Eternity Healthcare Limited

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Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection of Eternity Healthcare Limited took place on 15 May 2018. This was the first inspection of the service and was announced. This meant the registered provider was given 48 hours' notice of our inspection visit. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us.

Eternity Healthcare Limited is a domiciliary care agency registered to provide personal care to adults with learning disabilities, physical disability, mental health needs, drug and alcohol addiction and older people in their own homes and community. The service operates seven days a week and care packages can vary depending on the individual needs of people. Services provided include assistance with personal care, help with domestic tasks, meal preparation and medicines administration and monitoring .

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. At the time of the inspection Eternity Healthcare Limited were supporting nineteen people with the regulated activity.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

There were systems in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment processes were followed, and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

People were supported in a kind, caring way that took account of their individual needs and preferences.

People were supported to have choice and control of their lives and staff supported people in the least restrictive way possible: the policies and systems supported this practice.

Staff were supported to provide appropriate care to people because they received training, supervisions and appraised. There was an induction, and training and development programme, which supported staff to gain relevant knowledge and skills.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from Eternity Healthcare Limited.

People were supported to maintain their health by being supported to access a range of health care professionals.

People were able to raise any concerns they may have had. We saw the service user guide included 'how to make a complaint'.

We found a system was in place to monitor service delivery. However, we found some aspects of the quality assurance system needed improving.

The registered manager had plans to improve the delivery of the service but further systems needed to be formalised and embedded to evidence continuous improvement of the service provided.

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.

People told us they felt safe.

Recruitment procedures were thorough.

The management of medicines was safe.

Is the service effective?

Good

The service was effective.

Staff received an induction and ongoing training and supervision.

Staff respected people's rights to make decisions about their daily lives.

Staff were provided with supervision and appraisal for development and support.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

People's privacy and dignity was respected.

Confidential information was not shared inappropriately

Is the service responsive?

Good

The service was responsive.

People had care plans in place that were responsive to their needs.

There was a written record of the care and support provided at each visit.

People were confident in reporting concerns to their care worker and registered manager and felt they would be listened to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager had plans to improve the delivery of the service but further systems needed to be formalised and embedded to evidence continuous improvement of the service provided.

Staff told us the registered manager was supportive.

People using the service and staff had limited opportunities to give their feedback and opinions about how the service could be improved.

Eternity Healthcare 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.

We carried out the inspection of the agency office on15 May 2018 and this inspection was announced. This meant we gave the registered provider 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the registered manager, some staff and some people who received support would be available to meet and speak with us. We also spent time talking with people who used the service, their relatives and staff on the 14 June 2018.

The inspection team consisted of an adult social care inspector and one adult social care assistant inspector.

Prior to the inspection, we reviewed the information we held about the service, which included correspondence we had received, and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury. We considered this when we inspected the service and made the judgements in this report.

Prior to the inspection we contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They told us they had no current feedback about the service.

During this inspection, we spoke with two people who used the service and the relatives of one person by telephone to seek their views about the service provided. In addition, we spoke with three care staff over the telephone, the director, the registered manager and the administration worker. We looked in detail at the care records for four people, medicine administration records, three staff recruitment and training files, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

We asked people using the service if they felt they received a safe service. They told us, "I feel very safe yes I do" and "I have no worries about the staff who visit me." One relative told us," I have every confidence in this agency; they keep my relative safe they are really proactive."

People were protected from abuse and avoidable harm. We saw the service had a safeguarding vulnerable adult's policy and procedure. We spoke with staff about their responsibilities for safeguarding vulnerable adults. Staff told us they had received training in their responsibilities for safeguarding adults, and knew what action to take if they witnessed poor practice by colleagues under whistleblowing procedures. Whistleblowing is one way in which a worker can report concerns or unsafe practice by telling their manager or someone they trust. Staff told us they were able to report any concerns to the registered manager and they felt confident they would be listened to and taken seriously.

In each person's care records there was an initial care assessment completed by the registered manager. This included information about any potential risk to the person and measures that were in place to remove or reduce the likelihood of the risk causing harm. For example, one person's care records we looked at who had reduced mobility contained clear guidance for staff on how to support the person safely. This meant that measures were in place to remove or reduce the likelihood of the risk causing harm to the person or staff member.

We saw records of accidents and incidents were maintained, and these were analysed by the registered manager to identify any ongoing risks or patterns. This meant where accidents or incidents had occurred the registered manager appropriate actions to assess what had happened and taken steps to minimise future accidents or incidents.

Staff had been safely recruited. We reviewed three staff personnel files and saw each file contained an application form with a full employment history with explanations for any gaps, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all successful applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

When staff started work at the service they were given information about the service, which included a wide range of policies and procedures. These included equal opportunities, whistleblowing and safeguarding policies.

People's length of time allocated for support varied dependent on their individual support needs. At the time of the inspection, there were nine care workers and the registered manager providing care and support to nineteen people. We looked at the number of planned visits and the total number of hours and found the staffing of the service was adequate to provide safe care. Staff told us, "There are definitely enough staff"

and "It's just very busy, but we always get more [staff] if we are short." One person using the service told us, "Lateness can be an issue sometimes, but they do leave on the specified time, Sundays are particularly bad." We discussed this with the registered manager during the inspection and they informed us they would take immediate and responsive action to look at the times of calls to see how they could improve them.

Systems were in place to reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) where necessary. Staff told us they had access to PPE. However, following the inspection we received a concern about infection control. This person told us, "I had a terrible issue with this; infection control is a very high priority for me. They [staff] aren't washing their hands, they weren't using PPE, they weren't using hot water. I've put notices up in my own home to remind them to wash their hands and use these things. I was appalled by this." We shared this concern with the registered manager who confirmed they would take immediate and responsive action to address this concern.

The service had a comprehensive medicines management policy, which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff received medicines management training and a competency check was carried out annually.

The daily records and care plans around the management of medicines were accurately completed. The care plan had sufficient detail to ensure people received the support they needed. We saw that staff managed supporting people to take their medication consistently and safely. We saw care records reflected the degree of support each person needed, and it was clearly recorded if the person could manage their medicines themselves. Staff completed medicine administration record (MAR) sheets after they gave people their medicines. This showed people had received their medicines as prescribed to promote good health.

The registered provider had a system in place to ensure visits to the most vulnerable people were prioritised in the event of an emergency. These gave information on the action to be taken in events such as fire, flood, severe weather conditions, and loss of power.

Good

Is the service effective?

Our findings

The registered provider completed an assessment prior to people using the service to check whether they could meet the person's needs safely and effectively. If a decision was reached to proceed to offer support, then a support plan and risk assessments were put in place and a start date agreed. A community care needs assessment was also requested from the person's social worker.

The registered manager told us people were encouraged to be part of the assessment process. They told us they asked people's likes and dislikes and about the times, they would like their visit. This may include information about when they liked to get up and go to bed. Times of visits were then scheduled as near as possible to those times.

Staff told us they had completed training, which was up-to-date in areas relating to care practice, people's needs, and health and safety. We saw in staff files there was evidence staff received an induction before they started work. This covered the organisation's policies and procedures, and the basic training they needed to start their roles, and included shadowing a more experienced member of staff before working independently in the community.

Staff we spoke with told us they had received this training and induction, and they found it useful and informative and the training records we looked at confirmed this. The mandatory training included moving and handling training, safeguarding training, medicines training, health and safety training and infection control. Staff told us they felt they had the skills and knowledge to carry out their roles.

The registered manager told us all new staff without previous experience of working in care were registered to complete the 'Care Certificate'. The 'Care Certificate' looks to improve the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Records we reviewed confirmed staff had been provided with regular supervision and appraisal. All the staff we spoke with told us they felt well supported. Staff received regular supervision, which included observations of their care practice. Supervision is a regular planned and recorded sessions between a staff member and their manager to discuss their work objectives and their wellbeing. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually

We saw evidence in the staff files we reviewed there was regular 'spot checks' being carried out on staff. Spot checks are visits, which are carried out by senior staff to observe care staff carrying out their duties to monitor the quality of their practice and to ensure the safety of the people who are being supported. For example, the registered manager would go out and visit people who use the service and at these visits, she would carry out a spot check of staff, audit medicines and update care plans. People spoken with confirmed the registered manager had visited them in their homes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 interest and legally authorised under the MCA. For people living in their own home, applications must be made to the Court of Protection.

We looked at the organisation's policy for gaining consent for the care, which was being provided. We saw the policy was very detailed and explained the need for consent and how this was to be gained. Care staff we spoke with told us they gained consent from people before carrying out personal care and respected people's choice. People told us that when staff were supporting them with personal care they would always ask for their consent before commencing the support. This demonstrated the registered provider was taking the necessary measures to ensure that people had given their consent.

We looked at the care plans and found they were signed by the people to whom they related to show they agreed with them. The care plans we reviewed were for people who were assumed to have capacity, as there was no reason to doubt their ability to make their own decisions. We spoke with the registered manager who understood the need for mental capacity assessments and best interest decisions to be made in cases where people did not have capacity to make their own decisions in relation to the care they received. We saw there was a separate consent form, which was signed where people needed support to take their medicines.

We looked at four people's support plans in the office, which we were told was a mirror image of the records kept in people's homes. We found the assessments and support plans were detailed to ensure staff were able to deliver the support people needed.

We asked staff how they would ensure that people were supported to maintain their health . Staff told us they would always report any changes to the people they supported to the office team after they had gained their consent to do so, who would then contact other health professionals and members of family if appropriate.

Good

Is the service caring?

Our findings

The registered manager had clear visions and values, they told us, "We try to provide a holistic approach, encouraging people to look after themselves. We try to encourage staff to treat the people that they are caring for like their grandmother."

We spoke with staff and asked them how they would ensure they respected people's privacy and dignity. Staff told us they would make sure that doors and curtains were closed when they were assisting people and they would try to keep people as covered as possible.

We saw the registered provider had a comprehensive policy in relation to equality and diversity and information on the subject was included in the induction, which was delivered to all staff before they started work. Staff were able to explain to us how they would be able to meet people's specific needs in relation to their culture or religion.

The registered manager told us they supported people's well-being by working alongside other agencies, for example social services when they carry out assessments, reviews, and other health professionals by sharing relevant information in a timely manner.

Staff told us they understood the importance of encouraging people to do as much as they could for themselves to maintain their independence. For example, one care worker told us, "I encourage them [people using the service] to do as much as possible for themselves, it's important."

The registered manager and people receiving support told us that no visits were missed during recent heavy snow. Staff worked on their days off and walked between visits so that everybody received support. This also demonstrated a caring attitude.

People told us they were involved in writing their care plan and they told us someone from the office had visited them to talk about their support needs. They told us they felt involved in all decisions about their support.

Each care plan checked contained details of the person's care and support needs and how they would like to receive this. The plans gave details of people's preferences so these could be respected by care workers.

We saw as part of each member of staff's induction there was a session on their responsibilities in relation to protecting and maintaining the confidence of the people that they supported. Each member of staff had signed a confidentiality agreement. The information that was held by the service was securely stored. There were paper-based records, which were kept in locked filing cabinets, and information that was stored electronically could be accessed securely from anywhere, which meant that even if the office was not accessible for any reason staff could still access all the key information they would need.

We asked the registered manager whether anyone at the service was using an advocate. We were told that

there was no one using an advocate but if this was required, they would refer back to the person's social care worker.

The service had a policy on advocacy explaining to staff about advocacy to support people to make difficult decisions or those who had no one to act on their behalf.

Good

Is the service responsive?

Our findings

People told us they were well looked after by care staff and that the service responded to their needs and listened to them. One relative of a person receiving support from the service told us, "They [registered manager] are really good and they are very proactive. Any problems I just pick up the phone and speak to [registered manager] and she gets straight back to me. They do more than they actually should."

Staff told us the registered manager was responsive when they raised concerns and they received feedback to say that action had been taken. We saw entries in people's care records, which showed concerns that had been raised and the action taken.

Comments from professionals included, "This agency went above and beyond with their support, care records were up to date, timing of the calls was good etc. Medication was managed well, and Mar Chart [medicines administration record] completed accurately" and "I have no issue with requesting support from Eternity Healthcare Limited as I have always found the [registered manager] to be responsive and happy to communicate as and when issues arise."

We looked at support plans in people's care records. We found staff had access to information and guidance about how to support people in a person-centred way, based on their individual health and social care needs, preferences, likes and dislikes. This included information about people's preferred routines, medicines, dietary requirements, behaviours and important relationships.

We found the care and support provided for people was consistent and responsive to people's individuality and changing needs. It was clear the plans were person centred and reviewed, as the person's support needs changed. The registered manager told us the reviews continued at regular intervals after that, so they were sure they were meeting the person's needs

The service was able to respond quickly to the changing needs of people. For example, where people had hospital appointments in the morning the service amended the time of the visit to ensure where needed the support was provided prior to people leaving home for the appointment.

We looked at the registered provider's complaints, suggestions and compliments policy and procedure. It included information about how and who people could complain to and explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally, for example the local government ombudsman and the local authority.

We saw a system was in place to respond to complaints. We checked the complaints record and found the action taken in response to a complaint and the outcome of the complaint was recorded. This showed any concerns or complaints received would be listened to and taken seriously.

Requires Improvement

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration with CQC. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met.'

During our discussions with the registered manager they were engaging, transparent and clearly passionate about wanting to provide a high-quality service to the people they supported. The registered manager told us they had an 'open door' policy for people receiving a service, their family members and others such as staff.

People told us the strengths of the company were, "They often went above and beyond." People valued the input from the registered manager, and everyone we spoke with knew who they were and how to get hold of them. Staff said the registered manager was very approachable and supportive, and they were confident if they had any concerns or problems they would be listened to and action taken if needed.

The registered manager told us because the service was small they were often out of the office supporting staff or providing care. This meant that they had to divide their time between providing direct support and managing the service.

We asked the registered manager how they monitored the quality of the service they provided. The registered manager told us, as part of the quality assurance procedures, regular spot checks to people's homes took place to check people were being provided with relevant and appropriate support. The audits and spot checks seen identified the actions taken to resolve any issues identified. This meant risks had been minimised and the person's health and safety was promoted.

Each care plan we reviewed contained a care plan audit and action plan document, this evidenced that all relevant documentation was in place for the care plan. Spot checks were also being undertaken to ensure staff were punctual and adhered to people's care plan.

The registered manager acknowledged there were several areas they needed to strengthen. For example, the registered manager told us that although they monitored specific areas of the service there was no overarching quality tool to enable the manager to have oversight of the service. The registered manager told us there were a few improvements that were needed to strengthen the service. These included recruiting extra staff to enable the registered manager to develop systems to help monitor and review the quality of the service and develop systems for obtaining the views of staff, people who use the service and stakeholders to help drive service improvements. These systems needed to be formalised and embedded to evidence continuous improvement of the service provided.

Staff told us they attended periodic team meetings where they could raise issues and discuss changes at the service. They also had an opportunity to share ideas and have discussions with managers at supervision sessions and spot check visits. However, we found no staff surveys had been undertaken to enable them to

share their views anonymously if they preferred. The registered manager told us the was looking at introducing a new system for staff to share their views. Staff we spoke with all said they felt able to approach the management team if they had anything they wanted to discuss or highlight as a problem.

There were a range of policies and procedures available to support the safe and effective running of the service. Staff were introduced to these on the first day of their induction to the company.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.