Summer House Limited

Eldercare

Inspection report

Pickering House
Eastgate Square
Pickering
North Yorkshire
YO18 7DP
Tel: 01751 475128
Website: www.eldercareryedale.co.uk

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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

Overall summary

We undertook an announced inspection of Eldercare on 15 May 2015. We told the provider two days before our visit that we would be coming.

At our last inspection on 4 July 2013 the provider was meeting the regulations that were assessed.

Eldercare provides care and support to people who need help to remain at home. At the time of our visit 70 people were receiving a personal care service.

Although there was an established management team in place the service did not have a registered manager, which is a requirement of their registration. 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 2008 and associated Regulations about how the service is run.

Summary of findings

We saw that information which would be available to prospective and existing people using the service and their relatives was out of date. This included information on the provider's website, the complaints procedure, the Statement of Purpose and the Service User Guide. However, during our visit the provider showed us the new policies and procedures manual that they were going to introduce.

Although information in the complaints procedure needed updating we found that people knew who to speak to if they had any worries or concerns. People were satisfied that any complaints they had raised had been dealt with to their satisfaction. They told us they were always treated with dignity and respect.

We found that effective arrangements were in place to safeguard people and to promote their wellbeing. People were supported by care workers who had the right mix of skills to make sure that practice was safe and they could respond to unforeseen events. People spoke positively about their care workers and said that they received a consistent, reliable service.

Care workers had received appropriate training including training in safeguarding adults and on the safe administration of medicines. Care workers were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people with their care and support needs.

Improvements were required to the regularity and documentation around care worker's supervision sessions. However, there were regular team meetings where care workers could meet together and discuss new ways of working, changes to legislation and share good practice.

Safe recruitment practice was followed, which minimised the risk of appointing someone unsuitable for the job. We found that people's care was designed to meet people's care needs in a responsive, personalised way.

There were examples of good partnership working that enhanced people's care and wellbeing. This included informal training arrangements with a nearby care home and joint working with the hospice, Marie Curie and Macmillan Nurses, end of life charities and the Malton (Ryedale) Community Response team. These arrangements were used to support people's care preferences and to make sure that they received good, consistent care.

People were supported to attend healthcare appointments and care workers liaised with other healthcare professionals as required to meet people's needs. People were supported to eat and drink according to their plan of care.

Care workers were aware of the requirements of the Mental Capacity Act 2005 and understood how they should this in their work to make sure that people's rights and freedoms were upheld.

People's feedback was gained and people using the service and care workers confirmed that their comments were acted upon. Care workers confirmed that they felt well supported and the care manager was singled out for special mention as a person who was knowledgeable and approachable and provided clear leadership. Care workers and people who used the service told us that they felt able to provide feedback on the service and were confident that appropriate action would be taken in response.

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.

Good

Processes were in place to protect people from the risk of abuse. Staff were aware of safeguarding adults procedures.

Risk assessments were undertaken and action was taken to reduce the risks to people who used the service and staff. Written plans were in place to manage these risks.

There was a medicines procedure in place and care workers were trained on safe administration and recording of medicines.

Safe recruitment practice was followed, which minimised the risk of appointing someone unsuitable for the job. People told us that they received a reliable, consistent service.

Is the service effective?
The service was effective.

Good

People's care needs were met effectively by care workers who were trained to ensure that they had the right skills and knowledge to provide safe care.

Care workers needed more regular, documented individual supervision sessions. However, they had the opportunity to meet together on a monthly basis to receive information, discuss new ways of working and share good practice.

Care workers were aware of the requirements of the Mental Capacity Act 2005. Additional training was planned to help make sure that all of the staff were kept up to date with the legislation and how this could influence their practice and uphold people's rights and freedoms.

People were supported to eat and drink according to their plan of care.

Care workers worked with other health and social care professionals such as the community psychiatric nurse team and community nursing service to support people's care needs.

Is the service caring?
The service was caring.

Good

People spoke positively about the care they received and said they were treated with dignity and respect.

Is the service responsive?
The service was responsive.

Good

Summary of findings

Care plans detailed people's care and support needs. Care workers knew about people's support needs and provided an individualised service that met their needs.

People who used the service and their relatives felt the staff and manager were approachable and were able to give feedback about the service.

Although information in the complaints procedure needed updating we found that people knew who to speak to if they had any worries or concerns. People were satisfied that any complaints they had raised had been dealt with to their satisfaction.

Is the service well-led?

Requires Improvement

The service was not well led.

Although there was an established management team in place the service did not have a registered manager, which is a requirement of their registration.

Information about the organisation such as the complaints procedure, the Statement of Purpose and the Service User Guide needed reviewing and updating.

There were examples of good partnership working that enhanced people's care and wellbeing.

People's feedback was gained and people using the service and care workers confirmed that their comments were acted upon. Care workers felt well supported.

Eldercare

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.

The inspection of Eldercare took place on 15 May 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the staff would be available to speak with us.

The inspection was carried out by two inspectors who visited the agency office. An expert by experience carried out telephone interviews with people using the service to gain their views. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report. We reviewed the information we held about the service, which included notifications submitted by the provider and speaking with the local authority contracts and safeguarding teams and with Healthwatch. This organisation represents the views of local people in how their health and social care services are provided.

During our visit to the agency we spoke with the provider, the care manager, a team leader and three care workers. We reviewed the records for four people who used the service and staff recruitment and training files for four staff. We checked management records including staff rotas, staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

We spoke with 17 service users and seven relatives, covering 20 service user experiences. Two people also wrote to us to give us feedback on the care they received.

Good

Is the service safe?

Our findings

People's feedback from the service was consistently good. All of the people we spoke with said they felt safe with the care workers in their homes. Everyone told us they felt their possessions were safe and that care workers respected their homes and their property. One person said "I trust the carers implicitly."

There was a safeguarding policy in place and records demonstrated that staff had received training in safeguarding vulnerable adults. Care workers we spoke with were clear about safeguarding and were able to describe different forms of abuse and what they would look for. Examples given were untoward bruising; money going missing, if people kept losing items in their home; dehydration and malnutrition. Staff confirmed they had undertaken training in safeguarding and they were aware of the whistle blowing policy. They told us that they would report concerns to the care manager or the shift leader. One carer said, "If I see something that is not right, I report it". The care manager said that they had attended a one day course, which provided a good reminder of all aspects of safeguarding.

The service had a recruitment policy, which provided a sound framework for the recruitment and selection of staff. We saw in staff records that a range of checks were carried out including written references and checks with the disclosure and barring service (DBS). All had completed an application form and had been interviewed. For staff new in post there were details of their probationary meetings which had been held to discuss progress. We saw in written feedback to the service one person said "Carers are all stars. You must have a very good selection process, which should be a feather in your cap."

From the rotas we saw that there were sufficient care workers to ensure that they could respond promptly to unforeseen events. We spoke with one member of staff who had responsibility for organising the rotas. They were knowledgeable about the individual skills of staff and they were able to take into account variables such as travelling times to minimise any delays. Care workers were divided into three teams headed up by a team leader who was available in case of any queries or concerns. Staff we spoke with confirmed that they thought there were enough staff and said that they were well supported. One care worker said, "There is always someone to speak to." Another care worker said, "There is always someone on call, we all carry torches and we let the team leader know we are back home safely at night."

We found that people received a consistent and reliable service. All of the people that we spoke with told us that if new care staff were going to be delivering care, they were introduced by a 'regular' care worker. People also told us that care staff wore recognisable uniforms and carried identity cards. People said they thought there were enough care staff to meet their needs and they said that they had never experienced any missed calls. They all told us they had never had to wait an unreasonable amount of time for care staff to call and that if care staff were going to be late they would ring to let them know. One person said "I don't mind if the carers ring to say they're going to be a bit late. It is usually because they've had to spend longer with someone else than expected and one day it might be me that needs that extra time."

The people we spoke with told us the care workers had enough time to complete all the required tasks and they did not feel the care tasks were rushed. Several people told us that care staff always asked before they left the house if there was anything else they wanted doing. One person said, "I think it is great that they ask if there is anything else you need because sometimes it is just a small thing you need, like putting a bit of shopping away and it makes a big difference to you." Another person said, "They (the carers) do their work efficiently and they don't seem in a rush." One relative said "The carers never rush off. They always have time for a bit of a chat and (name) finds that very helpful."

There was a medicines policy and we saw from staff records that care workers had received training on the safe administration and recording of medicines. People who received help with this aspect of their care told us they thought their medicines were supervised appropriately. The care manager told us that they had developed the medicines policy that was in use and senior staff completed medicine audits. This was confirmed by the people who used the service. One person told us that a member of staff from Eldercare visited them every month to check on their medications and they thought this was a helpful part of the service.

Risk assessments were used to identify potential risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due

Good

Is the service safe?

to the health and support needs of the person. From people's care plans we saw that appropriate action was taken to minimise any identified risks. For example, for people who required two care workers we saw that sufficient time was allocated to make sure that people received the right care they needed in a timely way. Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

Good

Is the service effective?

Our findings

People praised their care workers and several people told us they thought Eldercare services were "good value for money". All of the people we spoke with were happy that the current care being delivered met their or their relative's care needs. One person said "I get all the help I could wish for. That bit of help in a morning means I can do a lot more for myself during the day."

100% of the people we spoke with said that the care and support they, or their relative, received was good quality and that the care workers seemed well trained to meet their care needs. One person said "I know the carers go on training courses because they tell me about it." Staff files contained evidence of mandatory training that staff had completed including moving and handling and medicines and first aid.

When we looked at the staff files there were supervision records but some were held more regularly than others. The intended number was four supervisions, one observation and one appraisal annually and not all of these had been recorded as completed. The care manager explained that the recent round of recruitment and induction had taken priority. The team leader we spoke with confirmed that observations were carried out but not all of these were being recorded. However, the care workers we spoke with confirmed that they had access to managers and senior staff and attended regular meetings. Records confirmed that staff meetings were well attended and included guest speakers on specialist subjects. Examples included tissue viability, stoma care, continence, equality and diversity, and Parkinson's Disease. This demonstrated that care workers were provided with a forum in which they could discuss changes to legislation, complex cases and share good practice. In addition staff in the service worked closely with a care home in the area to undertake joint training. The care manager said that they had in the past attended the Bradford dementia forum to keep up to date with developments in dementia and the latest research.

The care workers we spoke with confirmed that the care manager and team leaders were approachable. They were confident that any concerns they raised would be addressed. For example, one care worker told us they had asked one of the team leaders for further training on catheter care. When we checked the care worker's file we saw that the discussion around catheter care had been documented and a training session was booked for the following week.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005.The care manager told us that a member of the local authority had agreed to provide a training session at one of their team meetings. They said this would help make sure that all of the staff were kept up to date with the legislation and how this could influence their practice. People confirmed that care workers knew them, or their relatives, and their preferences well. Most of the people we spoke with could recall being involved in devising and agreeing their own or their relative's care plan when they first started with the service. Only four people could recall being involved in reviews of their care plan. However, one person told us they always had reviews of their care plan after breaks in service, such as hospital admissions. A relative of a service user told us their care plan was changed as a result of a house move.

One person with limited mobility told us that they were pleased with the care workers skills in moving and handling. This person said "I have had carers from other agencies before who did not know how to assist me properly. But these carers know how to do it properly and safely and that is a great relief for me." Three people told us they thought some of the "new starters" were not so well trained. However, people were positive about the care they received from their regular care workers. One service user said "I know all the girls (care workers) who come here and that's very reassuring because I know they'll do the job well without me having to tell them what to do."

New staff shadowed more experienced staff until both they and their team leader were confident that they could work unsupervised. One member of staff told us that they were usually introduced to people before they provided care. However, they explained that on occasion this was not possible. In those cases they said they were very careful to introduce themselves and would read the care plan and speak to team leaders and other staff before they visited so that they were confident in their approach and could provide the right care.

Appropriate arrangements were in place to make sure that people were supported at mealtimes to access food and drink of their choice and that met their nutritional needs. People we spoke with confirmed that their care workers

Good

Is the service effective?

usually arrived on time and that they rarely had to wait for their meals. The care manager told us that meal preparation varied according to people's care plans. For example, food preparation was sometimes completed by family members and care workers needed to reheat the meals and ensure that they were accessible to people who used the service. The care manager told us that on occasion care workers had to prepare food that was unfamiliar to them but they could always contact the office for advice if needed.

The care workers we spoke with confirmed that they liaised with health and social care professionals as people's care needs changed. We saw evidence in care plans to show that staff had worked closely with community health and social care professionals such as the community psychiatric nurse team and community nursing service. Care workers were available to support people to access healthcare appointments if needed. One of the team leaders explained that rotas for clients were designed to meet the needs of people and if a client had a hospital appointment and needed to change the time of their visit they would try and accommodate that by informing other people.

Good

Is the service caring?

Our findings

All of the people we spoke with were happy with the care that they or their relative received. They told us the care workers were polite, kind, caring, patient and compassionate. They told us that care workers treated them, or their relative, with respect and protected their dignity.

People were very complimentary about the care workers and said they were all friendly and had time for a chat. Comments about the care workers included, "All of them, without exception, are wonderful," "I can't fault the care they give. They are very special people" and, "They are all so kind and patient. Nothing is too much trouble." One person said, "They are so patient when I am having a slow day. They never rush me and always tell me to take as much time as I need." Another person said, "I think they have a lovely manner and that's something you can't teach, it's just something you have."

People we spoke with told us that care was delivered around their needs. One relative said "The carers don't just do the care tasks they look at the whole person." All of the people we spoke with told us that the care staff helped to promote their or their relative's independence. One person who used services said "I'm a very independent person and I was pleased when I found the carers let me do as much as possible for myself. I only need a bit of help with showering. I can do the rest myself."

People told us that their care workers always made sure they had everything they needed. One person said, "They always ask if you want anything else doing and they do help as much as they can. I think that's lovely." Another person said, "I've never had a bad carer. They are all fantastic."

In addition to their personal care and support needs people said that they were also offered support in other ways as well. For example, one person told us they were particularly pleased when planning their care plan that the member of staff told them they could get an attendance allowance, which they did not previously know.

The care workers we spoke with were enthusiastic and keen to look at ways they could promote people's wellbeing. They spoke with compassion about the way some people might experience care. For example, they described how they had treated one person who was becoming upset when the care workers assisted them with their personal care. A team leader told us that they had discovered that by singing to the person this helped to reassure them and enabled the care workers to give care gently and with kindness. One care worker said that their training helped them to understand people's reactions and to respond appropriately if someone was distressed or angry. They said (about staff and people who used the service) "Everyone has something individual to give, we are all different people."

We found when talking with care workers that they discussed people who they cared for with respect, knew details of the way in which they preferred things to be done and described how they spoke with people to ask and explain what they were doing. All the staff we spoke with were clear about not rushing people. We asked staff how they ensured that people were treated with respect and their dignity maintained. One care worker explained that they were careful not to rush people and always allowed sufficient time for people to be as independent as they were able. They described supporting another person who required assistance to get out of bed and was confused at times, "I say "hello, can I have your arm"? She likes something to hold in her hand, I am gentle with her."

All of the care workers we spoke with confirmed that they would be happy for the service to look after one of their relatives. A senior member of staff said, "I tell people, put yourself in their situation, treat people as you want to be treated, think of how you'd feel yourself." The care manager explained that when people are initially assessed the service was very clear about what they could and could not offer particularly in relation to times available. They said that sometimes the times were not quite what people wanted but they had the option to try them out and see whether it was working or not.

Good

Is the service responsive?

Our findings

Most people we spoke with could not recall being involved in a care plan review for themselves or their relative, but all were happy with the way their care was being delivered currently.

When we visited the agency office we saw that care plans were in place. These were detailed and included the approach care workers needed to take to ensure that people received consistent, safe care. For example, for one person who received four visits over a 24 hour period we could follow the precise steps a care worker needed to take to assist the person with all of their personal support needs throughout the day. The manager talked about the personalised approach that the service had to support people who used the service. They explained that it was the person's history and knowledge of their interests that was often important in being able to offer good quality support and personalised care. They described one person who used to play tennis and loved to watch Wimbledon and talk about it. They said another person did not like to eat alone and so staff sat and ate with them as part of the plan of care.

We saw that care plans all contained information about people's life history and their likes and dislikes. Several people told us they had experienced flexibility in the care they or their relative received. For example one relative told us they were very pleased because the service had accommodated their changing needs due to a house move. This relative said "I could not have wished for a better response from Eldercare. They listened to us and made all the changes we needed. I am so grateful." Another relative told us that when they (the relatives /family carers) went on holiday Eldercare would organise extra calls so that their family member could stay at home whilst they were away. One person who used the service said "They (the care workers) listen to you and change the way they do things if you ask them to."

Some of the information we saw in the service user guide such as the complaint procedure in the Service User Guide needed updating. However, all of the people we spoke with knew who to contact if they had a query or concern. Some people told us that they had rung the office on occasions for issues such as cancelling calls or querying a late call. People said that office staff were friendly, polite and helpful and tried to resolve any issues swiftly. During our visit to the agency office we observed that telephone calls were answered promptly and the care workers were respectful and considerate in their dealings with people who had telephoned.

Only one person we spoke with had made a complaint. This person told us they had rung the office to complain about a care worker who they felt had not treated their house with respect. They said that the managers had dealt with this immediately, ensuring this care worker did not go to their house again. They were pleased at the speed of the response and the action taken.

One person told us that they had a concern recently and had told a care worker about it. The care worker contacted the office staff on their behalf and the issue was resolved. This person said "The carers really do care and they look out for you."

Although only two people we spoke with could recall being asked for their views on the service we saw evidence of surveys that people had completed. People were asked whether the care workers treated them and their home with respect, whether they had confidence in their care workers, and checked that they knew who to speak to if they had any concerns. People were asked to put forward any ideas about what the service could do differently.

There were good professional relationships and established processes in place for working with other health and social care agencies to maintain people's continuity of care and meet their wishes. For example, the care manager had carried out assessments and had attended multidisciplinary meetings with the Ryedale Community Responsive Team that operates out of Malton Hospital. This was a new initiative in the area that supported people to stay at home or to return from hospital to home. There was also an example of work with the local hospice, Marie Curie and Macmillan to build a team to meet one person's end of life wishes.

Requires Improvement

Is the service well-led?

Our findings

The provider has a condition placed upon their registration that requires them to have a manager in post that is registered with the Care Quality Commission (CQC). There was no registered manager at the service.

During our visit we identified that action was needed to make sure that supervision sessions were completed in a timely manner. Information on the organisation's website and in the complaints procedure and the Statement of Purpose needed reviewing and updating.

There was an experienced management team that provided strong leadership and support for the staff team. There was an experienced care manager. The provider was also a registered manager in another registered service. Two staff who had additional management responsibilities were undertaking a diploma qualification linked to the Qualification and Credit Framework (QCF) in health and social care to increase their skills and knowledge. These individuals contributed positively to the day to day management of the service. However the service must ensure that a manager is registered with CQC as required by their condition of registration. This is necessary to ensure that there is a suitably qualified person within the service registered to take the legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and its regulations.

The organisation's business plan on the website set out the organisation's vison and values to 'equip and develop Eldercare to deliver good quality, reliable and professional care services'. We found that the service had a positive culture that was person centred and had a well-developed understanding of equality, diversity and human rights and put these into practice. The provider showed us a new policies and procedures manual, which he intended to implement along with a new computer system that will be used to co-ordinate visits in future.

There were several positive examples of partnership working described throughout our visit, which aimed to ensure an improved service for the individual person being supported by Eldercare. For example, the care manager was up to date with developments in dementia and the latest research. They had arranged joint training sessions with staff from a nearby care home. The service worked in liaison with other health and social care agencies to provide a personalised, consistent care service. Examples included joint working with the hospice, Marie Curie and Macmillan Nurses, end of life charities and the Malton (Ryedale) Community Response team.

All of the people we spoke with told us they thought that any issues they raised with the care workers or the office staff would be taken seriously and dealt with effectively. Two people who told us they had raised an issue told us that they had received a swift and effective response. The care manager was singled out for particular mention by care workers who said that they were knowledgeable and approachable. However, care workers confirmed that all of the senior staff were approachable. They said they would have no concerns about raising any issues with them, and were confident that action would be taken if they were to do so. Staff told us that a senior member of staff was always available for advice. One care worker said "You are never on your own."

During our visit we saw evidence of quality audits and monitoring such as medicine checks. Although people could not recall being asked we saw evidence that an annual survey was undertaken to gain people's views. In addition to this team leaders said they also spoke to people when they attended care visits and during spot checks. Although people could not recall any managers contacting them about how their care plan was working two people told us they had their care plan changed as a result of a change in circumstance following a hospital admission and a house move. There was evidence that rotas were planned well in advance so that gaps could be identified and staff approached to be able to pick up additional care shifts as needed. People who used the service and their relatives who had contact with the office staff were able to name the staff they dealt with and were pleased with the way office staff dealt with them and their queries. One person said "The office staff are always polite and friendly." A relative said "I've got confidence in the office staff. They do try and sort things out for you."