

Elmcare Solutions Ltd

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Inspection report

Elmcare Solutions Ltd
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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

This inspection took place on 23 February 2017 and was announced. We gave the provider two days' notice of our inspection. This was to make sure we could meet with the manager of the service and talk with staff on the day of our inspection visit.

Elmcare Solutions is registered to provide personal care and support to people living in their own homes. The service operates across Coventry. There were five people using the service at the time of our inspection.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who had 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. At the time of our inspection there was a registered manager who was also the provider for the service. The registered manager was supported by a senior care worker and an administrator to run the service. We refer to the registered manager as 'the manager' in the body of this report.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse and keep them safe. People told us they received care from familiar staff who arrived at the expected time and completed the required tasks.

There were enough suitably trained care workers to deliver care and support to people. The manager checked the suitability of care workers to work with people who used the service during their recruitment.

Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively.

Care workers were knowledgeable about people's needs. The information contained in people's care plans and risk assessments helped care workers to provide safe care in a way people preferred.

People were involved in the planning and review of their care. There were processes to minimise risks associated with people's care. These included risk assessments and safe systems to manage people's medicines.

Care workers had a good understanding of these processes. The manager understood the principles of the Mental Capacity Act (MCA). Care workers were trained to know and understand the MCA. Care workers recognised the importance of gaining people's consent before they provided care.

People told us care workers showed them kindness and had the correct skills and experience to provide the care and support they required. People received care from staff who were respectful and ensured people's privacy and dignity was maintained.

People knew how to complain and said that the manager listened to them.
Care workers felt supported to do their work and people felt able to contact the manager at any time.

There were systems to monitor and review the quality of service and understand the experiences of people who used the service.

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 received care and support from consistent care workers who knew them well. Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures in place to protect people from risk of harm and care workers understood the risks relating to people's care. People received their medicines as prescribed and a robust staff recruitment process was in place.

Is the service effective?

Good ●

The service was effective.

Care workers completed training to ensure they had the knowledge and skills to deliver safe and effective care to people. The registered manager and staff understood the principles of the Mental Capacity Act (2005). Care staff ensured they gained people's consent before delivering care.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they considered kind and caring. Care workers respected people's privacy and promoted their independence. People and their relatives were involved in making decisions and planning their care.

Is the service responsive?

Good ●

The service was responsive.

People received support based on their personal preferences. Care plans were regularly reviewed and updated when there were changes to people's care needs. People were given opportunities to share their views about the service. People knew how to make a complaint if they wished to do so.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the service and thought the registered manager was approachable. Care workers were supported to carry out their roles by the manager who was available when they needed them. The quality and safety of the service provided was reviewed through a series of effective audits.

Elmcare Solutions Ltd

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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also looked at information received from people and their relatives who spoke positive about the quality of the service being provided.

The inspection took place on 23 February 2017 and was announced. This ensured the registered manager would be available to speak with us and gave them time to arrange for us to speak with staff.

The inspection was conducted by one inspector. Before our office visit we contacted people who used the service by telephone and spoke with two people and four relatives. We also spoke with two care workers. During our visit we spoke with the registered manager and the administrator.

We reviewed two people's care records to see how their care and support was planned and delivered. We looked at two staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People and their relatives told us they felt safe with the staff who provided their care. Comments included, "I feel safe and secure because I know the manager and the carers," and, "Definitely safe, it gives me peace of mind as (Person) is very well looked after." People confirmed they felt confident to contact the manager if they were concerned about anything.

Staff told us they had completed training in 'safeguarding adults' and this helped them protect people. They confidently described different types of abuse and their responsibilities to report any concerns to their manager. They were confident the manager would take action to protect people if they raised concerns. One care worker told us, "(Manager) is very good. People's safety is paramount." Another said, "If I was worried about someone I would call (Manager) straight away." This meant staff understood their responsibilities to keep people safe.

The manager knew their responsibilities to keep people safe. They explained they would refer any allegations of abuse to the Local Authority for them to investigate.

Risk assessments and management plans identified potential risks to people's health and wellbeing. These assessments were completed prior to people receiving care for the first time so they were safe on initial care being provided. We looked at risk assessments for two people. Both had been reviewed in line with the manager's policy. These assessments helped to keep people and care workers safe when delivering care. For example, one person had poor mobility and their risk assessment instructed care workers to ensure the person used their stair lift to go up to their bedroom. This reduced the risk of the person falling down the stairs and being injured.

Care workers knew about the risks associated with people's care and were able to explain how these were to be managed. For example, one person was unable to get in and out of their bath independently. A staff member described to us how they used a bath hoist to lower the person safely into the bath water. Care workers told us if they identified any changes in people's needs the manager would immediately complete a review to determine whether any new equipment or changes in the equipment used were necessary to make sure the person was kept as safe as possible.

The manager had a procedure for recording and monitoring accidents and incidents. Records showed no accidents had occurred in the last 12 months. We discussed this with the manager who was responsible for the health and safety of the service. Our discussion confirmed that whilst no accidents or incidents had happened, they were aware of how to analyse these to reduce the likelihood of them happening again.

The manager had contingency plans in place for managing risks to the delivery of the service in an emergency. For example, in extreme weather such as heavy snow-fall the provider prioritised who was most at risk, such as, people who lived alone to make sure their calls were completed.

People and their relatives told us there were enough staff to provide their care. Comments included staff

were "Very reliable, impeccable timing, I could set my watch by the time they (care workers) come," and, "They have never let us down." A relative explained the manager always let them know if care workers were running late and they provided care themselves if care workers were on holiday. This was important because some people would become anxious if care workers did not arrive at the time they expected them.

The manager completed the care worker rota each month and they confirmed enough staff were employed to meet people's needs. From talking with people, their relatives and viewing staff schedules we found this was correct. When we looked at the most recent staff call schedules, there had been no recent late calls or missed calls.

The manager had an out of hour's on-call system when the office was closed. There was an 'out of hours' telephone number that people could use if for any reason care workers did not arrive for calls. The manager explained if this happened they would complete visit themselves to ensure people's needs were met.

People and their relatives spoke positively about the way care staff handled and administered their medicines. Comments included, "I only have cream applied but they (care workers) record it all in the book," And, "Medication handling is safe."

The manager confirmed to us care workers did not support anyone who received a service to take their prescribed medicines orally. However, they applied prescribed creams to people's skin. Clear guidance for staff was available to ensure these were applied as prescribed and effective audit procedures were in place to ensure creams were applied according to people's prescriptions. Care workers told us they had received training to apply creams and felt confident to do this safely. They told us they always checked the records to make sure the care worker before them had signed the records to confirm creams had been applied.

The manager's recruitment procedures minimised the risks to people safety. The manager explained care workers who were of good character were employed and checks were carried out before they started work. One care worker said, "Yes, thorough reference checks and a DBS check took place before I worked with people." The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services. Records confirmed checks had taken place to ensure care workers were suitable to work with people in their own homes.

Is the service effective?

Our findings

People and their relatives told us they thought care workers had the skills necessary to support people's needs. Comments included, "Staff seem to be well trained in Dementia because they are very patient. "And, "They get training in different areas, they are skilled."

New care workers were provided with effective support when they first started work at the service. This included completing an induction to the service and undertaking the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. Staff told us they had spent time shadowing the manager to gain an understanding of how people liked their care to be provided. They had also read people's care records before they had worked unsupervised. Care workers signed to confirm they had received an employee handbook which included the provider's policies and procedures and outlined the standards expected of them. We saw on-going training was provided following the induction training to ensure staff maintained their skills.

Staff told us they received training the provider considered essential to meet people's care and support needs. This included training to move people safely, first aid training and health and safety training. We looked at the training records and the information reflected what the manager had told us. The provider invested in staff training by providing opportunities for staff to complete nationally recognised qualifications. One care worker said, "I am working towards my NVQ, I am learning all the time."

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

The manager was working within these principles. At the time of our visit, no one who received care from Elmcare Solutions lacked the capacity to make all of their own decisions. The registered manager demonstrated good knowledge of the MCA and our discussions indicated they were aware of the procedure they needed to follow to refer people in the community for DoLS when necessary. They said, "I would refer to the local authority who would refer onto the Court of Protection."

Care workers confirmed they had received training in the MCA in the last twelve months, and demonstrated to us they understood the principles of the Act. One said, "People have a right to refuse, I respect peoples choices." Another said, "Some people are unable to talk but make their wants known by pointing at different things."

We asked care workers how they knew if a person's care and support needs had changed. One staff member

explained how they always read people's daily notes. Another said, "The manager would phone us straight away once anyone noticed changes."

When people were assessed, the arrangements for food preparation or support were discussed and agreed. People and the relatives we spoke with told us they did not require support to prepare food. Our discussions with staff indicated they knew what people enjoyed to eat and they would offer this support if it was needed.

We asked the manager what they would do if they identified people were losing weight. They explained if the service was responsible to prepare food and drinks for people they would consult the person's GP. If necessary they would introduce food and fluid 'intake' charts for staff to complete to help them monitor how much the person was eating and drinking to help ensure they were not placed at further risk of deteriorating health. This demonstrated staff understood the risks associated with nutrition and were aware of their responsibilities to take necessary action to address them.

People and their relatives told us the service was flexible and they were supported by care workers to attend healthcare appointments when required. Care records instructed staff to seek advice from health professionals when people's health changed. Records confirmed the service worked in partnership with health professionals when required including Occupational Therapists and GPs.

Is the service caring?

Our findings

People and their relatives spoke positively about the manager and the care workers who provided their care. One person said, "I am overwhelmed by the quality of care they give to me." Relatives told us they were, "Absolutely fantastic. I can't put into words how good the service is," and, "Carers are like angels, good care seems to come naturally to them all."

Discussions with people confirmed they received care from a consistent group of care workers who they knew well. People had built up strong and meaningful relationships with the care workers who supported them in the way they preferred.

The manager told us people received care from no more than two or three different care workers each week. Records we looked at confirmed this was correct. The manager told us, "We are a small company; people receive their care from familiar faces." A care worker confirmed they visited the same people each week. They said, "We have our regular calls and it is very rare my rota changes."

Staff enjoyed working at Elmcare Solutions. One said, "I love working there, everything is really good and the manager is supportive." This made them feel their manager cared about them. Care workers told us they would recommend the service to their family and friends and they would be happy for their relative to receive care from the service.

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One person said, "Yes, the manager visits, we talk about my care I feel very involved." A relative said, "I have popped into the office before to discuss (Person's care) and the manager carries out care reviews."

Care workers we spoke with confirmed people were involved in making decisions about their care and support needs. One explained, "People are at the heart of their care, it's all about them." They explained even though they knew people really well they always asked people how they would like their care to be provided. They thought this was courteous and respectful.

All of the people we spoke with confirmed staff always treated them with respect, dignity and maintained their privacy. For example, one person explained care staff always shut their bedroom door when they were having a shower. A relative commented, "Yes they (care staff) do respect (Person's) privacy and dignity they are very good at that."

People and their relatives told us staff encouraged them to be independent. For example, one person said, "They take me to the shops to get my 'bits and bobs'. I could not get there in my own as I use a wheelchair." They explained the support they received had a positive effect on their wellbeing because they could not get out of the house and socialise with people without a bit of help.

Staff understood the importance of maintaining people's confidentiality. They told us they would not speak

with people about other clients and ensured any information they held about people was kept safe and secure. People's personal information and records were kept in locked cabinets at the office. Only authorised staff had access to this information.

Is the service responsive?

Our findings

People and their relatives told us they always received personalised care that met their needs. Comments included, "[Manager] really listens to make sure my care is personalised." And, "They (care workers) make such a positive difference to [Person's] life." They explained to us their relative loved to sing and care workers always sung songs whilst they supported their relation to have a bath. This was important because this made their relation feel calm and safe. They said, "The carers approach is amazing, [Person's] eyes go all sparkly and they are full of smiles when the carers are here."

Another relative described the service they received as, invaluable," and "quality." They explained when care workers visited they enjoyed chatting, laughing and sharing jokes. This was important because their relation lived alone and they were worried they might feel lonely. They explained chatting with care workers lifted the person's spirits and they felt this was good for their well-being.

One person told us how the service was flexible and accommodating to meet their needs. They said, "I chop and change my calls to suit me. I have a set amount of hours each week to use as I need to." They explained they phoned the manager most days. For example, if they wanted to wash their hair the manager arranged for care workers to stay a bit longer to provide the assistance they needed. They confirmed care workers were never rushed and they always had time to chat with them. This made them feel happy because they felt in control of their care.

People and relatives told us the communication was very good between them and the service. One said, "I phone up and the manager is extremely helpful." Another said there was "Great communication. If they think I need to know anything about (Person) the manager is straight on the phone."

The manager told us prior to agreeing to and delivering care to people, people's needs were assessed. People and their relatives confirmed this happened and records we looked at showed the information from the assessment was used to complete a care plan. We looked at two people's care plans and they both contained detailed information about the different aspects of the person's life and how they preferred their care to be provided. For example, they included the person's likes, dislikes and daily routines.

Care workers told us they read people's care plans, and this informed them of people's preferences. However, they did not solely rely on this information. They explained they spoke with people and their families to make sure care, was provided in-line with their wishes.

The manager reviewed people's need and abilities every month and their care plans were updated when their needs changed. The manager provided care to people on a regular basis and this meant the manager's knowledge of people's needs remained up to date.

People knew who to speak with if they had any concerns or complaints about their care and all felt their views were listened to and acted upon. Comments included, "I would feel very happy to complain if I needed to do so. I have a folder here with all the information in," and, "The service is excellent but I would complain

if standards dropped."

There were systems in place to manage complaints about the service provided. Records showed no complaints had been received in the 12 months prior to our visit. We discussed this with the manager. They explained they had good relationships with people and their families and were able to deal immediately with any issues before people felt they needed to complain.

Is the service well-led?

Our findings

People and their relatives told us they were very happy with the management of Elmcare Solutions. This was because people were supported to live their lives how they wished to do so. One person said, "I would recommend this service to anyone, the manager has high standards and is a very good role model for the carers." They told us they knew the manager very well and felt they were approachable.

Care workers told us their manager was 'the best' and provided advice either by telephone or in the office on a face to face basis. One said, "We can phone (Manager) any time day or night. She is always there for us." This made them feel supported.

The manager said, "We have a good staff team. I would not expect care workers to do anything that I would not do myself." We asked care workers about this and they told us the managers frequently undertook care calls. They told us they thought this was really helpful, good for staff morale and teamwork. The manager spoke passionately when we asked them what they were most proud of at the service. They said, "Providing personalised care. Because we are small we can be flexible. Our standards are high, people are cared for well."

Care workers told us they had regular one-one meetings with their manager to make sure they understood their role and assess that they had the skills and knowledge to fulfil their role. They also told us that 'spot checks' (unannounced checks) of their practice took place. A care worker told us, "The manager will come out and observe how I care for people. They give me feedback straight away on how they think I am doing and make suggestions of how I can improve my practices." They explained this made them feel confident they were providing good care. Relatives confirmed 'spot checks' occurred, and one person told us, "Managers do sometimes come out and make sure care workers are doing a good job; I think it's a good thing."

There was a clear management structure in place. The manager was supported by a senior care worker and an administrator. The manager said, "I recognised I can't do everything myself so have some great staff who support me to run the service well." We spoke with the administrator and they said, "The manager works so hard, everything is done to benefit people." They told us they felt valued by their manager as they welcomed their suggestions to improve the service for people.

The manager completed checks and audits to identify good practice and areas that required further development. For example, they assessed the ongoing competency of care workers and audited daily records to ensure staff completed them correctly.

People told us the manager wanted to hear their views of the service they received. For example, every time the manager visited they asked if they were happy with the care they received. They felt confident the manager would make improvements if they were required.

The manager encouraged feedback from people and their relatives. One person said, "I filled in a

questionnaire but there is no need really. Everything is fine." Annual quality questionnaires were sent out to gather people's views on the service. Completed questionnaires were analysed to assess if action was required to make improvements. Questionnaires had been sent to people in January 2016 and at the time of our visit their responses were being analysed.

The manager told us of their future plans for the service. They said, "My plan is to grow slowly and attract the right calibre of staff. I want to provide excellent care to as many people as possible." They explained they were considering providing care to people in other geographical areas.

The manager understood which notifications they were required to send to us so we were able to monitor any changes or issues about the service. We had received the required notifications from them.