

Eclipse Home Care Limited

Eclipse Home Care

Inspection report

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Date of inspection visit: 17 and 20 November 2015
Date of publication: 08/02/2016

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	

Overall summary

The inspection took place on 17 and 20 November 2015 and was announced.

The service provides personal care to people living either in their own home or the home of a family member. At the time of the inspection, approximately 180 people used the service and a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Care staff at this service are known as caregivers. People felt safe with the caregivers that supported them within their home. Caregivers understood what is meant to safeguard people, recognised different types of abuse and knew who to report their concerns to.

People were supported by the numbers of caregivers that were required to help them based on their individual care needs. People were happy with staffing levels and caregivers also thought there were sufficient caregivers on duty.

Summary of findings

People's health and risks to their health were understood by caregivers. Caregivers understood what was required to care for people and what action to take if they became concerned about a person's health.

People were cared for by caregivers that had completed the necessary pre-employment checks to ensure it was safe for them to work at the service.

People were appropriately supported by caregivers to take their medicines. People's medicines were checked regularly to ensure caregivers assisted people in accordance with how medicines were prescribed.

People were helped by caregivers they had confidence in and who they felt understood what was needed to care for them.

Caregivers were regularly supervised so they could feedback issues or concerns they had or request further training. Training that caregivers completed was monitored so that caregiver's knowledge kept up to date.

Caregivers understood how to obtain people's consent. The registered manager acted within the requirements of the law and acted within the obligations placed upon them.

People liked and valued the caregivers that supported them. People were familiar with the caregivers, who attended to them regularly and who as a consequence

people felt better understood their support needs. People were supported by caregivers that spoke affectionately about the people they cared for and took pride in their role and how they supported people.

People were treated with dignity and respect and caregivers understood how they needed to incorporate this in the way they cared for people.

People received care that was based on their up to date needs and preferences. People were involved in making decisions about their care and also feeding back what they thought about the care they received.

People understood how to complain although did not always complain because any issues they had were resolved by caregivers or by the management team.

People were familiar with the registered manager and understood that they could approach him with any changes in care needs or any other issue relating to the service.

Caregivers enjoyed working at the service and described a supportive environment where caregivers felt valued and listened to by the registered provider and registered manager.

The quality of care people received was regularly monitored to ensure people were happy with their care.

Summary of findings

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. People were familiar with caregivers who understood what action was needed to keep people safe. People received their medications as prescribed and were supported by sufficient caregivers. Caregiver's suitability to work with people had been checked before they started employment.

Good



Is the service effective?

The service was effective. People were cared for by caregivers who understood people's health needs and the risks associated with their well-being. People were supported to make choices about their care.

Good



Is the service caring?

The service was caring. People were cared for by caregivers they were familiar with and had developed good relationships with caregivers. People were treated with kindness, dignity and respect.

Good



Is the service responsive?

The service was responsive. People were involved in shaping their care and deciding how their care needs were met. People understood how to complain using the registered provider's complaint's process.

Good



Is the service well-led?

The service was well led. People's care and the quality of care was reviewed and adjusted based on their needs frequently. People's choices were reflected in the service people received.

Good



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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 17 and 20 November 2015 and was announced. The registered provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available. 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. We looked at the information

we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care. This also included any safeguarding matters.

We asked the local authority if they had any information to share with us about this service. The Local Authority is responsible for monitoring the quality and funding for some people who use the service.

As part of the inspection we spoke to 10 people receiving care from the service. We also spoke with three relatives, six care caregivers, the training coordinator, a team leader, the registered provider, the registered manager as well as one of the company directors.

We reviewed the care records held at the office for five people and three caregiver's recruitment records. We also viewed records relating to the management and quality assurance of the service including monthly checks. We also looked at newsletters, minutes of caregivers meetings, minutes of management meetings, complaints and compliments received as well as feedback people completed on the service they received.

Is the service safe?

Our findings

People and their families told us they were safe and they felt comfortable and at ease with caregivers coming into their homes. When asked if people felt safe one person told us, “Oh yes. I’ve no reason not to.” Another person told us, “I don’t think they’d steal anything.”

Caregivers were able to clearly describe their understanding of safeguarding and keeping people safe. Caregivers told us about training they had received on the subject and could also explain to us what it meant to safeguard people who used the service. For example, caregivers were able to describe different types of abuse that people needed to be protected from and who to report their concerns to. The registered manager also understood their obligations to report safeguarding concerns and confirmed caregivers training on the subject was regularly reviewed and monitored.

People we spoke with told us the expected number of caregivers that should be providing care to them attended. We spoke with both the registered provider and registered manager who confirmed that current staff levels were appropriate for the care needs of people they supported. Contingency plans were in place so that Area Team Leaders could provide care if there were ever any occasions when extra caregivers were needed. Caregivers said staffing levels in place enabled caregivers to support for people in the way that met their care and safety needs. For example, some calls required two caregivers to assist and all caregivers we spoke with confirmed that in those instances, two caregivers attended.

People’s health and risks to their health were understood by caregivers who knew how to keep people safe. For example, caregivers understood how to care for people living with diabetes and dementia. Caregivers were able to describe what they would do if they became concerned about someone’s welfare. For example, one caregiver we spoke with told us they would call the office or contact the

person’s family if they concerned about someone. We saw the registered manager completed regular risk assessments of both the people using the service as well as the environment caregivers worked in. For example, the health of one person using the service deteriorated. The registered manager described working with health professionals and the person’s family to better understand their needs. In this way, caregivers were able to continue to provide care in the best way for the person. There had also been an incident when a caregiver had been the subject of abuse and the registered manager described how they protected the caregiver from returning to that environment.

Caregivers described to us the recruitment process they went through to ensure it was safe for them to work with people. Caregivers told us the appropriate pre-employment checks had been completed. Caregivers completed CRB checks (Criminal Records Bureau) to ensure it was safe for them to work at the service.

The registered manager said these checks helped ensure that suitable people were employed and people were not placed at risk through their recruitment processes.

Not all people required support with their medication. People that did receive support confirmed that caregivers explained their medicines to them and prompted them to take them. One person told us, “They give me my medicines and they explain them to me.” Another person told us, “They always make sure they ask – ‘have you taken your medicines?’” Caregivers we spoke with confirmed if medication for people was changed or if people needed extra medication this was recorded in the person’s care plan. Information was also passed to caregivers from the office, detailing changes so caregivers would have the most up to date details on how to meet people’s care and safety needs. Regular checks were carried out on caregivers to ensure they understood how people should receive their medicine as well as whether people were supported appropriately by caregivers.

Is the service effective?

Our findings

People told us they felt caregivers supporting them understood how to care for them. One person told us, “They train them up well.” Another person told us how they felt caregivers were introduced to them as well as what was needed to care for them, they told us, “They always come out with someone they’ve shadowed before.” A further person told us, “They never send anyone around who doesn’t know what they’re doing.”

Caregivers confirmed to us that they received support and regular supervision from their manager. Caregivers described regular meetings where they were able to raise issues of concern to them. One caregiver described how they had recently joined the team and had found the environment very supportive. Monthly induction training took place for new caregivers which was delivered in house. The registered manager described to us the training and told us they had chosen to deliver the training themselves to assure themselves of the quality and consistency of training.

Caregivers described to us training they were receiving so people would be supported in the best way for them. All caregivers we spoke with told us the training they had received had prepared them well for their work and in cases where people had specific needs, additional training was provided. For example, one caregiver told us, “One lady needed a hoist. We got training on using the hoist and the slide sheet.” The registered manager told us about one person they had cared for who had a rare health condition. Training was arranged for caregivers supporting the person so caregivers were better able to help the person. We also saw that newsletters were used to highlight issues the management team wanted caregivers to be aware of. For example, we saw that caregiver’s newsletters contained information to caregivers on caring for people with dementia as well as encouraging caregivers to increase people’s fluid intake.

We spoke with the training co-ordinator to find out how caregivers training needs were assessed and how caregivers’ training was monitored. Training was monitored using an electronic database that identified when caregivers’ training was beginning to expire so that further training could be organised.

Caregivers described regular staff meetings. Caregivers told us they were able to contribute ideas for discussion at team meetings by adding their suggestions on a notice board from which the agenda for team meetings was formulated. Caregivers told us they fed back their views on a number of areas. For example, caregivers had fed back on concerns they had when caring for people and some of the difficulties they had faced and these were listened to and solutions offered by the management team.

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

We saw that where appropriate people who required checks on their capacity to make decisions received these. We saw examples where decisions had been made involving the person and their family in order to make decisions in the person’s best interests. For example, one person had previously been self-medicating but a decision was made to prompt the person in future, so the person would be supported to take the correct medication and would be able to retain some independence. The registered manager understood the process for referring matters to the Court of Protection if they needed to.

People were supported by caregivers where appropriate to prepare meals of their choice. People we spoke with told us that caregivers asked them for their preferences when preparing their meals. One caregiver told us, “Even if the family leave something, I always still ask.” One caregiver told us they always ensured people had access to drinks before they left. Another caregiver told us they always liked to make people a cup of tea before they left. Caregivers we spoke with also had an understanding of people’s dietary needs. For example, one caregiver described caring for someone living with diabetes and ensuring they had access to sufficient snacks.

Is the service effective?

People's wider health needs were understood by caregivers who knew when further help should be sought. For example, one caregiver described how they contacted the office when they became concerned that someone was unwell. Another caregiver also told us they ensured the

caregivers that took over their shift were advised of any concerns they may have about a person's health so they would monitor the person and seek help if the person's health deteriorated. Another caregiver told us, "Sometimes I call the doctor, the dentist and hospital."

Is the service caring?

Our findings

People spoke positively about the caregivers who cared for them. People described having regular caregivers that they were familiar with who attended to them and who understood their care needs. One person described the caregivers as “Absolutely brilliant.” Another person said, “Wonderful. I couldn’t live without them. I’ve made friends.”

Relatives we spoke with were also complimentary about the caregivers and the relationships they had built with their family members. One relative told us their family member was “Made up with the carers.” Another relative described how their family member liked dancing and caregivers would always chat to their family member about their youth and interest in dancing.

Caregivers we spoke with also talked with pride about the people they cared for and spoke affectionately about them. A caregiver told us, “I always do extra stuff. I put in a light bulb and they like that.” Caregivers also told us attending regular calls helped them to understand people’s needs better and gave them job satisfaction with their work because of the relationships they had built. Caregivers we spoke with also thought highly of each other and valued the input other care caregivers had into the service. One caregiver told us “I think we’re lucky. We’ve got some really good carers.”

People described how caregivers supported them to make decisions about their care. One person told us they had “Review meetings with the Team Leader every six months.” Relatives also described how they were involved planning their family member’s care and they valued being able to contribute to the care planning process. One relative told us of caregivers, “They know what mum likes.” Caregivers could describe different people’s preferences to us. For example, caregivers told us, “One person likes food cold and another lady likes a warmed plate.” Another person told us that they liked to have a shower on some days, but a bath on others, and caregivers knew this and supported them to have this. One caregiver told us, “I always ask if there’s anything else I can do.”

People told us the way care was provided by caregivers allowed them to retain their independence where possible. One person told us caregivers were “Very respectful.” Another person told us, “They always treat me very well.” People described how caregivers respected their property and their possessions and always left their house as they could expect it to be left.

Caregivers spoke with confidence about the ways in which they assisted people to maintain their dignity and respect. One caregiver told us, “Most people need personal care.....you need to explain what you’re doing.” Another caregiver told us, “I ask if they (people) can do it themselves. Sometimes I help finish off and step in.”

Is the service responsive?

Our findings

People we spoke with were able to tell us about ways in which the registered manager involved them to adapt care to their individual needs. People we spoke with told us that they were asked a number of questions before their care began so that the registered manager could arrange the most appropriate care for them. We reviewed five care plans and saw people's care was amended as their needs changed. One person told us "Everything I ask them to do, they do."

The registered manager described how people's individual care needs were reviewed regularly to ensure caregivers met people's needs in the most appropriate way. For example, the registered manager told us about one client who had access to another care provider and regularly called them at times when this was not always appropriate. The person's care was reviewed and a call brought forward so the person had access to care sooner to reduce their anxiety. Another person asked for their care to be spaced further apart to accommodate their medication needs and this was also done, so the person received care in the best way for them.

Caregivers understood each person's individual care needs and could describe them to us. Caregivers said that information in people's care records supported them to meet people's needs and any new information they should be aware of was entered onto the integrated care management system and would immediately appear as an alert on the mobile phone supplied to all staff. We looked at care records for five people and could see people's likes and dislikes were recorded as well as details of their care requirements. People we spoke with confirmed their

individual needs were met. Where more complex specific needs were identified, caregivers were made aware of how to support the person. Caregivers told us they were supported to adapt to people's individual needs when these changed.

Caregivers told us they felt supported by the registered manager and office staff. For example, four caregivers described how they did not always have to speak to the registered manager because any issues they had were resolved by the office staff in the first instance. Caregivers confirmed they were given their rotas in advance so they always knew where they would be working. Caregivers described their pride in recognition of their efforts. Feedback received from people was given to caregivers, as well as included in the caregivers' newsletter which caregivers received. The registered provider described how they had listened to caregivers' feedback about uniforms and made changes to the uniform as a result.

People we spoke with shared their feedback in a number of ways. Questionnaires people completed were analysed and collated to identify trends. The registered manager showed us how detailed notes were kept to understand what people thought of the service they received. Results of questionnaires were shared with caregivers so that caregivers also knew what people thought of the service.

People we spoke with understood how to complain but did not always choose to complain formally. For example, one person told us that they liked to speak to the office staff and resolve their queries. We saw that the registered manager had a system for recording and acknowledging complaints and that information from complaints was shared with the management team to consider.

Is the service well-led?

Our findings

The registered manager had worked at the service for a number of years and described a close working relationship with the registered provider. Both understood each other roles and each other's expectations for how the service should deliver care. People we spoke with were also familiar with the registered manager and confirmed they spoke with him at care review meetings or if they needed to make a change to their care plan.

Caregivers we spoke with were positive about their work and how the service ran to support them. One caregiver described their work as "Fantastic." One caregiver told us, "If you're good to them (management). They're good to you." Another caregiver told us, "I love it. Both (the registered manager and the registered provider) make you feel really appreciated." All caregivers we spoke with confidently stated that they felt encouraged by the registered manager. One caregiver described the registered manager as "approachable." Another caregiver told us, "He's really supportive...he takes time to sit down and listen and feeds back." Caregivers we spoke with described a relaxed and friendly relationship with both the registered provider and registered manager. For example, one caregiver described how when they first joined the service they were nervous but the registered manager had encouraged them to grow in confidence in their ability. An annual BBQ was also arranged in order to reward and thank caregivers for their contribution to the service. The registered provider also described how they wrote hand written notes to thank caregivers where they thought caregivers had done a good job.

The registered provider demonstrated to us how they ensured that the quality of people's care was monitored regularly. We saw the registered provider had established

KPI's, (Key Performance Indicators), to monitor the service that was delivered. KPI's are targets used to measure the quality of service delivered by a provider. A monthly management meeting reviewed quality, incidents, complaints as well as performance in order to monitor progress against targets. Where anomalies arose, these were highlighted by the registered provider for the registered manager to action. For example, incidents are reviewed monthly. The registered manager noticed a trend in incidents involving people living with diabetes. To limit the possibility of an error in self-administering medication, the registered manager recommended medications are prepared in pre-packed dispensing systems.

People we spoke with told us about the ways in which the care and support they received was reviewed to ensure they were happy with the service they received. People told us about spot checks that were completed by office staff as well as phone calls they received from the office to check they were satisfied. Included in the spot checks were the timeliness of caregivers, how they supported people, whether they completed people's records appropriately and whether gloves and aprons were worn by caregivers. Feedback from people was used to influence how the service ran. The registered provider and registered manager took pride in the service being delivered and this flowed through to the caregivers caring for people.

The registered provider described plans they had for the service and how they envisioned achieving these. For example, there was going to be a greater emphasis on working with people living with Dementia and work had already begun to recruit a Dementia Champion from the relatives of people who had previously used the service. Their input would help feedback on what could be done to improve the care for people living with dementia as well as supporting family members.