

Elmes Homecare UK Ltd

Elmes 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

Elmes Homecare is a domiciliary care agency. It provides care and support to adults and older people living within 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 our inspection there were 11 people using the service in receipt of personal care.

The last rating for this service was requires improvement (published 24 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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

The quality and safety of the service had improved since our last inspection. The registered manager ensured the required actions were taken and improvements were made in line with their improvement plan.

People and their relatives spoke positively about staff and told us they were happy with the service they received.

People told us they felt safe and had not experienced any abuse, neglect or discrimination. People were protected from the risk of avoidable harm because risks were identified, assessed and managed safely by staff. People's medicines were safely managed. People were protected from the risk of infections. Lessons were learnt from accidents and incidents. There were sufficient staff available to support people's needs and appropriate robust recruitment practices were in place.

Staff were supported through induction, training and supervision to ensure they had the knowledge and skills to support people safely. People were supported where this was part of their plan of care to meet their nutrition and hydration needs. People had access to healthcare services and staff worked in partnership with health and social care professionals. 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.

People were supported by staff that were kind and caring. People were involved in making decisions about their care and support needs and had choice and control over their lives. People's privacy and dignity was respected, and their independence promoted.

People told us they knew how to make a complaint. People's communication needs were assessed and met and people were provided with information in a format that met their needs. There were systems in place to

assess and monitor the quality and safety of the service and to continuously learn and drive improvements. The service worked in partnership with key organisations to plan and deliver an effective service.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 10 January 2019).

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.

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

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Elmes 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

The inspection was carried out by two inspectors.

Service and service type

Elmes Homecare is a domiciliary care agency. It provides personal care and support to adults and older people with varying needs living within their own homes.

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

This inspection took place on the 10 January 2020 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone was present at the office.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included reviewing the provider's action plan we had asked for following our last inspection when we identified breaches of the regulations. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the 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 met and spoke with the registered manager, deputy manager and two care staff. Following the office visit we spoke with four people and or their relatives by telephone to seek their feedback on the service. We reviewed a range of records including five people's care plans and records and four staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and audits.

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 requires Improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider failed to ensure robust recruitment procedures were established and operated effectively. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Staff were recruited safely and appropriately as improvements had been made to the providers recruitment and selection processes.
- Staff files contained details of their full employment history with satisfactory written explanations of any gaps in employment, copies of their Curriculum Vitae (CV) and confirmation that disclosure and barring service (DBS) checks had been carried out before they started work. Staff records showed that where DBS checks showed they had historical convictions, the provider had assessed the risks of convictions and how they may impact on staff delivering care and support. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care services.
- There were sufficient numbers of staff to support people safely. One person told us, "I have regular carers and they are always on time." Another person commented, "There never seems to be a shortage, we have regular carers that visit. They have never been late."
- The provider had a system in place which monitored staff's arrival and departure at each care visit to ensure people received their care as required. Staff used a mobile application to confirm when they attended and left their care visits. The registered manager told us this allowed office staff to identify if a care visit was late or missed so action could be taken if required. One member of staff said, "They are plenty of staff to make sure people are cared for when they wish. We are given enough time with them and travel time."

Assessing risk, safety monitoring and management

- At our last inspection we found that risk assessments were not always detailed or provided guidance for staff on how to best support people to manage identified risks and this required some improvement.
- At this inspection we saw risks posed to people were safely and appropriately identified, assessed and documented. Staff had up to date information about how identified risks should be managed to keep people safe. For example, where people had been identified as being at risk of falls, falls prevention assessments were completed and any details of equipment required to ensure safe mobility were documented for staff reference.
- Staff understood people's needs and the level of support they required to reduce the risk of avoidable

harm. One member of staff said, "We had training on fire safety and I test people's smoke alarms to make sure they are working correctly. I have some people who have risks in relation to eating and drinking and these are recorded in their care plans."

- People were provided with information on how to contact the service out of office hours should they require support. Staff received training in first aid, health and safety and fire safety and knew how to respond in the event of an emergency.

Using medicines safely

- At our last inspection medicines records were not always monitored and audited on a regular basis to ensure people's safety and good staff practice and this required some improvement.
- At this inspection people were supported where required to safely manage and administer their medicines. One relative told us, "It's a very good service, they [staff] give [relative] their medicines always on time, mornings and evenings."
- Medicines care plans detailed people's known risks, allergies and current prescribed medicines. Staff completed medicines administration records (MARs) which we saw were accurate and were regularly monitored and audited by office staff to ensure safe practice.
- Staff told us, and records we looked at confirmed, that they had received appropriate medicines training and an assessment of their competency to administer medicines safely.

Learning lessons when things go wrong

- At our last inspection there were no monitoring systems in place to identify and manage any themes or trends, to prevent the reoccurrence of accidents and incidents and to learn from them and this required some improvement.
- At this inspection the provider had implemented a monitoring and audit system to record and investigate any accidents and incidents as they occurred. This ensured staff learned from accidents and incidents to improve the safety and quality of support provided to people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and or harm as there were appropriate systems in place to ensure this.
- People and their relatives told us they felt safe with the support provided. One person commented, "I have built a good relationship with the carers and feel very safe with them."
- Policies and procedures for safeguarding adults and systems for reporting and acting on concerns were in place. There had been no safeguarding concerns raised since our last inspection of the service. Staff knew how to identify safeguarding concerns and how to act on them appropriately.
- There were arrangements in place to deal with emergencies and an out of hours on call system that ensured management support and advice was available to staff when they needed it.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and food hygiene. They told us they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment. For example, when supporting people with laundry and domestic tasks.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection we found that although the provider had arrangements and tools in place to comply with the MCA, we found these were not always followed or completed correctly by staff. We made a recommendation that the provider referred to the MCA and the codes of practice for current best practice and that further training was provided to staff.

At this inspection we found improvements had been made and staff had received appropriate training.

- Staff had received further appropriate training on the MCA and associated codes of practice. The registered and deputy managers understood their responsibilities under this Act.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where to ensure people's representatives were involved in making decisions in their best interests, if they lacked capacity to do so themselves.

Staff support: induction, training, skills and experience

- At our last inspection the deputy manager conducted some training for staff in areas that they had not completed training in or train the trainer courses and this required improvement.
- At this inspection we saw that the deputy manager had completed a variety of train the trainer courses to enable them to correctly and appropriately train and support other staff.
- Records showed, and staff told us they received training in a range of topics such as MCA and DoLS, medicines management, safeguarding, dementia and emergency first aid amongst others. Staff received regular supervision, on site spot checks and support, as well as an appraisal of their practice and development.
- There were systems in place to ensure staff new to the service were inducted appropriately. Staff

completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.

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

- People's needs were assessed to ensure they could be met by the service.
- People's care and support needs were assessed prior to them using the service. Assessments took account of people's needs, preferences and risks. They included information about them, for example their existing physical and mental healthcare conditions, lifestyle and personal histories.
- Information gathered from assessments was used to develop personalised care plans which helped enable staff to provide appropriate support in line with people's choices and wishes.

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

- Where staff were responsible for this, people were supported to eat and drink enough to meet their needs.
- People told us staff supported them to meet their nutrition and hydration needs where this was part of their plan of care. One person said, "They [staff] always make sure I don't go without, they will make me anything I ask."
- Care plans documented people's nutritional needs, support required with meal preparation and eating and any known allergies.

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

- People were supported where required, to access health and social care services.
- Staff documented the support provided to people at each visit to ensure others involved in people's care received up to date information about their wellbeing.
- Staff reported any concerns about people's wellbeing promptly so that they received appropriate support when required.
- Staff worked in partnership with local healthcare professionals such as the GP and district nurses when needed, to ensure people received consistent and joined 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; equality and diversity

- People were treated equally and had their human rights and diverse needs respected. People and their relatives told us staff were caring and treated them respectfully. One person told us, "I have regular carers who visit me, and they are all very kind." A relative commented, "[Staff] are very caring and respectful towards [relative]. Privacy and dignity is respected, the staff are really good with encouraging [relative] with their personal care."
- Staff had built respectful relationships with people and their relatives, and people's diverse and cultural needs were respected and documented as part of their plan of care.
- Staff received equality and diversity training to help them protect people from discriminatory behaviours and practices in line with the Equality Act 2010.
- Staff provided us with examples of how they respected people's preferences, such as the choice to be supported by a male or female member of staff, supporting people with their personal care how they wished and respecting their choice of clothing.

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

- People and their relatives were involved in decisions about their care and support.
- People's views and choices were sought prior to using the service and evaluated on a regular basis through spot checks, surveys and reviews of their care and support needs. This meant people continued to be involved and supported to express their views about how their care and support needs should be met. One person said, "They [staff] often contact me to make sure I'm happy with the care and support I get."
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, large print versions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected.
- People were supported to be as independent in their care as possible. Care plans focused on what people could do for themselves and areas they felt they needed support with. For example, supporting people with meal preparation and to manage their medicines.
- Staff told us they promoted people's dignity by seeking consent and ensuring doors and curtains were closed when supporting them with personal care.
- Information about people was kept securely in the office and staff knew the importance of keeping information about people confidential.

Is the service responsive?

Our findings

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

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; end of life care and support

- People were involved in planning for their care and their choices were used to inform how support should be provided.
- A relative told us, "We are involved in planning for [relative's] care needs, what we wanted, when we wanted it and there is a care plan in place. If we need any changes we talk with the staff and we can change the care plan. There is a communication log that I can write things in and the staff check what's in it."
- Care plans documented people's physical, emotional and mental health needs, lifestyle and history and the things that were important to them. Records were maintained by staff on a daily basis and indicated that people received support as agreed and planned for.
- People and their relatives were involved in reviews of the care and support provided to them. This ensured the support provided was meeting their specific needs, preferences and choices.
- At the time of our inspection no one using the service required end of life care and support. The registered manager told us they were working on implementing a detailed end of life care plan tool and were sourcing appropriate training for staff. We will check on the progress of this at our next inspection of the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported where requested to meet their social interests and needs.
- Care plans reflected people's social needs and interests and documented any support required from staff to meet those needs. For example, we saw that when people required support at different times to attend events that were important to them such as places of worship, these were accommodated by staff.
- The provider adopted a 'wishing tree' idea. This allowed staff to work with people to establish one thing which they would like to do or achieve. We saw that for one person who was isolated at home due to their physical health, staff worked with them to enable them to leave their home and visit a local social club.

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.

- People's communication needs were identified and documented in their care plan to ensure staff had relevant information on how best to support them.
- Staff understood the AIS and the importance of effective communication when supporting people.
- The service produced information in different formats that met people's needs, for example, easy to read

versions of the provider's service guide and their complaints policy and procedure.

Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with people's complaints if they were unhappy with the support and service provided.
- People and their relatives told us they were aware of the provider's complaints procedure and how to make a complaint. One person said, "I am aware of how to complain but I have never needed to. I have no complaints at all."
- People were provided with information about what to do if they wished to make a complaint and how this would be dealt with by the service.
- Systems were in place to log and investigate any formal complaints made and records showed that where complaints had been made the service responded to them appropriately.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection the provider failed to ensure there were comprehensive, robust systems in place to monitor the quality and safety of the service provided to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 17.

- The service continued to have the same manager registered with CQC. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating.
- The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.
- The quality and safety of the service was routinely monitored. Checks and audits which covered areas of the service where we previously found issues were now robust. This helped reduce the risk of these issues happening again. For example, checks and audits were conducted on medicines, care plans and records, staff spot checks, staff recruitment and records, staff training, and accidents and incidents amongst others.
- There was an organisational structure in place and staff understood their roles and contributions to the service. The service operated an out-of-hours system to ensure appropriate management support was available to staff and people when needed.
- Staff meetings were held to share information and best practice.

Planning and promoting person-centred, high-quality care and support with openness; 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

- People received personalised care from staff who had the knowledge, skills and experience to perform their roles and responsibilities. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to.
- People and their relatives spoke positively about the service and the care and support provided by staff. One person said, "I am very happy with the service and have good contact with the office when needed." A relative commented, "The registered manager and deputy manager do their best to accommodate, they are really helpful and always available."

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

- There were systems in place to ensure the service sought the views of people through reviews of their care, on site spot checks and six-monthly surveys.
- People and their relatives told us they had frequent contact from the service and were asked for their views about the service provided. For example, we saw a survey had been conducted in September 2019 and results from people and their relatives were positive. 100 percent of respondents said they felt involved in decisions about their care, that they were kept informed about the service and their care, staff had enough time to meet their needs and they felt staff were well trained.
- The provider valued and listened to the views of staff. We saw, and staff told us, they had regular opportunities to share ideas and suggestions at team meetings, regular supervision meetings and team gatherings with co-workers, such as seasonal parties. The registered manager told us they had an employee of the year scheme to recognise and reward the achievements of staff who had performed well throughout the year. We saw staff were awarded with activities, treats or experiences of their choosing. The provider also implemented a staff bonus scheme in which points were given to staff upon feedback from people, compliments and team work shown. One member of staff commented, "I absolute love working here. We get really good support from the managers and treated very well."

Working in partnership with others

- The management team and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, district nurses, social workers and GPs.
- The registered manager told us they worked hard to make local community links and sponsored a local primary school, rugby club and the local high streets Christmas lights.