

Eden Ivy Care Limited

Eden Ivy Care Ltd

Inspection report

48 Bexley High Street
Bexley
DA5 1AH

Tel: 01322949494

Date of inspection visit:
27 September 2021
01 October 2021

Date of publication:
19 November 2021

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

About the service

Eden Ivy Care Ltd is a domiciliary care agency located within the Borough of Bexley. It provides personal care and support to people living within their own homes. Not everyone using Eden Ivy Care Ltd receives a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the service was providing support to approximately 30 people.

People's experience of using this service

People and their relatives spoke positively about staff and the registered manager. They told us they were happy with the service they received. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures. Robust recruitment checks took place before staff started work and there were enough staff to meet people's needs. Risks to people were assessed to ensure their needs were safely met. Medicines were managed and administered safely. The service had procedures in place to reduce the risk of infections and staff had enough personal protective equipment.

Assessments of people's needs were carried out before they started using the service. People received support to maintain good health and were supported to maintain a balanced diet where this was part of their plan of care. 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. People were supported by staff who were kind and caring, respected their privacy and dignity and promoted their independence. Staff understood people's diverse and cultural needs and supported them appropriately. People's communication needs were assessed and met. People knew how to make a complaint if they were unhappy with the service.

There were effective systems in place to assess and monitor the quality of service that people received. The service worked in partnership with key organisations to plan and deliver an effective service. The provider took people's views into account and used their feedback to improve the service. The provider worked well with health and social care professionals.

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

Rating at last inspection

This was the first inspection of the service since the provider registered with the CQC.

Why we inspected

This was a planned inspection based on when the service was registered.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received, 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?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Eden Ivy Care Ltd

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an 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 care service.

Service and service type

Eden Ivy Care Ltd is a domiciliary care agency. It provides personal care and support to people with varying needs living within their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 48 hours' notice of the inspection to ensure the registered manager and staff would be present and available to speak with.

What we did before the inspection

We checked the information we had about the service including notifications they had sent since registering with us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about the service. 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.

During the inspection

We met and spoke with the registered manager, deputy manager, training manager and senior care staff.

Following the office visit we spoke with two care staff by telephone. We also spoke with 13 people and/ or their relatives by telephone to seek their feedback on the service. We reviewed a range of records including five people's care plans and records and three staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse or harm. People spoke positively about the care provided and told us they felt safe. One person commented, "I think they [staff] are very good. I feel completely safe with them. They are always in the vicinity, always watching over me as I move from A to B." A relative told us, "Yes, it is safe. I could write reams and reams about what they [staff] do. I have complete confidence in the carers and trust their view. They report anything to me that they notice that I might have missed."
- Policies and procedures to help keep people safe were up to date and robust. Staff had received training in safeguarding adults and were aware of their responsibilities to report and respond to any concerns. Staff were also aware of the provider's whistleblowing policy and how to report issues of poor practice.
- The registered manager knew how to report allegations of abuse to the local authority and the CQC where required. We saw that where safeguarding concerns had been raised the registered manager worked effectively with local authorities and health and social care professionals to address concerns. There were systems in place to oversee learning from accidents, incidents and safeguarding to ensure concerns were addressed and discussed with staff appropriately.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm. Risks to people were assessed and documented to ensure their needs were safely met.
- Care plans included assessments of risk to people's health and well-being. These provided staff with up to date information about how identified risks should be managed to ensure people's safety; for example, supporting people with mobility needs to safely manoeuvre with the use of equipment.
- Risks were regularly reviewed to ensure people's changing needs were safely managed. Staff knew people well and understood their individual needs and risks. One member of staff told us, "The training we have is very comprehensive and appropriate to the needs of the people we support. We try to maintain continuity with staff, so staff know people very well and how best to support them."

Learning lessons when things go wrong

- There were systems in place to monitor and support learning from accidents, incidents and safeguarding. We saw that staff had identified risks and understood the importance of reporting and recording accidents and incidents.
- Records demonstrated that staff took appropriate actions to address accidents and incidents, including seeking support from health care professionals and referring to local authorities and the CQC where required.
- Accidents and incidents were monitored on a regular basis to identify themes as a way of preventing

recurrence. Any lessons learnt were shared with staff through meetings and supervisions.

Staffing and recruitment

- There were enough staff to meet people's needs and people told us staff visited when they needed. Comments included, "They've [staff] never missed a spot", "It seems to be well run. If they're [staff] going to be late, they ring me and tell me. I can then let mum know", "They [staff] always turn up and contact me if they are going to be late", and, "The girls are always very prompt; they always tell us if they are going to be late."
- There were systems in place to identify if staff were running late or visits had not been completed. These allowed for issues to be promptly remedied and ensured people received their care safely and responsively. Systems included staff spot checks, monitoring and telephone monitoring and a live Electronic Call Monitoring system (ECM) which enabled office staff to monitor care staff within the community when checking in and out after each visit.
- There were arrangements in place to deal with emergencies and an out of hours on call system that ensured management support and advice was available to staff and people when they needed it.
- The service adhered to appropriate recruitment practices and pre-employment checks were completed before staff began working at the service. Checks included employment history, identification, references, right to work in the United Kingdom and criminal records checks through the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Using medicines safely

- Medicines were managed safely. People were supported where required to safely manage and administer their medicines. One person commented, "They [staff] help with medication. They sign it off, we've got a good system and I've never had a problem."
- Care plans detailed people's prescribed medicines and known risks and allergies. Staff completed medicines administration records (MARs) which we saw were accurate and were regularly monitored and checked by office staff to ensure continued safe practice.
- Training records confirmed that staff had received up to date training and competency assessments in administering medicines to ensure safe practice.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had infection prevention and control policy and system in place to minimise the risk of infections.
- Personal protective equipment (PPE) such as facemasks, aprons and gloves were made available to staff. Training records confirmed that staff had completed training on infection control, food hygiene and COVID-19.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment. For example, supporting people with domestic tasks.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure they could be appropriately met. Senior staff met with people and/or their relatives where appropriate to discuss and assess their needs, wishes and outcomes. One relative told us, "[Registered manager] really listened to what we wanted as a family, she made sure she was meeting our needs and [relative's] needs." Another relative commented, "The manager has helped us talk through options as [relative's] needs have deteriorated, she worked with us to find solutions and offering suggestions that would actually involve them losing work but doing it to put [relative's] needs first. When it was agreed, the care staff stuck to the same message."
- People, their relatives, and health and social care professionals where appropriate contributed to the assessment process to ensure all individual needs were considered and planned for.
- People's needs and wishes were reviewed on a regular basis to ensure the care they received met their needs and desired outcomes.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs, preferences and cultural needs were met and supported by staff where this was part of their plan of care. One relative told us, "They [staff] are there for companionship, but they will also see if [relative] has eaten. [Relative] is stubborn and might refuse suggestions to eat, but they will make [relative] something and encourage [relative] to eat it. They keep us informed."
- Care plans documented people's nutritional needs, support required with meal preparation, support with eating and drinking, as well as any known allergies or dietary requirements.
- Staff received training on safe food handling and were aware of people's dietary needs, risks and preferences. They knew the level of support people required with eating and drinking and told us they would report any concerns they had to the registered manager and/or to health care professionals.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- People received support to access services when required to maintain good health and well-being. One person told us, "The manager will suggest I get in touch with the doctor, but if I feel I don't want to because you have to wait on the phone so long she will offer to get in touch with them for me."
- The service worked in partnership with health and social care professionals to ensure people's physical and mental well-being, including for example, GP's, district nurses and the local authority.
- Staff knew people well and monitored their well-being at each visit, documenting any issues or concerns. Staff told us they would contact the manager or emergency services if they had any concerns about a person's wellbeing.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs. The provider supported staff through an induction programme, supervision and on-going training.
- People and their relatives told us they felt staff were very knowledgeable and skilled. One person said, "Staff have just the right skills and knowledge, they know just what to do and react accordingly." A relative commented, "The staff are very capable, and they check with my [relative] before helping them to move. They are capable and caring." Another person told us, "All the ladies are lovely and know what they are doing."
- Staff completed an induction programme in line with the Care Certificate. This is a nationally recognised training programme for health and social care workers. Staff were knowledgeable and received appropriate training to meet people's needs. Training covered areas such as health and safety, dementia, medicines, moving and handling, safeguarding and infection control, amongst others.
- Staff told us, and records confirmed, that they received supervision and support. One member of staff commented, "I'm very happy working here, the manager is very good and supportive. We have good training in lots of different areas."

Ensuring consent to care and treatment in line with law and guidance.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's consent had been sought in line with relevant legislation. Staff understood the need to work within the principles of MCA and sought people's consent before supporting them. One relative told us, "They [staff] are good at communicating with [relative]. They always ask [relative] about if and how they want to be helped. They also recognise this balance of listening to [relative's] choices but also using their initiative to encourage [relative] to do things such as have a shower or to eat. They care."
- Care plans documented people's capacity to consent to decisions made. Where people were unable to consent or their capacity fluctuated, relevant individuals and professionals were involved to ensure any action taken was in the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff that treated them with kindness, respect and compassion. People and their relatives told us staff treated them very well and their needs and preferences were respected.

Comments included, "They [staff] seem to genuinely care. One staff once told me what they liked about working at Eden Ivy; she said, "everyone is treated like a human being, the people and the staff as well." I'd agree with that", "They [staff] are all nice and friendly, they are really good at communicating with us, sending messages and photos, telling us if they are running out of things like food", and, "Amazing care staff, so kind and understanding."

- Staff had built respectful relationships with people and their relatives. They understood the importance of working within the principles of the Equality Act and supported people in meeting their diverse needs in relation to race, disability, sexuality, sexual orientation and religion. For example, they respected people's preference for receiving support from a specific gender of staff and, where requested, culturally matched staff to ensure their needs were holistically met and respected.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy and independence was respected. One person told us, "They [staff] have got to know me and my [relative], they've got to know things about me like how I like a cup of tea with a little milk and no sugar." A relative told us how staff worked with their loved one to ensure their independence was respected whilst balancing needs and risks. They said, "When buying soup, staff would look for cartons that were easiest to open, they'd take a picture of the fridge and share it with us so we could direct [relative] to the food they wanted if [relative] couldn't find it. It all helped [relative] to do as much for themselves as possible, they'd even take the film off the milk carton and then put the lid back on so [relative] could then open it themselves, making [relative] feel they are completely in control whilst balancing family, needs and wishes."

- Staff knew how to maintain and promote people's privacy and dignity and were aware of the importance of maintaining confidentiality. Staff told us information about people was treated sensitively and shared on a need to know basis only.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives where appropriate, were involved in decisions about their care and support. People told us they were provided with information, choice and control, and their decisions were respected. One relative commented, "They [staff] did an assessment, they went through what I wanted, then they met [loved one] and my [relative]. They found out our views and then we agreed a plan. They looked at all the details like [loved one's] preferences."

- People's views and choices were sought and documented within their plan of care. These were reviewed on a regular basis to ensure individuals needs and wishes were met and respected. One relative told us, "The first discussion was that they [staff] were going to come once a day to see how [relative] was, but as their condition got worse, [relative] needed more supervision with things like medication and meals. They've adapted to [relative's] changing needs."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- People's care and support was planned and delivered to meet their individual needs. One relative told us, "They [staff] have an hour, they might go into the garden together, play scrabble or something else, they are led by what [relative] wants." Another relative commented, "They're [staff] getting it right for each of them. They understand that one needs it one way and the other needs it another way, they have different personalities and different health needs. The carers reflect this in how they support each of them."
- Care plans documented people's physical, emotional and mental health needs as well as their histories and the things that are important to them. Records were maintained by staff on a regular basis to ensure that people received their support as agreed and planned for.
- People had choice and control over their day to day lives and staff respected and supported their decisions and wishes. Staff were aware of people's diverse needs and understood their differing needs, wishes, views and beliefs.
- At the time of our inspection no one using the service required end of life care and support. However, care plans documented people's end of life care wishes, where they had chosen to share this information, for staff reference. Staff received end of life care training to ensure they had the knowledge and skills to support people appropriately where required. The registered manager told us that where required, they worked in partnership with people, their relatives, health and social care professionals and local palliative care teams to ensure people's end of life care needs and wishes were met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported where requested to meet their social interests and needs, and staff supported individuals to protect them from the risk of social isolation and loneliness.
- Care plans documented people's social needs, interests and any support required from staff to meet those needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and documented in their care plan to ensure staff had relevant information on how best to support them.

- Staff understood the importance of effective communication when supporting people and knew the level of support to provide to ensure they communicated effectively. One relative told us, "[Relative] is deaf, so they [staff] know they need to speak loudly and clearly." Another relative told us, "They [staff] know [relative] now, so they talk to [relative] in a way that they understand. They've learned the best ways to communicate with [relative] and what words to use."
- The service produced information in different formats that met people's needs, for example, easy to read or large print versions of the service user guide and the complaints policy and procedure.

Improving care quality in response to complaints or concerns.

- The provider had a complaint policy and procedure in place to ensure complaints were handled and managed effectively. People were provided with a copy of the complaints policy when they started using the service. This included information on how to report any complaints or concerns and how the provider would address and respond to them.
- People and their relatives told us they were aware of the complaints procedure and how to make a complaint. Comments included, "I've got a number if I need it. I'd be confident to phone if I had any additional questions or concerns", "I feel completely confident to raise anything with the manager and that we will be listened to", and, "The manager responds well. Nothing major has come up."
- Systems were in place to document and investigate any formal complaints. This ensured the provider responded to them appropriately.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received good quality care from staff who had the knowledge, skills and experience to carry out their roles and responsibilities. The registered manager was actively involved in the day to day running and delivery of care and promoted a well-led service. The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency. The Duty of Candour is a regulation that all providers must adhere to.
- Staff told us they felt well supported by the registered manager. They spoke of receiving regular relevant training and support, and they were able to contact management for support and advice.
- People and their relatives spoke positively about the service and staff. They told us communication with the registered manager and office staff was good. One person told us, "I've nothing but praise for them [staff]. It's a very personal level of management. They are proactive, noticing things and suggesting solutions and keeping engaged with us." Another person said, "The management look after the girls [staff]; the girls look after your relative. It works so well at Eden Ivy." A relative commented, "It's really well run. The manager is completely on top of everything. She always knows what is going on. Even the smallest thing, she'll sort it straight away; incredible management."

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

- There was a registered manager in post. They understood their responsibility to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.
- There were systems in place to assess and monitor the quality of the service. Checks and audit systems in place covered areas such as safeguarding, medicines management, care plans and records, staff training, and accidents and incidents amongst others. The registered manager was involved in the day to day management and delivery of the service and conducted regular checks on staff practices to ensure staff worked within best practice guidance.
- There was an organisational structure in place and staff understood their individual roles and responsibilities. A staff member told us, "The manager is very supportive and always available if I need to talk to her. We are a good team that all work well to help each other and everyone we support and care for."

Working in partnership with others

- The service and registered manager worked effectively with other organisations and professionals to ensure people received a good standard of care. Records demonstrated staff had regular contact with health and social care professionals including GP's, district nurses and local authorities amongst others. One person told us, "Eden Ivy arranged for the district nurse to come in and do my dressings for me. They [staff] are good at liaising with other services." Another person said, "They [staff] liaised with the physio for me and advised about equipment."

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

- There were systems in place to ensure the service sought the views of people through reviews of their care, on-site spot checks, telephone monitoring and regular surveys. People and their relatives told us they were very happy with the service which was responsive to their needs and well led. Comments included, "It is very well run and managed. They [staff] seem to take pride in their work and in the organisation. I've recommended them to several of my friends", "Manager has got her finger on the pulse", "We've done a few surveys. They're done regularly", and, "They [staff] absolutely deserve a 10 out of 10."

- The provider listened to the views of staff. Staff told us they had regular opportunities to feedback about the service and share ideas and suggestions at team meetings and supervisions.