

Elimay Homecare Ltd

Elimay Homecare

Inspection report

Castle Hill Community Centre
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20 December 2019

17 January 2020

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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

Elimay Homecare is a domiciliary care service providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, the service was providing personal care to 10 people.

People's experience of using this service and what we found.

People were happy with the service they received which they described as reliable, dependable and met their individual needs. They told us they felt safe in the company of the staff who knew them well and were kind and friendly.

There were enough staff safely recruited to cover the planned visits to people. People told us a regular team of staff including the registered manager provided their care and they were punctual, stayed the allocated time and they had never had a missed visit. Records seen confirmed this.

Staff understood how to protect and safeguard people. Risks to people were assessed and mitigated, which reduced the risk of harm.

Where people required support with their medicines, this was done safely. Infection control processes protected people from the risks of cross infection.

People received care and support from staff who were trained and supported appropriately. Where people required support with their dietary needs and health, this was provided effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems to monitor the quality and safety of service were in place. People were asked for their views and their feedback used to improve the service and make any necessary changes.

Rating at last inspection

The last rating for this service was Good (published 30 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Elimay 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. They were also the nominated individual of the company. This meant they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or a member of their management team would be in the office to support the inspection.

Inspection site visit activity started on 20 December 2019 and ended on 17 January 2020 when we gave feedback. It included a visit to the office location on 7 January 2020 to meet with the registered manager and to review care plans and other records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about their service, what the service does well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We carried out telephone interviews with people on 20 December 2019. We spoke with five people who used the service and one person's relative about their experience of the care provided. We spoke with one member of staff and received electronic feedback from one person who used the service, four members of staff and one professional.

We reviewed a range of records. This included two people's care and medicines records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe in company of the staff. One person said, "I know my carers well, they are reliable and trustworthy, and keep me safe in my home."
- Staff understood their roles and responsibilities in keeping people safe from harm. They raised safeguarding concerns appropriately when they were worried about people's safety.
- People's care records included risk assessments which informed staff on how to reduce the risks in people's lives. This included risks associated with falls, moving and handling and nutrition.
- All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within the service.

Staffing and recruitment

- There continued to be enough staff safely recruited with the right skills and experience to meet the individual needs of the people who used the service.
- People told us they received care and support from an established group of staff including the registered manager, who knew them well and there had been no missed or late visits. Records seen confirmed this. One person commented, "I like that they [staff] stay the proper duration and do things correctly. They are not cutting corners to try and get somewhere else or rushing me. You hear about that with other agencies but not this one. They do things by the book and are reliable and professional."

Using medicines safely

- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan.
- Staff received training in medicines management and had their competency regularly assessed.
- The registered manager undertook regular checks and audits of the medicines system to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- Staff continued to be trained effectively in infection prevention and control. They had access to personal protective equipment such as disposable gloves and aprons to reduce the risks of cross contamination. People confirmed this was worn when needed.

Learning lessons when things go wrong

- Whilst incidents and accidents seldom occurred they were recorded with appropriate actions taken to

reduce the risk of re-occurrence. Consideration was given to whether there were themes when these occurred which may indicate a change to people's needs and require a review of their care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's needs were assessed by the registered manager before any care was provided, with family members and significant others involved in the process as much as possible.
- Assessments had been completed in line with current legislation and best practice guidance. The information was used to create a person-centred care plan to help people achieve good outcomes.

Staff support: induction, training, skills and experience

- People told us they felt the staff had the skills and knowledge to meet their needs and this was regularly assessed. One person said, "My carers are well trained, know what they are doing. They get checked every so often. [Registered manager] makes sure standards don't slip."
- Staff continued to be supported to professionally develop through ongoing training, supervisions and appraisals. Opportunities for staff to achieve nationally recognised qualifications in care were provided. New staff received an induction which included training, assessed shadowing of more experienced colleagues and working alongside the registered manager before being signed off to work alone.
- Staff were complimentary about the support they received from each other and the registered manager.

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

- Where people required support with their dietary and hydration needs. This was documented in their care records and provided guidance for staff on how to meet these needs.

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

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs. One person told us, "The carers have rung the GP for me to sort out my tablets when I was getting low and when I have not been well they have made an appointment for the GP to come and see me."
- People's records showed that where other professionals were involved their input was acted on by staff and incorporated into their care plans.

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

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People told us the staff consistently sought their consent before providing any care or support. One person said, "The carers 100% listen to me, they ask and check with me first." A relative commented, "I always hear the carers asking for [family member's] consent."
- Care records showed that people had consented to their care and support when they began to receive the service and were involved as much as possible in the ongoing development of their care arrangements.
- The registered manager and staff understood the requirements of the MCA and the importance of people giving consent before providing personal care and support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about the care and support provided to them by the staff. One person said about the staff approach, "They are very considerate and never rush me. They all have a nice attitude, caring nature." Another person commented, "I have no complaints. They [staff] are kind and caring. You can rely on them to turn up, do what needs doing and to do it properly."
- Staff assisted people in accordance with the person's wishes and their individual care plans and risk assessments. One person said, "The carers know what needs doing, I don't have to tell them twice. I have been clear how I like things done and they get on with it, very happy with them." A relative said, "It has been a positive experience. I trust them [staff] with [family member]. They are kind and patient."

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

- People were supported to express their views and involved in making decisions about their care and support. One person commented, "I have a folder inside has details on my care [arrangements] so the carers know what needs doing when they come. It covers what I want and don't want." A relative told us, "There is a care plan in place, covers everything. [Registered manager] listened and put into place what [family member] wanted and included me as well."
- People's views were reflected in their care plans and where possible they had signed these in agreement to their plan of care and support.
- People's care plans contained information about their life histories from childhood through to employment and significant life events. This helped the staff to build a relationship with people, talking to them about things that were important or interested them.
- People held copies of their care plans in their own homes, so they could access them and check for accurate information.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity by talking to them in a polite and respectful manner, listening and responding appropriately to any requests. One person told us, "The carers are always respectful to me." A relative commented, "The staff are kind and patient towards [family member]. Respectful and I know [family member] looks forward to them coming."
- People's care records included guidance for staff on respecting people's dignity, independence and privacy. The records included the areas of their care people could attend to independently and where they required support.
- Staff were observed in their usual work duties as part of quality monitoring processes. During these spot

checks the registered manager checked people's independence, dignity and privacy was promoted and respected.

Is the service responsive?

Our findings

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their individual needs were met and that staff were responsive to them. One person said, "I am happy with the care and help I get from Elimay. I can't fault it and would recommend the service." A relative commented, "The service very much meets [family member's] needs. As [family member's] needs have increased the service has responded in kind; increased calls where required. They have stepped up when we have needed them to."
- People had care and support plans that were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively and safely and according to their preferences.
- People's care records were personalised and included information such as the person's history, skills and interests to aid staff in developing a professional relationship and rapport with the person.
- Staff were familiar with people's needs and their preferences and what was important to them. This supported them to deliver people's care in a person-centred way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us they currently did not have to provide anyone with information in a different format such as large print or pictorial prompts, to help aid the person's understanding. They confirmed that if required they would be able to action this request.

Improving care quality in response to complaints or concerns

- A complaints process was in place. Records showed that any complaints received were dealt with in line with the provider's complaints policy.
- People told us that they had not had to make a complaint and would contact the registered manager if they had any concerns and were confident these would be resolved.

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- The registered manager was working on ensuring everyone had a personalised and comprehensive end of life care plan, to ensure that staff had the guidance they needed to support people if they entered the final

stage of their life. They advised this would include people's preferences relating to protected characteristic, culture and spiritual needs. This information is important as a sudden death may occur.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people who used the service and one relative was complimentary. They told us they were happy with the care they had received, held the registered manager in high regard and would recommend Elimay Homecare.
- People told us the staff knew them and their backgrounds well, which enabled positive relationships to develop and contributed towards good outcomes for people.
- The registered manager and staff understood their role in delivering person centred and individualised care. Consideration was given by the registered manager to match staff with people using the service to ensure compatibility, taking into account people's preferences and personalities.
- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service and where appropriate their relatives to identify how they wanted their care delivered.
- People were asked for their views in satisfaction questionnaires. We saw the results from recent questionnaires which had been completed by people who used the service, these were positive about the caring nature of staff.
- Staff had their competency assessed by the registered manager to ensure they were working to the standards expected. There was a transparent and open culture where staff felt able to speak to one another and the registered manager if they needed guidance and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.
- The registered manager was also the nominated individual of the company. They had an appropriate system to monitor and assess the service provided to people. This assisted them to identify any shortfalls and address them. They undertook care visits which supported them to receive comments from people, work alongside care specialists and identify if improvements were needed.
- Feedback from staff was positive, they liked working at the service, had confidence in the registered manager and felt supported.
- Notifiable events had been reported to CQC as required and the registered manager was aware of their

responsibilities around this. They received alerts and sector magazines to keep their practice up to date and received ongoing training and support which they shared with staff.

Continuous learning and improving care; Working in partnership with others

- The service continued to work closely with organisations within the local community to share information and learning around local issues and best practice in care delivery.
- Feedback from professionals cited collaborative working arrangements. One professional commented about the service, "I have no concerns about this provider."