

Eagle Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults of all ages, including people with dementia or physical disabilities. This was an announced inspection of the service.

Not everyone using the service receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, which is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the start of our inspection there was one people using the service in this respect.

The service had a registered manager, which 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.

At our previous inspection of this service in October 2017, a breach of legal requirements was found. This was in respect of both record-keeping and effective governance, particularly around supporting people with medicines. The provider completed an action plan to show what they would do and by when to improve the rating of key questions of 'Is it Safe?' and 'Is it Well-led?' to at least 'Good.'

At this inspection, we found the service was no longer providing anyone receiving regulated activity with medicines support. However, when the service last provided that support, in the summer of 2018, we found medicine administration records were still not accurately and fully completed. The service's medicines audits had not identified this. Risks to the care and welfare of that person had not, therefore, been identified and addressed. This means the breach of legal requirements was continuing.

The service had systems to assess and manage risks to people's safety. However, the risk assessments relating to the care and welfare of the person using the service had not been reviewed since November 2016. Audit systems had not identified this. This meant the provider was not taking all practical steps to ensure the person's safety was kept under regular review.

The service had systems for regular staff supervision and appraisal, but these had not been kept up-to-date for the staff member working with the person using the service, to help ensure staff were being supported to carry out their duties effectively.

Governance systems had been set up but they had not identified the concerns we found at this inspection. There was little the registered manager otherwise showed us to demonstrate that service delivery risks were identified and mitigated, that the service enabled sustainability and supported continuous learning and improvement, or that there was partnership working with other agencies to support the development of the service. We therefore concluded the service was not well-led.

The service was caring and responsive. It ensured that people were treated with kindness, respect and compassion, and that they were given emotional support when needed. There was consistency of trained care staff, which helped trusting relationships to develop and people's individual needs and preferences to be understood and addressed.

Where appropriate, the service supported people to maintain good health and nutrition and access appropriate community services.

Systems, processes and practices were in place to safeguard people from abuse, prevent or control infection, and ensure that ongoing learning took place when accidents occurred.

The service was working within the principles of the Mental Capacity Act 2005 in terms of acquiring appropriate consent for care.

This is the third consecutive time the service has been rated 'Requires Improvement'. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe. There were failures to maintain accurate and complete records of the medicines support staff had provided.

The service had systems to assess and manage risks to people's safety, but these had not been kept up-to-date.

The service ensured sufficient numbers of suitable staff to support people safely and meet their needs.

Systems, processes and practices were in place to safeguard people from abuse.

The service protected people by the prevention and control of infection.

Systems were in place to ensure that ongoing learning took place when things went wrong.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. It had systems for regular staff supervision and appraisal, but these had not been kept up-to-date, to help ensure staff were being supported to carry out their duties effectively. However, staff training was up-to-date.

The service had systems to holistically assess people's care needs and enable them to be addressed. It worked in co-operation with other organisations to deliver effective care and support.

Where appropriate, the service supported people to maintain good health and nutrition and access appropriate healthcare services.

The service was working within the principles of the Mental Capacity Act 2005 in terms of acquiring appropriate consent for care.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring. It ensured that people were treated with kindness, respect and compassion, and that they were given emotional support when needed.

People were supported to express their views and be actively involved in making decisions about their care and support.

People's privacy and dignity was respected at all times and terminology in care records was respectful.

Is the service responsive?

Good ●

The service was responsive. It enabled people to receive personalised care that addressed their needs.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care.

Is the service well-led?

Inadequate ●

The service was not well-led. Governance systems had been set up but they had not identified the concerns we found at this inspection. Service delivery risks were not being effectively identified and mitigated.

There was little the registered manager showed us to demonstrate that the service enabled sustainability or that there was partnership working with other agencies to support care provision and development.

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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 was an announced inspection that took place on 13 November 2018. We gave the provider 48 hours' notice of the inspection. This was because of the service's smaller size and we needed to be sure the registered manager would be available. The inspection was carried out by one adult social care inspector.

We used information the registered manager sent us in the Provider Information Return. 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.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also contacted a local authority to ask their views on the service.

There was one person receiving regulated activities from the service, by one care staff, at the time of our inspection. During the inspection, we received feedback about the service from the person's relative. We also spoke with the staff member and the registered manager.

During our visit to the office premises we looked at the care file of the person receiving the personal care service and the personnel file of the staff member. We also checked other records relating to the care delivery and management of the service including medicine administration records and audits of these, staff meeting minutes and survey results. We were also provided with, on request, copies of care records following our visit.

Is the service safe?

Our findings

At our last inspection, we found management of people's medicines support was not robust enough to ensure people always received their medicines safely. Recording shortfalls relating to this had not been identified for improvement. This meant the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that significant improvements had not been made. The service therefore remained in breach of the regulation.

The one person receiving a personal care service at the time of the inspection did not have any medicines support from staff. We therefore checked the last three months of medicine administration records (MAR) of one person who received a personal care service until June 2018. We found unexplained administration gaps. This included for all medicines on the first four days of one month, despite other records confirming staff attended on those days. There was one administration gap on the MAR for another month. Additionally, a once-weekly medicine was signed as administered on the wrong day. This demonstrated failures to maintain accurate and complete records in respect of the medicines support provided.

The evidence above demonstrates a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative of the person using the service and the staff member involved told us the service provided was safe. The registered manager told us of reminding staff that they needed to assess for risk each time they visited someone, as for example, the environment could easily change. They also encouraged staff to report any concerns, so that she could check herself and attempt to address risks.

Records for the person using the service showed risks were assessed in relation to the care environment, skin care, mobility, personal care, choking and any equipment used as part of the service. However, records indicated these risk assessments were last reviewed in November 2016. This did not demonstrate the service kept the person's safety under regular review. The registered manager agreed to attend to this.

The service protected people by the prevention and control of infection. A relative of the person using the service praised the staff member for being "very particular about cleanliness." Records showed staff had received guidance and training on infection control and prevention and had access to a range of personal protective equipment (PPE) such as gloves, aprons and shoe covers. The staff member told us it was "easy" to get hold of PPE for their work.

The service continued to employ two long-standing staff members, albeit only one was currently providing a personal care service to anyone. Records and feedback showed people ordinarily received the same staff member, with the registered manager providing occasional cover where needed. The registered manager told us there had been situations in the past where no cover arrangements were possible, in which case the person's relatives were informed at least twelve hours in advance so that they could make alternative

arrangements. However, this had not occurred since the last inspection.

The registered manager told us no new staff had been recruited since the last inspection. Records showed there had been an update check last year of the Disclosure and Barring Service (DBS) disclosure of the staff member providing personal care, which represented good practice. The DBS service checks on whether a person is barred from working with vulnerable adults or has any form of police record. The registered manager told us this would occur at least every three years for the service's staff.

Records showed the staff member involved in personal care received annual refresher training on safeguarding. They confirmed the recent training, showed awareness of what constituted abuse and said they would report concerns to the registered manager. The registered manager spoke of how her checks of staff working in people's homes included whether there were any signs of possible abuse. She spoke of making sure staff were "not complacent" and that "we do encourage our staff to be observant at all times and not to overlook issues that may not look right." She added there had been no safeguarding cases since our last inspection.

The registered manager and the involved staff member told us that since our last inspection there had been no accidents or incidents during or as a result of the care provided. We discussed an accident that occurred before staff arrived at the house of someone who used to use the service. The registered manager's feedback and records showed staff dealt with the situation safely, that the registered manager was called and subsequently attended the person's home and that healthcare professional support was promptly acquired. There was also a debriefing meeting the next day, to consider what happened and what the service had learnt.

Is the service effective?

Our findings

The registered manager told us, through the pre-inspection questionnaire, "Staff supervision - is carried out every three months." However, there was no record of supervision for 2018 on the file of the staff member providing personal care. We emailed the registered manager to ask for evidence of any supervision, but received no reply.

Annual staff appraisal records showed consideration of the staff member's individual performance and development. However, this was one month overdue for them at the time of our inspection visit. The registered manager told us an appraisal meeting was scheduled.

These failures to undertake regular staff supervision and keep staff appraisal up-to-date was not helping to ensure the staff member was being supported by the service to carry out their duties effectively.

In contrast, records and feedback showed the staff member attended two days of refresher training through a local care agency in 2018, to stay up-to-date on mandatory topics such as food hygiene, moving and handling, and health and safety. The staff member reported this was useful for their care role.

Where part of the care package, the service supported people to eat and drink enough and maintain a balanced diet. The service provided some support in this respect to the one person using it. Their care plan guided staff on what food and drink support they needed and how to respect their preferences. Care records and staff feedback indicated the plan was followed. The registered manager told us, for example, staff helped the person to drink without spilling it.

The service worked in co-operation with other organisations to deliver effective care and support. The registered manager told us of attending a review meeting with a social worker for someone who used to use the service earlier this year. This helped to acquire an increase in the care hours being funded for the person. This meant staff were less rushed at their visits and helped maintain the person's mobility. The registered manager showed us records in support of this and of a staff member phoning her when concerned about the person's welfare. This resulted in her visiting the person to check on them and to keep their representatives updated.

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.

Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team. There was no-one using the service who was subject to a judicial DoLS.

Records and staff feedback demonstrated that consent was obtained before personal care was provided and in line with the MCA. Records showed the staff member involved in providing personal care had received update training on the MCA.

The registered manager told us they met people and their representatives to assess their needs and preferences before offering a service. However, there had been no such instances since our last inspection. The needs assessment form covered a range of relevant questions. These included about people's routines, health, communication, religion, culture, mobility, nutrition and what was important to them. Records showed that people's needs were kept under review, to make sure the service continued to meet people's expectations.

Is the service caring?

Our findings

The service ensured that people were treated with kindness, respect and compassion. A relative of the person using the service described the staff member's relationship with their family member as "empathic." The staff member spoke to us with fondness about the person using the service. Records of the registered manager's occasional checks of the care being provided included checks on how the staff member interacted with the person.

The registered manager told us that for someone who used to use the service, staff sometimes stayed longer than planned for. This included for emotional support due to loneliness, for which we saw records showing this need was ultimately addressed through increasing the length of care visits. Staff also stayed with the person after an accident, went with them to hospital until their family arrived and subsequently visited them in hospital in their own time. This demonstrated a caring approach.

The service ensured people's privacy and dignity was respected and promoted. There was a respectful approach within the care plan and care delivery records of the person using the service, which matched feedback we received. People's personal information was held securely at the service's office. The registered manager told us, "We annually update our information systems in accordance with national standards and we follow the principles of data protection."

People were supported to express their views and be actively involved in making decisions about their care and support. The care plan of the person using the service included the signature of a relative, which helped to show their involvement in agreeing the plans.

Is the service responsive?

Our findings

The service enabled people to receive personalised care that was responsive to their needs. A relative of the person using the service described the staff member who attended as "very responsive and good with our son." The staff member could tell us the specific needs and preferences of the person using the service and how they supported them.

The registered manager told us, "Care plans are reviewed every six months or as frequently as when required, taking note of individual cultural backgrounds." Records confirmed this occurred, which checked on the person's current care needs and how well proposed care delivery outcomes were being met.

Records showed communication formed a part of the person's care plan, to explain how the person communicated and what staff would do to support this. The same staff member had worked with the person using the service for many years, which helped facilitate communication and understanding. They could tell us how they communicated well together. A relative praised the communication between their family member and the staff member.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. A relative told us they approached the staff member if they had any concerns about the services provided to their family member and that the staff member responded well.

The registered manager told us people and their representatives received a copy of the service's complaints procedure. She added, "Staff are encouraged to take a moment in their time to just listen to service users' concerns or experiences about the service and act accordingly." She said there had been no complaints in the last year, but could provide examples of what they had done in the past to address complaints.

Is the service well-led?

Our findings

The registered manager of the service had been in that role for many years. She was also the sole director of the company. She told us due to the small size of the agency, she ran the office and management aspects herself. She used to work as a midwife and therefore had many years' care experience.

At our last inspection, we found audit processes were not consistently supporting the service to ensure good quality care was being delivered. For example, by not identifying the medicines concerns we found at that inspection. There was insufficient and ineffective oversight of the service as a whole. This contributed to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we did not find that significant improvements had been made. The service therefore remained in breach of the regulation.

The registered manager showed us monthly audits had taken place in respect of the medicines support people received, the capability of staff to support people to take medicines, and people's care plans and risk assessments. These audits included many checks, for example, around the storage and administration of each person's medicines. This formed a basis for oversight of some aspects of the service people were receiving. However, we found the monthly medicines audits had continued for one person who had stopped using the service four months before our inspection visit. They had also been used in full for someone who the service was not supporting with medicines. This meant parts of the monthly audits were inaccurate, and demonstrated the purpose of the audits had not been properly understood.

None of the medicines audits identified anything that needed improving. They had not therefore identified the gaps in the latest medicine administration records we found at this inspection in relation to someone using the service until June 2018. Similarly, the risk assessment audits had not identified the failure to review and update the risk assessments for the person using the service. This demonstrated the audits were ineffective at assessing, monitoring and mitigating risks to the health, safety and welfare of people. In response to what we found, the registered manager told us she would now need to "double-check" the audits.

At our last inspection, we reported that care records in the office were over five months old, which hindered effective governance checks by the service. At this inspection visit, care records available in the office in respect of the person currently using it were from 2017, over ten months old. This demonstrated a failure to ensure good oversight of the quality of recent records and the identification of welfare concerns. The registered manager told us removing records from people's homes had in the past hindered community healthcare professionals' requests for information when visiting people. They told us they would now commit to collecting records after three months.

The evidence above demonstrates a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a consequence of the above concerns, we were not able to conclude that systems at the service enabled sustainability and supported continuous learning and improvement. This was because the audits indicated the service had not identified any areas for improvement despite concerns being evident in some of the records that were audited.

However, there were some checks taking place to identify risk and encourage service improvement. The registered manager told us staff meetings were a forum "to share, exchange and learn from each other's experiences." Records showed staff meetings were held at a frequency of approximately every other month. These considered the varied and changing support needs of anyone using the service and so guided staff responses.

Records showed the registered manager undertook spot-checks of the staff member involved in the care of the person using the regulated service every three to four months. Spot-checks are unannounced visits to check on how staff care for people and that service standards such as punctuality are upheld. Records of the checks wrote up how well the staff member was doing, for example, on engaging and communicating with the person.

A staff member told us the registered manager "tries to do what she can." They said they would recommend the agency if friends and family needed such a service. The registered manager told us she was proud of how the staff team worked together and supported the service. Whilst the service's two employees worked alone, they provided each other with support. She recognised the different strengths and learning styles each employee had and responded to these, for example, through the different formats and content of training provided.

People using the service and their representatives were asked their views of the service to help improve it. Care review records showed views on the service were sought. The registered manager also showed us that surveys had been sent to people and their representatives this year, to ask their views on the service. One recent response was entirely positive and stated that the service was "excellent." A relative confirmed they sent this and that the service was "generally fine."

The registered manager was able to show us her records of meetings that took place with community professionals such as social workers, in support of achieving better outcomes for people. However, she was not able to tell us of ways in which she had worked in partnership with other agencies to support overall service development. She had not attended local authority care forums since our last inspection, for example, although she said she read care circulars such as those CQC sent out. She provided some evidence of trying to improve on partnership working following the inspection visit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not effectively operated to ensure compliance with the regulations. This included failures to:</p> <ul style="list-style-type: none">• assess, monitor and improve the quality and safety of the services provided;• assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others;• maintain securely an accurate, complete and contemporaneous record in respect of each service user in respect of medicines decisions and medicines support provided. <p>Regulation 17(1)(2)(a)(b)(c)</p>