

Age Abode Limited

Edyn Care Head Office

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Inspected but not rated

Is the service well-led?

Good ●

Summary of findings

Overall summary

Edyn Care Head Office is a domiciliary care service providing live-in care and support to people in their own homes. At the time of the inspection there were 26 people receiving personal care support. The Care Quality Commission (CQC) only inspects where people receive personal care. Where they do, we also consider any wider social care provided.

People's experience of using this service

Feedback from people using the service and their relatives was positive about the care and support they received from carers. They told us they felt safe in the presence of carers and there were no concerns about their safety. The provider worked with partner agencies to investigate any safeguarding concerns and used these as a way to learn and improve how they delivered care to people.

There were robust recruitment procedures in place which meant that people were cared for by carers who were vetted properly. Carers were given adequate breaks whilst living with people.

People were supported to take their medicines from carers who had been given the relevant training. Risks to people were identified and the assessments which looked at how the risk could be managed were reviewed on a regular basis. We have made a recommendation to the provider to consider using standard assessment tools to support any judgement relating to risk.

The provider had robust procedures in place for the management of COVID-19. Carers were supplied with adequate personal protective equipment and were subject to regular testing.

Carers received a thorough induction and ongoing training which meant they were competent to carry out their duties. They were also subject to regular spot checks and supervision to monitor their competency and to give them an opportunity to provide feedback.

The service was well-led. There was a culture of improving through learning. The registered manager was aware of her regulatory responsibilities and encouraged feedback from people, relatives and carers. Robust quality assurance checks were in place which identified any areas of improvement, the provider had an ongoing improvement plan which helped to ensure a good quality of service to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was good (published 4 April 2019).

Why we inspected

We received some concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We also used a targeted approach to look at specific concerns we had about staff training and support under the Key Question of Effective. As we only looked at part of Effective, we have not changed the rating from the previous inspection for this Key Question.

We reviewed all the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for the key questions of Effective, Caring and Responsive were used in calculating the overall rating at this inspection.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Edyn Care Head Office

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one three inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of community care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the CQC. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service a weeks' notice of the inspection because we wanted to analyse feedback, we received from people using the service, their relatives and staff to help us plan our inspection. In addition, we needed to be sure the office-based managers and staff would be available to support our inspection. Inspection activity started on 20/04/2021 and ended on 29/04/2021. We visited the providers offices on 22 and 29/04/2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

We also made telephone or email contact with three people using the service, four relatives, seven care staff, and one health and social care professional to find out their experiences of using or working for or with this provider.

During the inspection

We spoke with four office-based staff when we visited the providers offices including, the registered manager, the Chief Operating Officer and a recruitment specialist .

In addition, we looked at a range of records. This included three people's care records, three staff files in relation to their recruitment, training and supervision. A variety of other records relating to the overall management and governance of the service were also reviewed, including medication records, audits, incident and accident reports and safeguarding documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to governance documents, policies and other records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People and their relatives told us they were satisfied with the medicines support they received, they said that carers were competent and aware of safe medicines practice.
- People and their relatives said, "Her medication is handled very well. The carer records what she has administered and I can read that information on line" and "The carer helps my [family member] with the medication."
- Carers who administered medicines received training and had their competency routinely assessed. One member of staff told us, "Yes, I have had medicines training. If I noticed a medicines error I would record it and report it immediately" and "I have had medicines training and it is regularly refreshed, you do it online."
- Support plans contained details of people's prescribed medicines and all but one of the medicine administration records (MAR) we saw were completed. There was one which was not, we raised this with the registered manager on the day of the inspection who agreed with this. The provider took swift action and arranged refresher medicines training for the carer for the week following our inspection.
- One person was identified as being at high risk in relation to medicines support and was prescribed a controlled drug as PRN (or as required) medicine. The provider's policy stated with regards to controlled drugs, "If there are not 2 people on site to administer the medication a thorough risk assessment must be devised and discuss and agreed with the Manager." There was no risk assessment for the administration of oramorph for this person. We raised this with the registered manager who acted promptly and completed a risk assessment of the administration of this medicine. This was also read and understood by the carer. The registered manager also confirmed there were no other people who were prescribed a controlled drug. We were reassured by the providers action.

Assessing risk, safety monitoring and management

- The provider completed an assessment of people's needs before they started to support them. This considered any areas of risk and support required. These were subject to an initial three month review and thereafter every six months.
- Care plans identified areas of high, medium and low risk and contained information for staff on how to reduce the risk and to keep people safe.
- Staff demonstrated a good understanding of the identified risks people might face and how to prevent or manage them. "There is a risk assessment that's already been done, so I know the risks", "You get to read the risk assessments before you go to the new client. The risk assessments cover, where the electricity is, where the water shut off point is. And it also covers anything to do with the client, like mobility" and "Before we start the service, the manager comes and writes a risk assessment. They do this to make sure that we can keep the client and ourselves safe."
- Records associated with managing risk, such as food diaries for people at risk of malnutrition were

completed by staff. Other records such as occupational therapist instructions on how to use hoists were referred to and followed by carers.

- The service did not use industry standard assessments to assess the risk of pressure sores or falls or malnutrition. We spoke with the registered manager to consider using a validated scale to support their judgement around risks in relation to clinical indicators such as pressure sores and malnutrition. She said this was something they were considering implementing in future.

Staffing and recruitment

- The provider had robust recruitment checks in place which meant that staff were safe to work with people using the service.

- Carers told us they had to do Disclosure Barring Service (DBS) and provide references and ID before they started working with people. A DBS is a criminal records check employer undertake to make safer recruitment decisions. One carer said, "Very good recruitment, very attentive. I had to do DBS, references and to provide my ID."

- Recruitment files showed that all the appropriate pre-recruitment checks were completed before carers were placed with people. This included completed application forms/CVs, references, ID and DBS checks and right to work.

- There were clear policies in place in relation to respite/breaks for live-in care workers. A live-in guide that was issued to all people using the service contained clear guidance regarding live-in carer break times that were required. Carers said they had enough breaks and time to undertake the tasks as necessary. One carer said, "We get two hour breaks, it's fine." "I get a two hour break a day during the middle of the day. I always receive a break. Two hours is enough, I don't feel I need longer."

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place and training records showed that carers had received up to date safeguarding adults training.

- People and their relatives told us they had no concerns about safety. Comments included, "[Family member] is safe, her current carer is excellent" and "[Family member] is as safe as he possibly can be."

- Staff knew how to recognise signs of abuse and what action they would take in response. They also told us they would blow the whistle on poor practice if they witnessed it. One carer said, "I would listen to what the client says, write it down and report it to the office." Other carers said "I have had safeguarding training. Whistleblowing is when you feel there is something wrong and you have to report it" and "I feel with Edyn care I would be able to say my concerns, which they take on board and if they wouldn't take my concerns seriously, I would take it further."

Preventing and controlling infection

- The provider had clear policies and procedures in place in relation to COVID-19 and Infection prevention and Control (IPC) which were adhered to by staff. This helped to provide a safe service, minimising the risk to people.

- People and their relatives told us that live-in carers followed the relevant guidance regarding Personal Protective Equipment (PPE). They said, "The carer has full PPE to use when helping [family member] and I know she regularly has COVID tests and she has had the vaccine" and "The carer has been given PPE during COVID and has been tested regularly."

- Records showed that staff had received up to date IPC and COVID-19 related training.

- Staff told us they were given plentiful supplies of PPE. One member of staff told us, "I do have enough gloves and [PPE], I can complete the online form and then it's then delivered and I'm never short of PPE", "The office always provides us with PPE" and "I have had training in COVID-19 and I take a COVID-19 test once a week and record the results on the online portal. There is an abundance of PPE."

- Carers also said they were kept regularly updated by the provider, "We have received training in COVID-19, I found this very informative. The office always updates us with any new guidance around COVID-19."
 - The provider ensured staff were routinely tested for COVID-19. Managers demonstrated good awareness of how to apply for COVID-19 home testing kits for staff and had no issues with their supply.
- Learning lessons when things go wrong
- Incident and accident records were completed by carers and these were routinely reviewed by managers to enable any learning. The provider acted to investigate any incidents. This included speaking to people or staff involved and taking action to prevent reoccurrence.
 - There was evidence that the provider was proactive in ensuring lessons learnt were used to drive improvement. A safeguarding learnings document was used to record any areas of improvement following safeguarding enquiries. Evidence showed the provider acted upon these and followed through on any action points. This included reviewing policies, delivering refresher training and using anonymised safeguarding enquiries as case studies for learning.
 - Following an incident, one relative said, "Edyn acted immediately to put things right. They reviewed their policies and procedures and improved their service."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this Key Question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

We have not changed the rating of this Key Question, as we have only looked at the part about the training and support staff received, which we had specific concerns about. We will assess all of the Key Question at the next inspection of the service.

Staff support: induction, training, skills and experience

- Staff received the appropriate training and supervision which meant they were competent and supported to carry out their roles.
- People and their relatives told us, "I feel the carer is well trained, as she meets all [family member's] needs, she is very proactive", "I believe the carer has the right skills and knowledge and is well trained. she has experience of dealing with people with dementia" and "The carer is very skilled. She uses the hoist very well."
- Staff demonstrated a good understanding of their role and said they were satisfied with the training and support they received.
- New staff received a thorough induction which included an introduction to the service, internal policies and procedures. They were also supported to complete the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers. New staff were also given an employee handbook that contained useful information about their roles and responsibilities.
- Carers had opportunities to reflect on their working practices and professional development. Check in calls were made to every carer weekly. These calls were a way of keeping in touch with carers and finding out if they needed any help or support and were valued by carers who told us, "Yes, they do ask for our views. The coordinators call us every Friday to see how things are going."
- Carers were also subject to formal supervision, this was done via a three monthly spot check and six monthly supervision. An annual appraisal also took place which during which carers were given an opportunity to talk about the previous year, any achievements and plans for the upcoming year.
- Carers attended annual refresher training covering mandatory topics such as personal care, first aid, safeguarding, mental capacity act, medicines, challenging behaviour and dementia. Carers were also able to access specific training based on the needs of people using the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this Key Question was rated as good. At this inspection this Key Question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- There was a clear management and staffing structure in place. The registered manager was supported by office-based staff including, a field care supervisor, care co-ordinators and recruitment staff. Both the CEO and the COO were available and the registered manager told us she felt well supported by them.
- People and their relatives told us the service was managed well. A sample of comments included, "I don't think the service needs to improve; I can't fault the service" and "The service is managed well and I would recommend the service to others."
- Carers were provided with good support from the management team so that they could carry out their jobs as necessary. Comments included, "[Office staff] deal with situations when it comes to it, I am very happy working there" and "They were very good. They call you sometimes three/ four times a week. The manager would call herself, it's amazing."
- The provider fulfilled their regulatory responsibilities and submitted statutory notifications to the CQC about certain incidents such as safeguarding and other incidents affecting the health and well-being of people using the service.
- The provider displayed their rating as required on their website, this is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- There were thorough governance procedures in place, which included regular auditing of records and quality assurance checks which meant the managers had good oversight and were able to monitor the quality of service.
- Medicines audits were completed every month and meetings were held every two weeks to check these for accuracy.
- Weekly client quality assurance meetings took place where managers looked at upcoming care plan reviews, incidents/accidents and safeguarding's amongst other issues related to people using the service.
- Weekly carer quality assurance meetings took place during which managers discussed topics related to carers such as upcoming training, supervisions and other issues related to carer support.
- The provider had a continuous improvement plan which outlined the steps the provider was taking to ensure they continued to provide a quality service to people. This plan was aligned to the CQC KLOES. Each identified improvement action had an associated outcome and a status depending on progress.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open culture in the service, with the registered manager encouraging feedback and making herself available for people and staff to speak with if needed.
- We received positive feedback about the culture of the service from people, their relatives and carers. They spoke positively about the open culture, telling us the managers were always available to speak with. Some of the comments included, "The managers are very approachable and hardworking" and "Management are friendly and approachable. They are attentive and responsive." "The managers are very helpful and friendly",
- A number of people and their relatives highlighted communication as one of the best things about the service. They said, "The best thing about the care provider is the quality of communication", "I do think the best thing about the service is their communication, the daily reports are excellent" and "They have excellent lines of communication."
- Managers were aware of their responsibilities under the Duty of Candour. The provider and registered manager acknowledged when something went wrong, accepting responsibility and putting steps in place to try and ensure these would not be repeated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought the views of people using the service, their relatives and staff and used a range of methods to do this, including meetings, feedback surveys and questionnaires.
- People and their relatives told us, "They gather my views regarding the service [family member] receives during video calls regarding his care plan. This happens regularly" and "The company gathers my thoughts about the care provided when they speak to me about [family member]."
- The provider valued and listened to the views of staff. Comments included, "They checked on me to see how I am managing and if I need extra help. They asked about my mental well-being which I appreciated."
- The provider set out monthly Net Promoter Score (NPS) survey to both people using the service and carers. This is a widely used market research metric asking respondents to rate the likelihood that they would recommend the service to others. Although these were anonymous, any feedback or suggestions received was acted upon.
- Carers were asked to complete feedback once they had attended training, the results were analysed and feedback was used to improve the quality of training in future.
- A range of daily, weekly and monthly meetings were held by managers of the service to discuss various aspects of the service.

Working in partnership with others

- There was evidence that the provider worked in partnership with various community professionals and external agencies, including Local Authorities, Clinical Commissioning Groups (CCGs), GP's and community therapists.