like they would their mum and look after me to that degree," "The carer who pressed the emergency button really showed compassion and care. She was excellent" and "The girls [Care workers] that come are so kind, really friendly and wonderful." A relative told us, "I could not manage without them." Another relative told us, "The carers are excellent."

People told us they were treated with kindness and were given emotional support when needed. One person told us, "The truth is we couldn't manage without them." Another person told us, "I would give them top marks, they are excellent." They went on to say "They [Care workers] are brilliant, very capable." A relative told us, "[Name of office staff] is incredible, I am very happy with the service." One person who no longer had care from the service as they had moved away was still supported to attend a hospital appointment in the local area. The director had maintained contact with the person. The director told us "I had a call from [The person asking], 'is our date still on?', the date is in my diary. I will go down and pick her up and take her to the appointment."

People told us their privacy and dignity was respected. One person told us, "They [Care worker] are all very respectful." Staff we spoke with were able to tell us how they supported people in a dignified manner. Comments from staff included, "Always tell them what I am doing, is it okay, do they need me to assist, can they do it themselves, only undress parts of body and cover with towels, dressing gowns and redress. Always talking and listening" and "Protecting people's dignity is paramount and ensuring at all times privacy is key is a must. Closing curtains, doors and by covering people with a towel or blanket is paramount in order for them to maintain their dignity."

People were encouraged to be as independent as they could be. One person told us, "Definitely. I had an accident and my children thought I would never get out of bed or walk but with the help of carers I am able to do things. I've been on holiday abroad. The Carers also take me to hospital or shopping if my family can't." Another person told us, "I try to keep doing the things I can. They [Care workers] respect that, they don't take over."

People and their relatives told us the service supported them to express their views and have a say in their care and support. One person told us, "I had a meeting with someone from the office before the care started." People and their relatives told us the service responded to any changes requested. For instance, when a time of call needed to be changed for a person's care, this was altered accordingly. One person told us, "Someone came from the office and we went through my needs including my social needs as well as my care needs. They sometimes come and have a chat." A relative told us, "One issue we had when they started looking after mum was that they came to get mum up in the late morning. We asked if they could change the appointment to an earlier one. They changed it to earlier as soon as they could."

The service continually looked for additional ways on how they could support people. They had staff who were willing to provide additional support to people. For instance, one member of staff offered to fit key

safes for people. Other staff who were trained in hairdressing offered their expertise and where needed support with gardening was offered. Where the service had identified people missed having a pet at home, staff offered to visit the person in their own time to share their pet.

Is the service responsive?

Our findings

People and their relatives told us the staff continued to be responsive to their needs. People told us they received a personalised service which respected their diverse needs. Care plans were written to include consideration to a person's disability, gender, ethnicity, faith and sexual orientation.

Each person had an individualised care plan, which reflected their likes and dislikes. Care plans gave detailed information on how people liked to be supported. One care plan we looked at gave a detailed description of which coloured flannel needed to be used and what the person like to have left near them prior to the care worker leaving the home. Care plans were reviewed on a regular basis to ensure they continued to reflect people's changing needs. A senior care worker told us "I visit people and check what is in the care plan, I do this all on my phone and then they can sign to say they agree." Staff told us the care plans gave them enough information to provide effective and safe care.

People were supported to access and engage in meaningful activities. One member of staff had taken the lead in supporting people who were at risk of social isolation to visit places of interest in their local area. A regular event people were supported to attend was a local 'movers and shakers' group. It provided a social event and gentle exercise to people. Eden Care at Home staff took people to the event. The support from the staff gave people confidence and reassurance.

The service had planned a Christmas lunch and people who we spoke with told us they had received their invite. People were really happy and told us they were looking forward to the event. Other outings included visits to garden centres and shopping centres. One person had written to the service following a call visit. They said "My wife I and I wish to thank you and your team of colleagues for taking us out for the special Eden Care outing to the Worlds End Garden Centre and shopping centre, as well stop for elevenses and lunch on Tuesday June 19th. We enjoyed the outing enormously and had so much fun, and had so much to do and meet new friends as well as make useful purchases. Above all, we were, from start to finish looked after so very well by your carers."

The service was sensitive to people's decision towards the end of their life. One person who the service had supported was urged to remain in bed to prevent a deterioration in their health. However, they told Eden Care at Home they wished to visit one of their favourite places. The care staff arranged for this to happen. It was clear when staff were telling us about the visit, it had meant a lot to the person and them.

Processes were in place for people to provide positive and negative feedback about their experience of being supported. We noted where complaints had been made, these were responded to appropriately and a record held to monitor any trends in concerns raised.

Is the service well-led?

Our findings

The service continued to be well-led. There was an experienced registered manager in post. 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. The registered manager was supported by an experienced senior team. There was a clear management structure in place and staff were aware of the core values of the organisation.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when an incident has been reported to or investigated by the police. We noted an incident form had been completed for an event which had been reported to the police. We spoke with the operational manager about this. They provided us with some additional information around the event. The service had failed to send us the required notification form.

We recommend the provider reviews the regulatory requirements for reporting events to the CQC.

The provider was aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. The provider had a clear strategic plan the future which demonstrated service objectives reflected against known challenges such as an ageing population with changing needs at the end of their lives.

The provider supported staff to attend conferences and learning opportunities. We spoke with the operational manager about how they have changed practice as a result. They told us, "This conference lead to the referral of a client for investigations to diagnose this condition. This for me has to be one of the major benefits of attending such courses. Without the knowledge gained here a client may still be suffering from 'delirium' as doctors assumed from the inexperience of the condition and its rarity." It was clear from the discussions held and evidence provided the service sought to learn from the conferences they attended.

The service had forged links with the local community. They provided financial support to a local social club to relieve social isolation. They also provided support for local events including the Gerrards Cross fun run. The service worked in partnership with local services to improve the well-being of people.

Staff told us they were involved in the development of the service. Comments from staff included, "Yes. I am asked if I can think of any ways to improve the service occasionally" and "I have developed in the company. I feel I have an input."

Staff told us they felt valued by the company. One member of staff told us, "Management make me feel valued in the sense that they always commend me on my hard work and by giving small gestures when I have gone above and beyond. Management send out little thank you cards or express their gratitude continuously by thanking me for what I do and for my participation." The service had a number of staff

appreciation schemes in place. These included, thank you cards, celebrating birthdays and an annual Christmas party for staff and their family.

The provider had systems in place to monitor the quality of the service provided. Each week the management team reviewed the service action plan with a view to drive improvement.