

Eboney Home Care Limited

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Inspection report

West Wing Prospect House, Prospect Business Park
Crookhall Lane, Leadgate
Consett
County Durham
DH8 7PW

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13 June 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on 9 and 13 June 2016. Our inspection visit to the office on 9 June was unannounced. We spoke to people by telephone following the visit.

Eboney Home Care provides care to people in their own homes. For some people this may include visits every day to support them, for other people staff may provide support once per week or when their relatives go on their annual holidays. We found Eboney Home Care provided a range of services to meet people's needs. At the time of inspection the service was delivering personal care to 17 people.

We carried out our last inspection on 13, 17, 19 and 23 November 2015 and 18 and 21 December 2015. Following the inspection we asked the provider to take action to make improvements to the recruitment, training and supervision of staff, to people's care planning including the administration of people's medicines and improve their management oversight of the delivery of care. The registered provider and the registered manager worked with us to demonstrate they were making improvements to the service. During this inspection we found there had been significant improvements in the service.

The service had in place 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.

Staff told us they felt confident to report any concerns they had about people or any safeguarding worries to their manager. They described their managers as approachable.

The registered provider had in place an environmental risk assessment in place which was carried out before staff began working in people's homes. The assessment looked at areas of the home to enable staff and people using the service to be safe.

The service had in place contacts for people and sought their permission to give them first aid should the need arise. This meant the service was well placed to respond to emergencies.

Since our last inspection the service had put in a programme of staff training. All staff training had been revised. We saw where people had specific conditions staff had been trained to deal with each person's specific needs. Additional training had been sought by the provider to care for one person when their main relative carer was away.

Recruitment procedures for staff had become more robust. We saw the registered provider signed off a staff member as being ready to deliver care when all their recruitment checks and office induction/ training had been carried out.

Staff had regular supervision and appraisals in place. The registered manager carried out monthly unannounced spot checks on staff to ensure they were appropriately carrying out their duties.

People and their relatives who used the service had responded to a survey sent out by the service. We found people had complimented the service and had ticked the boxes to demonstrate they thought the service was either good or very good.

We found people's care planning had improved since the last inspection. People and their relatives told us staff had carried out assessments with them and had asked lots of questions about their care needs. We saw care plans had been brought up to date and were revised for example when a person came out of hospital.

Staff were described to us as very caring and friendly. People spoke to us warmly about their staff and told us staff acted in a respectful manner towards them. Relatives expressed trust in the staff and told us if staff were waiting for a person to finish their meal or have a bath they would carry out extra tasks for people.

The registered provider had in place a "Charter of Rights" which included people's right to confidentiality. Staff signed to state they had read and understood the provider's policy on confidentiality. We found confidentiality was important to the service.

The service had not received any complaints since our last inspection visit. We found following the quality survey one person had ticked the box stating they did not know how to complain. The registered provider and the registered manager had responded by ensuring everyone who used the service had been given information on how to complain. We found the service was open to people who wished to make a complaint.

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.

The service had in place people's details of their next of kin and had sought permission to administer first aid if required. We found the service was able to respond to people in emergency situations.

Staff had been trained to administer people's medicines. We found the service had in place updated lists of people's medicines in their file including topical medicines staff were expected to apply.

The registered provider carried out an environmental risk assessment to ensure people and staff were safe.

Is the service effective?

Good ●

The service was effective.

The registered provider had re-trained the staff since the last inspection to ensure their training was updated and staff were able to meet the needs of the people they supported.

Since our last inspection the registered provider had ensured all staff was brought up to date with their policies and procedures.

The service had sought detailed consent about the level of support they provided to people. This ensured people and their relatives were included in the care and support arrangements.

Is the service caring?

Good ●

The service was caring.

People spoke to us about the extra tasks staff would do to make sure their home was clean and comfortable whilst they waited for them to have a bath or eat their meals.

We found the service was proactive in supporting people and their family members.

People were able to live the life they choose and staff supported them to attend their chosen place of worship.

Is the service responsive?

The service was responsive.

The registered provider had ensured everyone who used the service was aware of the complaints procedure. People told us they knew how to complain. There had been no complaints since our last inspection.

People who had recently begun using the service told us the staff had asked lots of appropriate questions about their care needs before putting care plans in place.

We found people's care plans were up to date and accurate. Where people's needs had changed we found amendments had been made to plans.

Good ●

Is the service well-led?

The service was well led.

The registered manager had carried out quality surveys about the service. The responses to the survey indicated people thought the service was either good or very good.

The registered manager had put in systems to improve the service since our last inspection.

Spot checks were carried out on staff by the registered manager to ensure staff were meeting the required standards.

Good ●

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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 9 and 13 June 2016 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including; the local authority commissioners and no concerns were raised by these professionals.

We also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

The service provided personal care to 17 people. We looked at four people's care records and spoke to three people who used the service by telephone and four of their relatives. We spoke to the registered provider, the registered manager, the care coordinator and four staff members. We visited the office, spoke with staff and reviewed the records held by the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

Is the service safe?

Our findings

Relatives told us they felt safe leaving their family members in the care of the service. One person said "[Name] is very happy with them." Another person told us they felt safe when workers came into their home. One relative expressed confidence in the service.

Since our last inspection the managers of the service had made improvements to the recruitment of staff. We reviewed three staff files. We found staff files to include evidence of appropriate recruitment checks having been carried out before staff started working for the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. We found the provider carried out these checks and requested staff to complete application forms detailing their previous knowledge and experience. The service required each person to provide the name of two referees and references had been sought again before staff commenced working for the service. Interview details and assessments were already in place. The registered manager had a check list in place to ensure all pieces of information about each staff member were in place. The registered provider signed off the recruitment records to state if a person was fit to start work.

The provider had in place a staff disciplinary policy to ensure staff who did not act in accordance with the requirements of their role were disciplined. The registered manager told us there were no current disciplinary issues.

Staff told us they would feel comfortable taking to the manager if they had any safeguarding concerns. We saw staff had been trained in safeguarding. Whistle-blowing is where staff tell someone about their worries. The registered manager told us there were no on-going whistle-blowing issues and staff told us they feel able to tell their managers about any worries they may have.

The provider had in place an in place a workplace environmental risk assessment. This meant that people who used the service had their home assessed as being a safe place for staff to work but also a safe place for them to be. We saw the assessment looked at potential risks of trips and falls for example electrical cabling and rugs were assessed as potential hazards. The registered provider had in place comprehensive risk assessment tools in place for falls, bathing and moving and handling. People's individual risks were described using these tools, for example on person who received a bathing service had actions required of the staff member to keep the person safe. We found the service had carried out an assessment of the risks involved both in delivering the service but also the service had considered the risk to people and put actions in place to mitigate those risks.

The service had sought permission from people to administer first aid to them in an emergency. They had contact details in place of people's next of kin should an emergency occur. During our inspection one staff member called an ambulance for a person. This meant the service was able to respond to emergency situation.

Staff confirmed to us they supported people to take their medicines and assisted people with their topical medicines. We saw the provider had an updated list of people's medicines in their file including topical medicines staff were expected to apply. Staff had been trained in the administration of medicines and had also been assessed as competent to administer people's medicines. A risk assessment was available to be used in the service where people self-medicated. This ensured the provider was able to assess if anyone needed support and ascertain if there had been any changes to people's support needs. This meant the provider had taken appropriate steps to ensure staff were able to give people their medicines in a safe manner.

Staff we spoke with told us they used personal protective equipment (PPE) when working with people. The registered manager advised us one person was concerned if PPE was used in their home as they believed staff thought their home was dirty. The registered manager told us they had to work around this person and avoid using PPE in their sight. This meant staff were aware of the need to use PPE but adapted their work requirements to meet the needs of people using the service.

The provider had in place a Charter of Rights. We found the charter reflected aspects of human rights. For example the charter stated, "Each client has the right to a Care Service that does not discriminate on the basis of race or ethnic origin, creed, colour, religion, political affiliation, disability or impairments, marital status, parenthood, sexual gender or sexual orientation." This right encompasses the values expressed in Articles 9 and 14 of human rights. We found the provider by compiling their own rights charter had incorporated the requirements of the Human Rights Act.

People we spoke to told us for the most part staff were on time and said if there were any occasions they might be late this was due to needing to provide additional support to another person. Relatives told us they had no complaints about the timing of visits. One staff member told us they were able to go from one visit to another without any problems. The service had in place two main areas in which they provided services and the rotas were arranged around these areas. We observed the person responsible for the rota making changes to accommodate people's needs. This meant the service was able to work flexibly and had employed sufficient staff to cope with their workload.

Is the service effective?

Our findings

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We discussed the MCA with the registered manager and found they had a good knowledge of the act and its implications. Staff had been trained in the MCA and the Deprivation of Liberty Safeguards. No one using the service had their liberty restricted.

The registered provider had in place a staff training policy, the aim of which was to ensure staff were properly trained for their respective job roles. Since the last inspection we found all training for staff had been brought up to date. A training matrix showed us staff had been trained in moving and handling, infection control, first aid, diabetes, and dementia. Staff confirmed to they had received a range of training and we saw evidence including certificates to confirm this. Where staff looked after people with specific care needs for example catheter care we found staff had received the specific training.

We saw staff had also received specific in depth training. The registered manager explained to us that normally a partner of a person using the service would be present during the home visits and they could discuss any concerns. However on one occasion the person's partner required overnight care so the staff felt they needed more in-depth knowledge. We spoke to the person's partner who confirmed they were confident in the care delivered by Eboney Home care staff. The registered manager told us that since the last inspection they had taken the decision that all staff will have their training updated on an annual basis, "Because this gives staff confidence."

Staff had received supervision on a regular basis since our last inspection. We found notes of supervision meetings on staff files signed by both the manager and the staff member. A supervision meeting takes place between a staff member and their manager to discuss any concerns, their progress and their training needs. Staff were supervised in line with the provider's policy and also had annual appraisals in place. The registered manager told us that as there were ten staff in post she carried out the supervision meetings with staff at the same time in each quarter.

Staff had been provided with copies of the registered provider's policies. We found staff signatures in their files to confirm receipt of the policies and staff told us they each had copies of all the policies. In effect since our last inspection the registered manager had updated staff records and ensured a baseline of knowledge and skills had been laid down. We found this to equate with all staff having a revised induction to the service.

We saw the provider had sought and received consent to provide the care. In addition the provider had also

sought consent from people and/or their representatives to give first aid if the person required it and send for emergency care if required. Similarly the provider had in place a consent form which demonstrated people and their relatives where appropriate giving consent to staff to administer their medicines. We saw that relatives who also provided care to people had signed to state they did not wish the staff to administer medicines; one relative had signed to state the staff were only to give specific medicines when they were not available. We found the provider had arrangements in place to manage specific consent issues. This meant people received joined up care between their relatives and the service.

Staff wrote daily notes which assisted visiting relatives understand what had been happening with their family members. We found relatives had used these notes as a communication aid. One relative had informed staff about plumbing repairs to a person's home. With updated training in place and regular visits to the office to collect their rotas we found staff were able to exchange information about the service. For example we staff updated their managers on what they were doing that day.

We found staff had been trained in food hygiene and people's dietary requirements were documented in their care plans with actions in place to ensure people who were at risk of weight loss. One person told us, "They come in and make my dinner." They went on to tell us they had no complaints about the food. We found one member of staff had sought out getting people a Sunday lunch and had also been shopping for them to get their favourite pies and pasties.

Is the service caring?

Our findings

People told us they liked the carers and were comfortable having them in their homes. One person said, "I call them my lasses." and "They are good to me." One person had written in their feedback to the service "[Staff member] knows exactly what my mum needs and is friendly and approachable." Another person described staff as, "Always pleasant and sociable." One relative we spoke to described the staff as, "Very attentive and very caring."

We found staff were flexible in their approach when working with people. In one person's care records we noted the staff member had gone early to allow the family carer to attend a medical appointment. The person's family carer confirmed to us this had happened. We also saw in one person's records the person following a recent bereavement had lost their confidence to go out. The registered provider had suggested to local commissioners that if they were to divert funding for activities which were not been successfully used to the service the person could enjoy social outings on a one to one basis to improve their well-being. We saw the service was now taking the person out on a regular basis and the person was happy to go out with familiar staff.

One person described staff as "Excellent in emergency situations." During our inspection we learnt of a staff having found a person unwell when they visited that morning. The staff member had stayed with the person and had called an ambulance. They stayed in touch with their managers in the office and left the person only when their relative had arrived to care for them.

During our time in Eboney home care office a member of staff called in to say a person was confused about the time of their hospital appointment. Staff contacted their relative and let the carer know the time and the arrangements for the appointment. This mean the provider was able to quickly respond to the needs of a person and provide information.

Information was also provided to people and their relatives in a service user guide. The guide explained the ethos of the service and information on how the service was run. We spoke to one relative who described meeting members of the management team and "Interviewing" them. They felt the managers were able to provide information to their satisfaction and quickly put in place visits by the staff so their relative could meet them. This offered reassurance to the family and ensured the person was aware who would be going into their home to care for them.

The service had in place care plans for one person who despite requiring a presence whilst they attended to their own personal care preferred to maintain their own privacy and dignity. One person told us the staff only give help when required. This meant the staff promoted people's independence.

We saw people were able to live the life they choose. The service had recorded each person's religion and their wishes for following religious festivals. In one person's file we read, "[Person] enjoys all the Christian festivals." We found that staff had supported people to attend their place of worship.

In people's care files we found a section on active family members and advocacy support. We spoke with the registered manager and the registered provider who told us family involvement was important to them. We found that whilst no one had an appointed advocate that the service saw family members as active advocates for people. Relatives we spoke to confirmed they had been involved in the care planning for their family members.

The registered manager told us the service was not caring for anyone on end of life care.

We found the provider's Charter of Rights included, "Each client has the right to be assured that no personal or confidential information concerning their affairs will be disclosed to a third party without their express permission." Staff had signed the provider's confidentiality policy. This meant the service took seriously the need to maintain confidentiality.

In people's consent forms we saw people could consent to staff collecting their prescriptions for them. One staff member told us it was easy to collect people's prescriptions as they did their rounds so people quickly got their medicines. One person confirmed to us staff collected their prescriptions for them and told us how they valued the member of staff's actions. We found the service was pro-active in meeting people's needs.

Is the service responsive?

Our findings

Following our inspection visit to the office we spoke to people and their relatives by phone. One person said, "Staff are excellent, all communicate to me." One relative told us the staff are, "Excellent, they come and do what they do." Another relative described the staff as asking their family member what they wanted then to do and providing a "Fantastic response."

We looked at the care files for some people who were new to the service since our last inspection. We found assessments had been carried out with people and their family members about their needs and the service they would like. Care plans were signed by people and/or their representatives. One relative told us the staff had asked "Lots of questions" and found the questions which were asked were appropriate. One person told us they found starting to use the service had been, "Very good."

People who used the service prior to our last inspection had updated care plans and risk assessments in place. We found the plans gave guidance to staff on what they were required to do to support each person.

The care plans developed by the service were personalised; this meant they were specific to the person and captured what each person preferred. For example we read in one person's care plan "[Name] likes to wear deodorant." In another person's file we read they were underweight and what advice had been given by a dietician to encourage them to gain weight. Specific guidance was given to staff about people's needs for their hearing aids and false teeth. This meant staff were provided with the information to be able to care for people in ways they preferred.

We found where people had specific diagnosed conditions explanations were provided in people's care plans so staff were aware of what they meant. For example staff had been given information about one person's specific condition and the impact this was having on them. In the person's risk assessment we read, "[Person] was finding it more difficult to manage her daily lifestyle routines." We found it was clear from the records the person's diagnosed condition was progressive and staff were guided to ask the person what they needed on daily basis; this included checking with the person if they needed support to prepare their breakfast each day. One staff member told us since the last inspection they had begun to look up people's conditions on the internet and give additional information to staff to enable them to understand each person's condition.

We reviewed people's daily notes and found staff were recording notes which showed they were meeting the needs of people as described in their care plans. We found there was a consistency between people's needs and the work staff carried out. Staff were recording what people ate, what medicines were given, if they had collected their prescription and if the person was raising any concerns for staff to monitor.

In the provider's Charter of Rights we read, "Each client has the right to complain about any element of the Care Service, and to do so without fear of any intimidation, recrimination or reprisals." We saw the provider had in place a complaints procedure. There had been no complaints since the last inspection. One person told us they have had, "No bother at all." With the service. We found one person had written in the survey

carried out by the provider, "I have never had to complain about any aspect of my mum's care. If (staff member) represents your organisation then I am impressed." Another person had responded in their survey that they did not know how to complain. We found the registered provider and in response ensure everyone had a copy of the complaints procedure. People we spoke with confirmed they had received a copy and would contact the manager if they had any concerns.

We saw regular reviews of people's care plans were taking place. The registered manager explained to us after the last inspection everyone's care had been reviewed and new care plans were put in place. They had begun by carrying out monthly reviews to see if people's plans were working; when the plans were found to be working the review period had been lengthened. We also found the care plans were reviewed when people's needs changed, for example on person had been in hospital and their plans had been updated to reflect their additional support needs.

Choice was a key theme in the service. We found the service was flexible to meet people's needs and care plans reflected people were to be given a choice for example in the meals staff prepared. People expressed enjoyment at the carer's visits, one person said, "They always have a bit crack on with me." Another person said, "They are very sociable." This meant the staff had the attributes required to ensure people were not isolated.

Is the service well-led?

Our findings

There was a registered manager in post. People confirmed to us that the registered manager and the registered provider had been involved in their care, reviewed the service and ensure staff were checked whilst carrying out their duties. Staff told us they felt supported by the manager. One staff member told us they found the manager, "Approachable". One relative told us the manager had visited their family member before the service started and they had been, "Very thorough." One person said, "[The registered provider] comes out and checks. The girls are good." Another person in describing the service said, "Put me down for 100%."

We spoke with the provider and the registered manager about the findings of the last inspection. They told us whilst the feedback was uncomfortable to hear it gave them the impetus to ensure the service could meet the requirements of the regulations. The registered manager said,

Spot checks had been carried out by the registered manager on staff. Spot checks occur when the manager visits a staff member unannounced to check on their work. We found the registered manager carried out monthly unannounced spot checks. These were followed by feedback to each staff member. The spot checks included if staff arrived at people's homes in uniform and were clean and presentable. We saw the registered manager had spoken to one staff member about wearing nail varnish to work. This meant the registered manager was maintaining the standards of care delivery.

The registered manager was able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow. We saw that the all the files relating to people who used the service had been updated. The registered manager had put in systems to ensure the service improved.

We found the service had carried out a quality survey in April. The results of the survey were positive with the majority of people who completed the survey ticking the "Good" and "Very Good" boxes. People had been invited to make additional comments, one person had written, "Thank you for your help."

The service had an up to date statement of purpose, this is a document which tells people and their relatives what they can expect from the service. This was also explained in the service user guide and we saw evidence of this in practice, for example in the types of work the service can deliver. This meant the management team was consistent in their approach to service delivery.

We found the service had a culture of doing extra tasks for people. For example staff described us to us that whilst people ate their meal or waited for a person to finish their bath they would put washing in a person's washing machine or "Run the vacuum cleaner around." People confirmed to us that staff would occupy the time rather than wait around for them. We spoke to one member of staff who said, "It's what you do and helps keep people ticking over." People confirmed to us staff carried out these tasks.

The service had begun to develop a new computerised data base and was currently populating the system.

The registered manager had the registered provider spoke with us about the capacity of the system and what it could eventually do. However at the point of this inspection they wished to develop the system slowly to ensure the service could get the best out of the data base and the processes could be embedded in the service.

In the service user guide the registered provider had incorporated a "Charter of Rights". The charter.

Following the publication of the last report when the service was rated inadequate we saw the provider had held a meeting with staff and explained the current situation including the most recent contacts with CQC and the local authority. We saw the provider had presented an honest view to their staff about the actions they had taken and the plans they had in place. Relatives we spoke to during this inspection told us the staff had been open with them about their latest CQC report and had explained their current position. Relatives told us they felt staff had been honest with them. This meant the service had an open culture.

We saw the provider had in place a management meeting. The minutes of the meeting described discussion on the training programme, the new electronic monitoring system and staff holidays. This meant the registered provider was ensuring information was disseminated to staff who held a management position in Eboney Homecare.

We found the service had good links in place with community professionals for example community based nurses and dieticians. The service also treated family members as partners in people's care.

During our last inspection we found the management team had not reviewed people's daily notes as they came into the office and scrutinised them for any concerns or inappropriate care. We found the notes were now returned to the office and reviewed before being filed. The registered provider was able to cross reference staff actions with their rotas, their pay claims alongside their daily notes. We found there was a high level of accountability in the systems which had been put in place.

Since our last inspection we found records in the service had improved. Information about people and their needs were accurate and up to date. Information about people and staff were kept in lockable cabinets.