

Eden Care Services 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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eden Care Services is a domiciliary care service, providing the regulated activity of personal care. The service provides support to older adults, people with physical disabilities and people living with dementia. At the time of our inspection there were 89 people using the service.

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

Medicines were not always managed safely. Records relating to medicines were often incomplete or did not include the necessary information to keep people safe. The medicines audit was not robust or effective in identifying issues relating to medicines. People and their relatives were not always provided opportunity to give feedback on the service they received. We made a recommendation about this.

Risks relating to people's individual health needs were in place, but these required more detail to keep people safe. People spoke positively of the staff approach and received care from consistent and familiar staff. Staff were recruited to the service safely and people were safeguarded from the risk of abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a positive culture at the service, and staff felt valued and listened to. People and their relatives spoke highly of the staff approach and attitude of the management team. The service evidenced continuous learning and development, as well as effective partnership working.

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

Rating at last inspection

The last rating for this service was good (published 6 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eden Care Services Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

We made a recommendation regarding capturing people's feedback.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Eden Care Services Limited

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 2 inspectors 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 November 2023 and ended on 11 December 2023. We visited the location's office on 27 and 28 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 6 of their relatives. We spoke with 7 members of staff including the registered manager, director, a care coordinator and care staff. We reviewed 6 people's care plans and 15 people's medicines records. We reviewed 3 staff files in relation to recruitment. We reviewed a range of records relating to the management of the service including audits, quality monitoring and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. People's medicines administration records (MARs) were at times incomplete or did not contain the correct information. Key details such as people's allergies, date of birth or name of their GP were not always recorded. Directions for some medicines stated, 'as and when required', meaning it was unclear when staff should administer them. There were no protocols to guide staff in when to administer 'as and when required' medicines. Medicine dosages was not always recorded and at times, signatures were missing from the MARs, making it unclear whether medicines had been administered correctly. Where time sensitive medicines had been administered, the time was not always recorded, making it unclear whether medicines doses were appropriately spaced.

This was a breach of Regulation 12 (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received medicines training and a subsequent competency assessment of their ability to administer medicines safely.
- Where people had topical medicines, there were body maps in place to guide staff on how to apply them correctly.

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

- Where people had individual health needs such as diabetes or catheter care, risk assessments were in place and had been reviewed regularly. However, they did not contain enough detail on how to keep people safe should complications arise. The registered manager was in the process of reformatting the risk assessments to ensure they contained sufficient information to keep people safe.
- Environmental risk assessments were completed to ensure staff and the people they supported were safe from environmental hazards. These were detailed and staff understood how to identify risks as well as report accidents and incidents in line with the services policy.
- There were detailed contingency plans in place which outlined how to manage risks associated with unforeseeable events, and staff had access to an on-call system, should they need to escalate accidents and incidents. They said, "I've only used the on-call a few times, they're very responsive" and, "The on-call is brilliant."
- Very few accidents and incidents had occurred at the service and people's feedback confirmed this. Where they had, we saw evidence they had been recorded in detail and measures were taken to keep people safe. People told us their care calls were never missed, and there was an alert system in place to notify the registered manager if staff had not arrived for a care call.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse. There was a safeguarding and whistleblowing policy, and staff knew how to escalate concerns should they need to. A staff member told us, "If you need to report big concerns, I'd go to the CQC."
- Staff had received training in safeguarding and understood the different types of abuse, as well as their signs and indicators. A staff member told us, "People may have erratic behaviours, they may be very tearful or upset, and there might be physical signs such as bruising."
- The registered manager ensured safeguarding referrals were made to the local authority where required. People told us they felt safe whilst being supported by the service. They said, "I always feel safe and confident, they [staff] really know what they are doing" and, "I think the staff make me feel safe because they are very caring and full of knowledge."
- The management team conducted regular unannounced spot checks of staff delivering care, to ensure it was safe and in line with people's needs.

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 MCA 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 Mental Capacity Act (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.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where people lacked capacity to make a certain decision, they were supported to undertake a mental capacity assessment. Where required, best interests' decisions were made and recorded to ensure people's rights and wishes were respected.
- Where people had a lasting power of attorney in place, evidence showed the service checked to ensure this was accurate, and the lasting power of attorney was involved in decision making regarding their relative's care.
- Where people had capacity, they had signed consent forms regarding their care and support. Staff understood the concept of the MCA and consent well. They said, "Everyone is deemed to have capacity until proven otherwise. You should never assume" and, "Asking for consent gives the person the opportunity to say yes or no. You must ensure they are understanding what you are asking of them, and they can make the decision based on their capacity."

Staffing and recruitment

- There were enough staff to support people and staff were recruited to the service safely. People's feedback and the services rotas evidenced people being supported consistently and by familiar staff.
- The registered manager ensured all relevant checks were undertaken before staff joined the service, including references, employment history and Disclosure and Barring Service checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People spoke highly of the staff approach when supporting them. They said, "The staff are extremely caring and helpful, they cannot do enough" and, "All the staff have been very good, friendly and very

respectful."

Preventing and controlling infection

- The service managed infection prevention and control well. There was an infection and prevention control policy in place and staff had access to plentiful supplies of personal protective equipment (PPE).
- People were supported by staff who knew how to use PPE effectively. They told us, "The staff always wear PPE" and, "The staff always wear gloves." A staff member told us, "There's always a lot of PPE. We get it from the office and take it around to our care calls."
- Where required, staff supported people with domestic duties in their own homes, which was completed to a high standard. People told us, "They [staff] keep the house clean and empty the bins and generally tidy too, they're all good" and, "I need things in a particular way, they [staff] are all very good and do help me in the way I like. I like to have the shower cleaned in a particular way and they always do that."

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality monitoring at the service was not always robust or effective. The registered manager completed a monthly medicines audit. However, this consisted of noting changes to people's medicines and there were no recorded checks of medicines directions, doses, protocols or staff signatures on people's MARs. The medicines audit failed to identify the issues relating to medicines.

This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans and risk assessments were reviewed regularly and as people's needs changed. The registered manager was implementing a new care plan and risk assessment format to ensure people were supported safely and in line with their changing needs. This included adding more detail to people's risk assessments to ensure they were supported safely.
- Staff understood their own roles and responsibilities well, including how to identify and escalate concerns and request assessments for people based on their changing needs. Staff had access to a responsive management team who supported them effectively.

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

- People and their relatives were not always involved and engaged in providing feedback on the service they received. We saw satisfaction surveys were in place, but people's feedback did not always confirm their involvement. They said, "No, I have not had any forms, but I can just talk to the office" and, "I can't remember feedback forms."

We recommend the provider ensure people's feedback is captured consistently.

- Where people had provided feedback, this was generally positive. Where issues had been identified, there was evidence of recorded actions taken to ensure people's care was improved. The results from people's feedback was analysed to identify key trends and patterns, so the service could implement improvements.
- Staff attended regular meetings and spoke positively about this process. They said, "We have them, [meetings], regularly. We have a catch up about everything, we talk about basic things relating to care, and an update on the people we support" and, "I do attend them, they are good and very useful."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had instilled a positive culture and people and staff spoke highly of the management team. They said, "[registered manager] is extremely helpful, all the office staff are very good, you can talk to anyone" and, "All of the office staff are approachable and helpful."
- Staff knew the registered manager well and felt supported and valued in their working role. They said, "[registered manager] is brilliant. She's a really good manager. She won't ask you to do anything she won't do herself. She's part of the team, she will come out and help. She leads by example" and, "If there's a concern, I'm not afraid to raise it. I feel it's taken seriously. The registered manager is brilliant."
- Staff told us they enjoyed working for the service and being part of a close-knit team, where morale was high. They said, "We all get on really well with each other" and, "It's a very positive team."

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

- The registered manager understood the concept of the duty of candour and worked in an open and transparent way during the inspection.
- The registered manager worked closely with the local authority and safeguarding teams to ensure people remained safe when things went wrong.
- The registered manager ensured statutory notifications were submitted to the CQC for notifiable events.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood the importance of continuous learning and improving care. There was a development plan which outlined key improvements to be made in the new year, including creating a more robust medicines audit and improving record keeping in relation to care planning and risk assessments.
- People told us they were confident in the registered manager's ability to rectify issues if they arose. People said the registered manager was open and approachable and contacted them frequently. Where people's needs had changed, we saw evidence of the service supporting people to ensure assessments were undertaken and professionals were involved in their care.
- People's care records evidenced the involvement of a wide range of health and social professionals, such as social workers, speech and language therapists, district nurses and occupational therapists.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Records relating to medicines were incomplete, missing or did not contain the required information. This placed people at risk of harm.</p> <p>Regulation 12 (1) (2) (g).</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems had not consistently identified and driven improvements.</p> <p>Regulation 17 (1) (2) (a) (b).</p>