

Eclipse HomeCare Limited

Eclipse HomeCare

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

About the service:

Eclipse Homecare is a domiciliary care service providing support to people in Worcester and the surrounding area. At the time of our inspection the service was supporting approximately 200 people.

The service refers to people it employs to support people as 'caregivers' so we have used the term 'caregivers' throughout this report.

People's experience of using this service:

People using the service spoke highly of the care and support they received. People felt they had a regular team of caregivers who knew them well.

People were encouraged to remain as independent as possible and told us that caregivers would encourage them to do the things they could for themselves. People told us they did not feel rushed when they were being supported and felt their caregivers had enough time to spend with them.

Caregivers told us they felt well trained and supported and felt able to raise any concerns or suggestions with management.

The service had recently completed a pilot with the local authority to give people more flexibility in how they were supported and what they wanted support with.

People's needs and preferences were included in their care planning, reflecting their cultural backgrounds. People told us they felt involved and able to contribute to their support plan and that their choices were respected.

The culture of the service encouraged people to speak up where they felt things could be improved or were not working well. The management of the service responded to complaints positively and used them to try and improve the service.

The management of the service tried different ways of engaging with people to improve the service and reviewed how effective they had been.

Rating at last inspection:

Good (8 February 2016)

Why we inspected:

This was a planned inspection based on the rating of the service at the last inspection.

Follow up:

We will continue to monitor the service through information we receive and future inspections.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Eclipse HomeCare

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one Adult Social Care Inspector and one 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 and caring for older people.

Service and service type:

Eclipse Homecare is a domiciliary care service. It provides personal care to people living in their own houses and flats in the community. It provides support to adults, including people with dementia.

Not everyone supported by Eclipse Homecare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the registered manager is also the registered manager at other locations and we needed to be sure that they would be available.

Inspection site visit activity started on 13 February and ended on 18 February 2019. We visited the office location on these dates to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information we held about the service including notifications the service was required to send us about things happening in the home, information from other stakeholders, for example the local authority and information from members of the public. In addition, the provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with six people using the service, one relative of a person using the service and seven caregivers. We also spoke with the nominated individual, registered manager and five members of the office team. We reviewed care and medication records of four people, recruitment files of two people, records of accidents and incidents and complaints, quality assurance audits performed by the provider and observed induction training.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. People we spoke with told us, "I feel 100% safe because I trust the caregivers." Another person commented, "Most definitely, they know what they are doing."
- Caregivers underwent training in safeguarding people and understood their responsibilities and signs that may indicate a person was at risk of abuse.
- Both people using the service and caregivers told us they felt happy to raise any concerns they had and knew who they could speak to.

Assessing risk, safety monitoring and management

- Risks to people were assessed and their care records identified the risks and what steps caregivers should take to help keep people as safe as possible.
- Care records detailed any specialist equipment people used and how caregivers needed to use it.
- People's safety was kept under review to ensure they were receiving appropriate support.

Staffing and recruitment

- The service took a values-based approach to recruitment rather than a skills-based approach. The Human Resources Director explained, "All you need is a caring heart, we can give you the rest."
- Staffing requirements were assessed before referrals were accepted for new people needing support to ensure staffing levels were safe.
- Appropriate checks were done on the background and character of applicants before they were offered employment. These checks included checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.
- New caregivers underwent a comprehensive induction and shadowing process. Part of the induction process highlighted common problems experienced by new caregivers to reassure workers and to encourage them to raise anything they were concerned about.

Using medicines safely

- People told us they received the support they needed to take their medicines as they had been prescribed. One person told us, "I take a lot of tablets and they check I take them on time."
- Where people received support with their medicines, their records indicated the sort of support they needed, including guidance for specific medicines that had been prescribed to be taken as and when they were needed (PRN).
- The service assessed how people could best be supported to take their medicines safely. If a safer way for people to take their medicines, such as asking the pharmacy to pack medicines into a blister pack, this was requested.

- Records relating to the support people received with their medicines were audited to identify any errors and prompt action was taken when errors were identified.

Preventing and controlling infection

- People using the service told us caregivers used appropriate infection control techniques when they were being supported. One person told us, "They wear gloves and aprons and they put clean ones on after touching different parts of my body."
- Caregivers underwent infection control training and were aware of importance of protecting people from the risk of infection.
- Stocks of personal protective equipment such as disposable gloves and aprons were available for caregivers.

Learning lessons when things go wrong

- Incidents and accidents were investigated to identify the cause of the issue and any learning that could be taken from it. The service had an incident tracking system which allowed members of the management team to identify trends and themes.
- Learning from incidents was communicated to staff across the company through training, newsletters and through supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service had recently completed a pilot with Worcestershire County Council to trial a way of supporting people. This focused more on the outcomes the person wanted to achieve and what support they needed to achieve these. The nominated individual told us the pilot had been very positive for people and they were meeting with the local authority shortly after our inspection to discuss the pilot, in the hope it would be rolled out throughout the county.
- Records we looked at showed the level of support people needed to do a variety of daily tasks had been discussed and agreed with them.
- People's care records reflected their choices and the outcomes they wanted to achieve. People's outcomes reflected their cultural choices and backgrounds.
- The service trained staff in care planning following national guidance.
- People's care plans were available for caregivers through a secure mobile phone system so they could read a person's care plan before they visited them.

Staff support: induction, training, skills and experience

- Additional support needs for new caregivers were identified through the induction training and work shadowing to ensure that caregivers had the required skills before they were allowed to work unsupervised.
- Caregivers told us they felt they were well trained and they could ask for additional training if they wanted it. One caregiver told us, "The training is brilliant; they're on it all the time."
- Caregivers told us they felt very well supported. Comments we received included, "The shadowing was really good. The girls were fantastic", "There is always on-call or the office if you're stuck. Any problems, they are really helpful. We can ask colleagues too, they're lovely" and "There's an honesty [with management] that they don't want you to fail and if they can support you they will. I've never felt unsupported here."

Supporting people to eat and drink enough to maintain a balanced diet

- Any support people needed to maintain a healthy diet was identified through the care planning process and where appropriate additional records were used to monitor how much people were eating and drinking.
- A person we spoke with told us, "I choose my own food and they put it in front of me. They ask if I would like a tea or coffee and they are very polite." Another person said, "I have a flask that is filled every day by them so I always have a hot drink available."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were referred to other organisations such as the local authority falls team or district nurses where

support from those professionals was needed.

- Caregivers we spoke told us they felt confident phoning the GP or emergency services on behalf of people if they were unwell.
- The service had good working relationships with social workers and worked well with them to achieve good outcomes for people

Ensuring consent to care and treatment in line with law and guidance

- The service worked within the principles of the Mental Capacity Act (MCA).
- People's capacity to make decisions was assessed. Where people weren't able to make decisions for themselves the service worked with relatives, friends, caregivers and other professionals involved in their support to decide what would be in the person's best interests, in line with the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us the caregivers knew them well and respected their culture and choices. One person told us, "They know I am very fussy. They know I have a faith and respect that. They are very good. We spoke about my preference of female caregivers when they took over my care." Another person told us, "They know I like to get dressed in the bathroom rather than the bedroom and know I like to go to bed for a rest."
- The service worked hard to ensure people were visited by the same caregivers as much as possible through having regular shift patterns for caregivers and allocating the visits permanently to the same staff.
- Caregivers we spoke with told us, "When I started I did three days shadowing on my own round and I got regular people straight away." Another caregiver said, "You get regular clients so you learn how they like things done and build a rapport with them."
- Caregivers gave us examples of how the rapport they had built with people had helped them support people. One caregiver explained, "We have a person who was in the Army so we learned the Army slang for things and that encouraged them to eat."
- People told us they didn't feel rushed as they were being supported. Comments we received included, "They seem to do a lot of talking. We talk as things go along and always have time for a chat at the end" and "It's essential [not to be rushed] isn't it? You don't want them whizzing round."

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

- People told us they felt involved in how they were supported. One person we spoke with told us, "Goodness me, yes! I make all of the decisions." Another person told us, "Every time they come they always ask if there is anything else they can do and they always make sure I have what I want close by."
- When people indicated they wanted family members to be involved in their care this was supported. We saw records identifying who people wanted to be involved in their care planning and reviews. Relatives we spoke with confirmed they also felt involved in their relative's care.
- At the time of our inspection the service was changing the way information was stored on its rostering system to make it clearer the individuals people wanted to be involved and contacted regarding their care and support."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as they could. One person we spoke with said, "They always let me clean my teeth. They give me a cup so I can swirl the water. I can do little things that keep me a bit normal." Another person told us, "They make sure that I try to do things myself; they let me do bits myself."
- People told us their privacy and dignity was well maintained. One person said, "When I have a shower they put towels round me and close doors." Another person told us, "They are very good, they're not invasive in

any way."

- Caregivers we spoke with understood the need for protecting people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records contained information about the background of the person, their life history and things that were important to them.
- Any communication needs the person had were identified and recorded in their care records and on the service's rostering system. These were flagged up to caregivers allowing them to adapt the way they communicated with people.
- Large print and audio versions of documents were available for people if needed.
- Regular reviews were undertaken with people to ensure the support they received continued to meet their needs and what the person wanted to achieve.
- People were encouraged to participate in community activities and the service helped publicise events that may have been of interest to people.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. Where people had complained they were very satisfied with how their complaint was dealt with. Comments we received included, "I only complained once in the beginning and the outcome was tremendous" and "The only concern I had was about the time at night they came. I told the office and they have now brought it forward which is great."
- The culture of the service was that complaints were welcomed as an opportunity to improve. This culture was understood and supported by caregivers we spoke with. One caregiver told us, "I've raised concerns and was made to feel valued and looked after. I felt I was heard and things have changed."
- The service recorded all complaints and concerns and these were discussed at regular management meetings to identify any improvements that could be made to the service, and other services run by the same provider.

End of life care and support

- All caregivers underwent training in supporting people as they neared the end of their life and additional training was available for caregivers if they wished to learn more.
- Where people needed support at the end of their life, the service worked with other healthcare professionals such as GPs and district nursing teams to ensure the person received the support they needed and wanted.
- People were made aware of Lasting Power of Attorneys (LPA) and were directed to the LPA website for more information. If people needed support to set one up the number of a local solicitor was provided.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team were clear that they wanted to promote a fair and open culture within the service. Staff we spoke with confirmed they felt the management supported that culture.
- Caregivers we spoke with told us they were proud to work for the service. One caregiver told us, "I'd heard Eclipse were good to work for and were very fair through other caregivers and a person who used Eclipse [to support] a relative. I've found them really kind and supportive." Another caregiver told us, "It's a culture where people will ask for help. They all want to support you."
- People using the service also felt the culture was open and honest. One person told us, "I know who runs the office and they are very approachable." Another person confirmed, "When I phone up they always try and help."

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

- The service had a registered manager in post.
- The registered manager understood their regulatory requirements and their duty to notify CQC and other organisations of certain incidents that may happen.
- The manager was well supported by other staff in the office. Staff had a clear understanding of their roles and responsibilities.

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

- The service conducted regular surveys of people using the service and their families. To try and increase the number of people completing the surveys Area Team Leaders took surveys with them when they visited people to review their care and assisted people to complete them.
- An anonymous questionnaire was also sent to caregivers every year. We saw how results of surveys were analysed and acted upon to try and improve the service.
- Regular team meetings and newsletters were sent to staff to explain developments in the service and issues workers needed to be aware of.
- The service had asked people using the service and staff how they could better communicate and engage with them and had put in place an action plan to improve engagement.

Continuous learning and improving care

- The management of the service were keen to trial different ways of working and had participated in a pilot

scheme with the local authority to deliver support for people in a more outcome-based way.

- The service was also piloting the use of digital pens by caregivers to see if daily care records could be visible immediately to staff in the office.
- The service worked to nationally recognised standards of quality and kept its service under review as new guidance and best practice was published.

Working in partnership with others

- The success of the pilot scheme relating to outcome based commissioning and care demonstrated the service worked well with a variety of organisations including the local authority commissioning and social work teams, Newcastle University and local GPs and district nursing teams.
- The nominated individual was keen to promote the service and was the chair of the local provider group at which they shared good practice and promoted the value of domiciliary care.
- The service recognised the importance of different organisations working in partnership to ensure people received the support and care they needed.