

Eclipse HomeCare Limited

Eclipse HomeCare Ltd (Teme Valley Office)

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?	Good ●

Summary of findings

Overall summary

The inspection took place on 3 October 2017 and was announced.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office. A registered provider was in charge when we inspected the service. Registered providers 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. The service currently supports approximately 77 people living in their own home. Staff working for the service were referred to as caregivers.

People and their families spoke warmly about caregivers and felt safe with them in their homes. People and their relatives told us they were familiar with the caregivers visiting their home as they had got to know the pool of staff supporting them over a period of time.

People received care from caregivers who knew about the health conditions that they lived with. Caregivers understood people's individual health needs and any action they needed to take to keep people safe. Some people received support with their medicines and people were happy with the support given. Regular checks were undertaken to ensure people received the correct support with their medicines.

People received care and support from caregivers who in turn felt supported through regular supervision and training. Caregivers could seek advice from the registered manager if they were unsure about aspects of people's care. People felt confident that staff understood how to care for people and had an understanding of their individual support needs.

People's consent was appropriately obtained by staff. Staff had received training about obtaining a person's consent and understood what they needed to do and the importance of people understanding how they were supporting them.

People were offered choices about the meals caregivers prepared for them. People also felt assured that caregivers would seek additional help if they needed it, such help with a doctor's appointment or to contact the emergency services.

People liked the caregivers supporting them who they saw regularly and who they felt had got to know them. Relatives also felt they had developed an understanding with caregivers about their expectations for how their family members should be care for. People's privacy and dignity were respected by staff that understood people's individual circumstances and levels of independence and supported people accordingly.

People felt able to discuss their individual needs and preferences with the registered manager. Preferences

were respected by the registered manager and fulfilled people's expectations of care where possible. People understood that they could complain if they needed to and the process for doing so. People also felt able to share concerns with caregivers if needed.

People's care was regularly checked and reviewed. The registered provider had clear expectations of how the service should be delivered to meet people's need. People found staff working for the service accessible and willing to speak with them to discuss their care needs. The registered provider was working with other stakeholders to develop how they delivered care to improve people's experience of care.

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 and their families felt safe with caregivers in their home. Caregivers understood what they needed to do to keep people safe and reduce identified risks to their health and wellbeing. People received support to have their medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by caregivers who understood people's healthcare needs and the risks associated with their health. Caregivers were supported with supervision and training. People were involved in making decisions about the meals caregivers prepared for them. People felt confident caregivers would access other healthcare advice if needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by caregivers, who people were familiar with and who understood their needs. People were treated with kindness, dignity and respect by caregivers who had an understanding of their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in making decisions about their care and how their care was delivered. People understood that they could complain if they needed to and felt listened to and understood the process.

Is the service well-led?

Good ●

The service was well led.

People's care and the quality of care was regularly reviewed, monitored and updated. People felt able to contact the

registered manager and her team and discuss their care needs.
Staff felt well supported and felt part of a team.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke with five people and two relatives. We also spoke with, three staff, the registered manager and the registered provider.

We reviewed five care records, the complaints folder, recruitments processes, three staff files, minutes of staff meetings, training plan as well as monthly checks the registered manager completed.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us they felt "100% safe" with caregivers in their home. A relative told us they had no concerns about staff in the home when they were not there.

Caregivers were able to clearly describe their understanding of keeping people safe. Staff described having access to training and being able to speak with the registered manager if they were unsure about anything. Caregivers could demonstrate their knowledge by differentiating the different types of abuse. The registered manager understood when to approach the local authority for further advice and guidance.

Caregivers understood the health conditions people lived with and the risks to their health and wellbeing. Information was accessible via their mobile devices for them to refer to. Data security protocols ensure data is secure. Caregivers listed a range of health conditions people lived with and how they tried to minimise risk to their health. For example, one caregiver explained how they were aware of the importance of ensuring people that lived with Diabetes had access to a snack and regular meals.

People we spoke with confirmed the number of staff they expected to attend would arrive to support them. We spoke with the registered provider to understand how staffing levels were determined. They told us that regular reviews were carried out, and that if there was any change in need, staffing levels were adjusted.

The registered provider accepted that staffing retention was a challenge but that they were continually working on ideas to improve the way of working. For example, they explained how they have improved their Emergency Relief Scheme which is a dedicated pool of caregivers who responded solely to occasions when staff had called in sick or there were other pressures on staffing such as holiday periods.

We reviewed how the registered provider ensured the staff they recruited were safe to work at the service. Staff described to us the recruitment process they went through to ensure it was safe for them to work with people. Staff told us the appropriate pre-employment checks had been completed. We reviewed three staff files and saw that Disclosure and Barring Service (DBS) checks were completed prior to staff commencing work. The registered provider did this to ensure all the relevant checks were completed.

People we spoke with were happy with the support they received with their medicines. One person we spoke with told us they felt reassured by the help they received from caregivers. We saw people's records were reviewed by the registered manager to ensure caregivers recorded the correct information for the medicines people received. This was also reviewed when regular spot checks on staff were undertaken. Staff confirmed with us that checks were also completed to ensure staff understood how to support each person with their medicines correctly.

Is the service effective?

Our findings

People and their families told us caregivers understood the help and support they needed. People told us they felt confident around staff supporting them.

Caregivers told us they had access to training and regular supervision. All the staff we spoke with confirmed they had meetings with their line manager where they were able to share any concerns they had as well as talk through their performance as a caregiver. We saw that training was monitored regularly and that opportunities for training were shared with staff so that they could access these.

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 interest 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. We checked whether the service was working within the principles of the MCA. The registered manager also understood the importance of understanding whether a person had capacity to make their own decisions. The registered manager also confirmed they were not currently supporting anyone who had been referred to the Court of Protection.

Caregivers were able to describe to us the importance of obtaining someone's consent when caring for them. Caregivers told us they received training and knew the importance of explaining what they were doing and ensuring the person was happy to receive the care. Caregivers also explained that if they had concerns a person was not able to understand them or they would call the office and share their concerns with the registered manager, for the registered manager to speak with the person's GP and family.

People and their families told us they were supported to maintain a healthy diet. People told us caregivers offered them choices in the meals and drinks they prepared for them. One person told us their family bought them ready made meals but caregivers always checked with them about which one to warm up.

People felt assured that caregivers would contact other health professionals and seek additional help if they needed it. One person told us, "They do call the doctor out. They know when you're ill and you're not yourself." Caregivers could explain to us what they would do if they became concerned about a person. One caregiver explained they had previously called an ambulance when they arrived at a call and found a person unwell.

Is the service caring?

Our findings

People we spoke with spoke warmly of the caregivers supporting them. One person told us about caregivers, "They are very caring." A relative told us caregivers were "Marvellous."

People and their relatives told us they had had the same pool of caregivers to support them and that they found this easier to establish and maintain a relationship with them. One relative told us, "They read the care record and check what the last carers has written for them." People described having their individual care needs and felt caregivers understood their needs. People told us they were familiar with the team of caregivers that supported them. One relative told us caregivers always asked how they were and they felt this helped because they felt they had a friendship with caregivers too.

One person told us about caregivers, "They sit down and have a chat" and this allowed the person to talk with caregivers and share anything important they needed to.

People were involved in their care in a number of ways. People and their relatives told us their relationship with caregivers was a friendly one that had been built over time. They told us it made it easier for them to talk to staff if needed although they felt staff understood their preferences.

Staff we spoke with told us they knew the people they supported well, together with people's family members they lived with. They told us they understood how people preferred to be supported. For example, a caregiver spoke about knowing about how a person experienced anxiety and how they recognised the signs and understood how to reduce the person's anxiety. Another caregiver told us about how they had supported a person's family member when their mother had gone into hospital and how they understood their responsibilities were wider than the person receiving care themselves.

People and their families told us caregivers always treated them with dignity and respect. One person told us they felt caregivers were respectful of their belongings and possessions and were careful with their things. Another person told us caregivers were always gentle when supporting them.

One caregiver told us, they thought treating a person with dignity and respect included "Keeping calm and taking your time" when supporting people with personal care. Caregivers could explain their understanding of supporting people with dignity and respect. Caregivers gave practical examples of how they supported people to maintain their dignity. For example, staff were able to describe how when offering personal care they ensured a person was comfortable with them and that they were able to support the person to maintain independence for the things they could do. One staff member told us that people's independence sometime fluctuated and that they would respond to the person's support level based on how they felt that day.

Is the service responsive?

Our findings

People and their families told us they discussed with caregivers and the registered manager how they preferred to be cared for. One relative told us they had discussed their family member's care needs with the registered manager before the care package commenced and this had been reviewed regularly. People told us they were able to share their feedback on the times of call as well as what they thought about the caregivers supporting them, so that the registered manager could check people were happy with the care received.

Caregivers we spoke with could describe the individual needs for people they supported. Caregivers could explain how family members were also affected and how they worked with relatives to reassure them as well as provide care. For example, one caregiver explained how a person's family lived far away. With the person's permission, they spoke to their family when necessary to keep them up to date as well as take on board their thoughts about supporting their family member.

People and their families told us they could speak to the registered manager at any time to discuss care needs but that they were involved in regular planning meetings. One relative told us they had recently met with registered manager and discussed their family member's care. People and their families understood that they could speak with staff and the registered manager if there were aspects of the care they wanted to change. A person told us they were happy with the caregivers supporting them but had feedback on a caregiver they preferred not to be supported by and that had been respected by the registered manager.

People and their families were invited to feedback what they thought of the service through completing questionnaires. Questionnaire results we reviewed demonstrated people were happy with the service they received. Results of the questionnaires were available for staff to also review so they understood what people using the service thought about it.

People and their families understood the process for raising a complaint and felt confident in speaking to the administration team and raising a complaint if needed. The registered manager showed us their system for dealing with complaints. We looked at how complaints were reviewed and how the registered provider was involved in resolving complaints where necessary. People and their relatives told us they felt able to speak to caregivers and share concerns if they had any if they did not want to raise a complaint. People felt assured their concerns would be acted upon and efforts made to resolve them if needed.

Is the service well-led?

Our findings

People told us they felt able to contact the administration office staff and speak about issues affecting their day to day care needs. One person told us if they called the administration office staff "They would sort things out." People felt reassured they would receive a response to their query should they have one. People said they could contact office staff when they needed to.

Caregivers spoke positively about working with the registered manager and about working for the service. Caregivers spoke warmly of the registered manager and felt able to speak with her whenever they needed to. One caregiver described the registered manager as "Easy going and friendly" and told us they felt part of a team.

People's experience of care was reviewed and monitored regularly. The registered provider explained how they assured themselves of the quality of care people received. They had Key Performance Indicator targets for areas of the business such as staff retention, complaints as well as the timeliness of call. They showed us minutes of regular meetings where performance against targets were discussed and reviewed. The registered provider was also keen to explain how action was taken when issues emerged. They explained to us how they were continually working to improve the culture within the service to ensure that staff feel valued. One of the Directors showed us badges Caregivers received for their length of service. There was also an employee of the month initiative, where each month a Caregiver received recognition for their work.

The registered provider also described other ways in which they tried to encourage their staff to feel valued. An annual barbeque was held to thank staff for their hard work. The registered provider also had a pool car that staff could use when they did not have access to their own transport so that people using the service did not experience interrupted service.

The registered provider described some of the ways in which they were hoping to explore improving outcomes for people needing care. They hoped to do this by better understanding what people needed support with to maintain their independence and allow them to live at home for longer. The registered provider had worked with the University of Newcastle to identify ways of reviewing and improving their practice to benefit people using the service. The Registered Provider also explained how they worked with the local authority to help better understand how to improve the quality of care people received.