

Eaton Home Care Limited

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Inspection report

Suite G5, Blenheim House, Cambridge Innovation Park
Denny End Road, Waterbeach
Cambridge
Cambridgeshire
CB25 9GL

Tel: 01223632443

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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

About the service

Eaton Home Care Limited provides personal care to adults living in their own homes in Cambridge and surrounding villages. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This 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 this inspection, eight people received the regulated activity, personal care. The service had been operating since June 2019.

People's experience of using this service and what we found

People felt safe receiving the service and were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. People received their medicines at the right times.

Staff had the time to ensure they met people's needs safely, and in a way that suited them. People received care from a small team of staff who were trained and very well supported. Staff worked well together and liaised with external care professionals to ensure people received the care and support they needed.

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 involved in making decisions about their care and support. Staff supported people to express their views and consulted them about all aspects of their care. The registered manager and staff were caring and provided people's care in a person-centred way. Staff were friendly, and treated people with respect.

People's care plans were detailed and provided staff with comprehensive guidance on how to meet people's needs.

Systems were in place to deal with any concerns or complaints. The registered manager thoroughly investigated any complaints, responded to the complainant and took action to reduce the risk of recurrence.

Audits and quality monitoring checks helped drive forward improvements in the service. We received positive feedback about the way the service was managed. Everyone said the registered manager and staff were approachable and accessible. Staff were proud to work for the service and worked in partnership with external 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 service was registered with us on 15 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of the provider's registration with the CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

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 ●

Eaton Home Care Limited

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.

Inspection team

One inspector carried out this announced inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave a short period of notice of the inspection. This was because we wanted to speak with staff and people who use the service before visiting the service's office, prior to visiting the service's office.

Inspection activity started on 1 November 2019 and ended on 6 November 2019. We visited the office location on 4 November 2019.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including two support workers, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included three people's care records and three staff files in relation to staff recruitment, training, and supervision. We also looked at a variety of records relating to the management of the service, including audits, investigations and meeting minutes.

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 newly registered 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

- People and relatives told us they, or their family member, felt safe receiving the service. One person told us this was because staff always made sure their house was secure before they left. Another person said in the provider's quality survey, 'I feel comfortable when they are washing and changing me.' A relative explained the staff always made their family member, "Feel at ease."
- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm. They were confident the registered manager would take seriously any concerns they raised.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had comprehensive risk assessments and guidance in place. This helped support people and staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe. For example, staff frequently checked a person's skin to make sure it stayed healthy. Risk assessments provided staff with clear guidance for staff. For example, the possible signs of the person's skin deteriorating, what to look for and what action to take should these signs be present.
- Staff clearly recorded accidents and incidents. The registered manager viewed these and, where necessary, investigated the cause and took action to minimise the risk of recurrence. For example, following a person falling, staff actively encouraged them to use their walking frame which helped reduce the risk of them falling again.
- Any learning was shared with the staff team and action taken. This included as appropriate, refresher training for staff. For example, after an error when administering a person's medicines.

Staffing and recruitment

- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. Staff and records confirmed the registered manager carried out checks that included gaining employment references and a criminal record check, before staff worked with people. However, we found gaps in staff members employment history and health conditions had not always been explored. The registered manager told us they had addressed this before the end of the inspection period.
- There were enough staff to meet people's needs. Staff told us they had enough time to travel between calls and provide the care each person needed. People told us staff were reliable, arrived on time, and told them if they likely to be late. A relative said, "[There have been] no missed visits. They are nearly always on time. If not, they let us know."

Using medicines safely

- Staff managed medicines safely.
- Staff maintained accurate records of administered medicines. Staff were received training and senior staff regularly assessed their competency to administer medicines.
- Staff had involved appropriate people prior to administering medicines covertly (this means giving the person the medicine without their knowledge). This included ensuring the person's mental capacity had been assessed and discussion with the person's GP and family. Although the registered manager had sought advice about how staff disguised the medicines, they had not consulted with a pharmacist to ensure the method used maintained the medicines efficacy. The registered manager took advice from a pharmacist and implemented their recommendation during the inspection.
- Senior staff audited medicine records regularly to ensure that medicines were administered to people as prescribed.

Preventing and controlling infection

- Staff completed training in infection control and there were effective processes in place to reduce the spread of infection. For example, staff had access to, and used, disposable protective equipment such as gloves, and washed their hands before and after providing personal care.

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

- The registered manager assessed each person to ensure they could meet each person's needs. They used this information to develop each person's care plan.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.
- The management team ensured that staff delivered up to date care in line with good practice and current guidance. For example, they had consulted the NICE guidance to ensure they were following best practice when prompting, rather than administering, people's medicines.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were well trained. A relative said, "[Staff] seem well trained. They come in and ask [my family member] what [they] want done and get on with it. They do [things] properly."
- Staff were competent, knowledgeable and enthusiastic about working at the service. They felt very well supported by the management team. One staff member told us, "I couldn't praise [the management team] enough. I've had a couple of personal issues and they've been very, very supportive. They are very, very helpful. [The registered manager] is amazing."
- Staff were supported both formally through supervision sessions and staff meetings, and more informally, over the telephone and in person.
- New staff received training and induction into their roles. One staff member told us, "I'd recommend the training. It's all face to face." They told us how useful and enjoyable they had found the health and safety, and moving and handling, training. They said, "I really enjoyed [the training]. They actually had hoists and things to use. There was a small group which was really lovely. We could practice, and it felt really personal really, really hands-on." In addition to formal training, new staff shadowing more experienced staff members which helped them learn people's routines and preferences.
- The registered manager told us that additional bespoke training would be delivered if a person had specific care needs. For example, the registered manager had recently assessed a person with a diagnosed health condition. They told us that if they provided care to this person, staff would receive specific training to help them understand the condition and deliver appropriate care.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have enough to eat and drink, and to eat healthily. Staff were aware of, and

respected, people's dietary needs and preferences. One person had a health condition that could be affected by the foods they ate. The person's care plan guided staff to encourage the person to eat healthily, but recognised the person was able to make choices about what they ate and drank. The care plan advised staff of the possible signs that the person's health was deteriorating and what to do if this happened.

- Records showed the registered manager had liaised appropriately with healthcare professionals, such as GPs and occupational therapists, and followed their directions. Staff followed external care professional's advice. This helped to ensure that people received effective care that maintained their health and wellbeing.

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, and found that staff were working within the principles of the MCA.

- Staff knew how the MCA applied to their work.
- People told us that staff always obtained their consent before providing care.
- Where people lacked the mental capacity to make certain decisions and had appointed someone to act on their behalf, the registered manager saw the appropriate legal authorisations before allowing other people to make decisions on behalf of the person.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people'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; Respecting and promoting people's privacy, dignity and independence

- People and relatives made positive comments about the way staff treated them. One person described staff as "very friendly," another person said, "They all treat me well." A person commented in the provider's survey that 'The care workers are always respectful.'
- The staff told us they would be happy with a family member receiving care at this service. One staff member told us this was because the staff are kind. They said, "I would trust them with my family." Another staff member told us, "I have so much praise for this service. They are so professional. I have recommended them."
- Staff had time to provide people with the support they needed. One staff member told us this was the thing they were most proud of about the service. They said, "We have time. People don't get rushed. There is plenty of time for professional caring."
- People's care plans guided staff in how to reduce people's anxieties. For example, one person became anxious when they were not wearing their life-line pendant. The person's care plan contained clear guidance about where staff should hang this when the person took it off to bathe to reduce their anxiety.
- Staff promoted people's independence by encouraging them do as much as they could for themselves. A relative told us, "[Staff] are very good at cajoling and encouraging" their family member.

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

- Staff supported people to make decisions about their care and daily lives. People said staff asked for their views and listened to them. One person said in the provider's quality survey, 'The care workers always have a chat with me and talk me through what they are going to do.'
- Staff told us that some people needed extra support to help them made some decisions. They explained strategies to us, such as providing a limited range of choices or physically showing them the choices (for example clothes, food etc).
- Relatives told us staff involved them in discussions about their family member's care. One relative told us, "They do keep us informed most of the time." However, they said it had taken some before they had received a copy of their family member's reviewed care plan. The registered manager told us she had addressed this during the inspection.
- People's records were held electronically. Where relatives had the appropriate permission, they could access an 'app' on their mobile phones to view their family member's records. A relative told us they had asked for this on several occasions but had not received the information to allow them to do this. The registered manager confirmed information about this was sent to all relatives following our inspection.
- The registered manager was aware of how to refer people for advocacy services should the need arise.

Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

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

- People and relatives told us staff supported people in a way that met their individual needs and preferences.
- People's care plans broke down each aspect of the care and support the person needed. This meant that staff had very detailed, personalised guidance on how to meet each person's needs.
- A staff member told us everyone had care plans and that these reflected people's care needs and preferences.
- Staff reviewed people's care plans regularly and consulted people about them.

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.

- The registered manager told us they were able to provide information in other formats, such as large print, easy-read, and other languages. However, no-one required this at the time of our inspection.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care from a small staff team who got to know people, their needs and preferences, well.
- The registered manager told us they took people's and staff member's personalities and interests into account when allocating staff to cover calls.

Improving care quality in response to complaints or concerns

- Systems were in place to deal with any concerns or complaints.
- People and relatives knew how to complain and had confidence in the registered manager.
- The registered manager had responded to complainants and thoroughly investigated their complaints. A relative told us the registered manager responded quickly to their complaints. They said, "If there is a problem they do try to resolve straight away." They said they were satisfied with the action the registered manager took to resolve their complaint and reduce the risk of recurrence.

End of life care and support

- The registered manager told us staff received basic training in end of life care during their induction.
- No-one was being supported with end of life care at the time of our inspection. The registered manager

told us the service did not provide specialist end of life care but would continue to care for people at the end of their life as the need arose. They told us they would do this with support from external health professionals, such as specialist nurses, following any guidance they put in place. In addition, the registered manager said they would provide additional bespoke training, should the need arise. This would help to ensure staff understood people's wishes, the care they needed and how to provide this.

- People's care plans did not contain any information about their end of life wishes or possible future care needs. The registered manager added information to their assessment and care planning templates to prompt them to explore this with people in the future.

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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and staff were committed to providing a high-quality and person-centred service that was under-pinned by the provider's values of compassion, respect, collaboration and dedication. This was reflected in the positive comments we received about the service. For example, a relative described the provider as a "caring organisation." Another relative told us, "I think we are very lucky to have found them. We are very happy with them."
- The registered manager led by example to create a positive, caring and inclusive culture. Staff felt very well supported by the registered manager and made positive comments about her.
- People's records were well organised and the registered manager checked them regularly to ensure that information was up to date and accurate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and legal responsibilities.
- Staff were clear about their roles and knew when and how to raise any concerns.
- There was effective communication in place to ensure staff were kept up to date with any changes in people's needs.
- The registered manager and the staff team knew people and their relatives well which enabled them to have positive relationships and good outcomes for people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were regularly given opportunities to comment on the service provided. This included formal reviews and surveys as well as informal feedback. Survey feedback was very positive about the staff and the service people received. Everyone said they were 'satisfied' or 'very satisfied' with the service. One person commented, 'Very, very satisfied. [my care worker] is fantastic.' The registered manager told us they were looking for other ways to encourage people and their relatives to feedback about, and influence, the service. This included an office open day in December.
- The registered manager had developed an action plan where they had identified scope for improvement. For example, 50% of people couldn't remember what was in their support plan. The registered manager planned to review the format of care plans and was giving further consideration to using 'easy-read' formats.

- Staff worked well together and demonstrated the values of the service.
- Staff attended regular staff meetings where they had opportunities to discuss their views on the service provided. The registered manager also used it as an opportunity to share, or refresh, staff member's learning. For example, at the last meeting they shared guidance on how to help people avoid falling. Staff told us they found these meetings valuable. One staff member said, "I learn more and more every time I go into a meeting with [the registered manager]." Staff also attended one to one formal supervision as well as meeting with the registered manager and senior staff regularly.
- The management team recognised success and staff member's contribution. For example, the managing director attended the last staff meeting and thanked staff for their work. The provider contributed to an employee 'perks' scheme where staff could get discount in some high street shops.

Working in partnership with others

- Staff worked in partnership with external healthcare professionals to ensure that people received joined up care. For example, they liaised with people's GPs, community nurses, and occupational therapists.