

## Esteem Homecare Services CIC

# Esteem Homecare Services

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Esteem Homecare Services is a small domiciliary care agency covering the Hambleton district of North Yorkshire. It provides personal care to people living in their own houses and flats in the community and specialist housing. Care visits are offered between 6:30am and 10pm. At the time of the inspection 15 people were using a service, most of whom were older people.

Inspection site activity started on 30 May and ended on 19 June 2018. The registered manager, who was also the nominated individual and director of the company, was present throughout the inspection. 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.

At the last inspection there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014, good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do to address this breach. We found some improvements had been made, however, further improvements were needed.

The provider was not following systems and processes to monitor and improve the quality and safety of the service. The registered manager was not formally reviewing audits to review actions identified by the care coordinator and ensure a consistent approach was adopted. Policies did not reflect current legislation and best practice guidance. This was a continued breach of regulation 17. You can see what action we told the provider to take at the back of the full version of the report.

We found the service had sufficient numbers of staff to support people to be safe. The service completed appropriate checks on its own staff and agency staff prior to them starting work.

People told us they felt safe when care was being provided. Risk assessments were in place to help manage commonly occurring risks to people such as falls. Where people had specific risks affecting them support was being provided to meet these. However, relevant individual risk assessments were not in place.

Where people had specialist equipment in place their care files did not detail who was responsible for maintaining and providing this to ensure it was safe for use by the person and staff. We have made a recommendation about specialist equipment and risk management.

Consent was routinely being considered when people were provided with care. The service understood how to help people make decisions for themselves as much as possible. Where people chose to make unwise decisions, these were respected.

People were involved in deciding their support plans. Staff understood what mattered to people. The service

provided care at people's preferred call times and changes to visit times were accommodated.

People were supported to take control of their lives and be independent. Staff negotiated with people which parts of their care they could and wanted to do for themselves. Staff understood how to adapt their approach to supporting people depending on their presentation on a given day. People's dignity and privacy were respected when they were being supported.

People knew how to complain and had access to the registered manager by telephone or in person. When complaints were made these were investigated and acted on to make improvements.

Staff received training appropriate to their roles. New members of staff had an induction and opportunities to shadow the registered manager to enable them to become familiar with people's care needs and preferences prior to supporting them.

The service had effective working relationships with other professionals and involved them as required. When information was provided by professionals this was shared amongst the staff team and advice was followed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

When people required specialist equipment care files did not contain details of who was responsible for providing and maintaining this.

There were sufficient numbers of staff to support people.

Checks were completed on staff and agency staff prior to them starting work to minimise the risk of unsuitable staff working with vulnerable adults.

Lessons were learned following any accidents and incidents to help the service improve.

### Is the service effective?

**Good** ●

The service was effective.

People were involved in identifying what support they needed and how they would like this providing.

Staff received an induction when they started working for the service and had regular training and supervision.

There was effective communication within the staff team and other professionals involved in supporting people.

### Is the service caring?

**Good** ●

The service was caring.

People told us staff were interested in them and their lives.

People were supported to take control of their lives and be independent.

Staff respected people's privacy and dignity when providing care.

### Is the service responsive?

**Good** ●

The service was responsive.

People received care at their preferred times.

Staff adapted their approach to supporting people depending on their needs at the time.

People knew how to complain and had access to the registered manager by phone or in person.

**Is the service well-led?**

The service was not always well-led.

A new system of audits had been developed but did not cover all aspects of the service.

The registered manager was not reviewing audits to see what changes were needed in the service.

The service was working in an open and transparent way.

**Requires Improvement** ●

# Esteem Homecare Services

## 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 team consisted of one inspector and an expert by experience. Inspection site visit activity started on 30 May and ended on 19 June 2018. We visited the office location on 11 and 19 June to review care records and policies and procedures. An expert by experience contacted people that used the service and their relatives by telephone on 30 May. We gave the service 72 hours' notice to make arrangements for us to speak to people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in older people and people living with dementia.

Before the inspection, we reviewed information we held about the service such as notifications and the Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioning and safeguarding teams to find out their view of the service. We used this information to plan our inspection.

During our inspection we spoke to four people who use the service and three relatives. We looked at the care files of three people and two medication records. We reviewed three staff files, including staff recruitment, training and supervision records. We spoke to two members of care staff and the registered manager. We spoke with one professional who worked alongside the service to support people. The registered manager, who was also the nominated individual and director of the company was present throughout the inspection.

## Is the service safe?

### Our findings

Some people had equipment in their homes to support them to remain safe. However, we found records did not contain enough information to ensure risks were managed. For example, one person had a specialist pressure relieving mattress. Records did not show how the mattress should be set and who was responsible for its maintenance. The registered manager confirmed staff knew who to contact should there be problems with the equipment. They told us they would ensure the required information was recorded in the person's care file. A professional who worked alongside the service confirmed staff contacted them if there were equipment problems and gave the example of an item becoming worn and in need of replacing.

At the last inspection the provider was not using recognised risk assessment tools to identify and manage risks relevant to each person. At this inspection we saw that risk assessments were being used, including falls risk assessments. Environmental risk assessments contained details of risks relating to the interior and exterior parts of people's properties.

Some people undertook specific activities that could put their safety at risk. For example, one person chose to smoke in bed and could not mobilise from their bed independently. There was no risk assessment in place to show how staff supported the person to remain safe in this regard. However, we saw details in the person's communication records that staff had put in place support arrangements to help the person dispose of their cigarettes safely and these were followed. This meant the risk was being monitored and managed. The registered manager agreed to put risk assessments in place to identify the level of risk and reflect the control measures staff used to keep the person safe.

We recommend that the provider review their documentation relating to equipment and risks affecting people to ensure safe practice for people and staff.

The provider had systems in place to safeguard people from abuse. Staff understood how to identify and report any allegations of abuse. One member of staff told us they would write down any concerns, seek the person's consent, check with them what they had said and then they would speak to the registered manager. A safeguarding policy and procedure was in place but did not refer to current legislation. The registered manager agreed to review and update the safeguarding policy.

At the last inspection some people needed medicine 'as and when required' and there were no protocols in place to record why and when they may be needed it. These protocols were still not in place. One person needed pain relief on occasions but did not have capacity to communicate with staff when this was required. There was no written information to provide guidance to staff on body language that may be displayed if the person was in pain and the medicine may be needed. The registered manager acknowledged there had been changes in the person's medication support arrangements that needed updating. We recommend the service considers current guidance on recording 'as and when required' medicines.

Agency staff were routinely used to ensure there were sufficient numbers of staff available to meet people's

needs. However, the registered manager was unable to initially show us that checks, to ensure the suitability of four regular agency care workers had been completed prior to them commencing work. We discussed these shortfalls with the registered manager who told us they did not know how to use agency workers or what checks were required prior to them starting. We directed them to the relevant legislation. Following the site visits the registered manager provided satisfactory agency profiles, showing the checks completed on staff and their induction records

Where the service recruited its own staff, appropriate recruitment checks had been completed prior to them starting employment.

At the last inspection we found there were no policy, procedure or records kept when care workers were dealing with people's money. At this inspection we saw a procedure was in place for managing people's finances and financial transactions logs were being completed.

People and their relatives told us staff made them feel safe. When people needed specific moving and handling equipment for their mobility they told us, "They handle me quite carefully. They don't rush me at all." This demonstrated that when people required higher levels of support from staff they felt confident they would maintain their safety.

At the previous inspection we found rotas were not formally recorded to show which staff attended to which people and evidence that all the care visits were covered appropriately. At this inspection we saw rotas containing the relevant detail. People and staff told us, "There are enough staff." A care worker explained they were given enough time to travel to each care visit.

People commented on having different members of staff supporting them. One person said, "You don't get the same one. It's different ones every time, more or less." The provider explained staff variations were due to staff's other commitments impacting on their availability for work. Despite receiving care from different care workers people did not tell us this was a problem and reported being satisfied with all staff. One person told us, "They do everything I need and are all very kind." This showed a consistent standard of care was being provided.

During the day an on-call system was in place to support people and staff should any issues or emergencies arise. The responsibility for being on-call was shared between the registered manager and care coordinator. People and staff knew they could contact the registered manager if needed. This showed the service had plans in place to ensure the safety of people using the service and staff, should unexpected incidents arise.

The provider had considered people's ability to manage their medication. Some were identified as being able to manage their medication independently. Where people required support to take their medicines staff had completed medication handling training and their competency to administer medication had been checked. Staff told us they observed the registered manager delivering this care prior to them providing medication support. This helped staff to understand people's individual needs and how to record the support provided.

Personal protective equipment (PPE) was used to prevent the risk of infection. We saw records of staff shadowing the registered manager and learning about infection control and when PPE should be used and changed. People's care records contained prompts to remind staff of the correct use and disposal of PPE and other infection control precautions, such as washing their hands.

A new accident, incident and near miss form had been developed at the last inspection. We saw where a



person had fallen an investigation of the incident identified the cause. The person's risk assessment was updated and staff alerted to changes in their needs. This demonstrated that the service was learning lessons and making improvements when things went wrong.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The principles of the MCA were understood by staff. One worker said, "It's if people can't decide things that need to be done." The member of staff was clear that even when people were unable to make decisions for themselves they should still be involved. People's care files recorded that their capacity had been considered. In one person's care record we saw evidence they had capacity to make decisions but were likely to make unwise choices.

Consent was sought in line with guidance. In one care record we saw signed consent forms for care and treatment, permission to share information and assistance with medication. People's care plans identified that consent should be obtained for specific tasks, for example before changing someone's bed. Staff were aware of the need for consent and said, "It's very important and needs doing before anything. You can't just do things without someone's permission." This demonstrated that consent was always being considered when providing care.

An induction programme was in place to support new members of staff to understand the service and their role. We saw evidence of staff having shadowed the registered manager to observe certain aspects of care being provided. Areas covered as part of the shadowing included infection control, communication and recording. When new members of staff joined the service, shadowing helped them to familiarise themselves with people and their care needs. People told us, "If there is anyone who has joined them [the service] they always have an experienced one [staff] with them." This was valued by people, helping them to build a relationship with new workers. Staff also found the shadowing opportunities useful; "I've been informed how each specific client needs caring for." This showed the service ensured staff had the skills and experience to deliver effective care and support.

We saw evidence of staff having regular training. Training included first aid, care and confidentiality and health and safety. The registered manager told us staff had the option of completing training individually online or as a group. Following training, staff knowledge and understanding was checked. One worker told us, "The registered manager will speak to me after the training and has told me he'll ask questions to check my learning." This demonstrated a thorough approach to training and assessing staff competences.

At the last inspection we found the provider did not identify when staff needed to complete refresher training to maintain their knowledge and skills. At this inspection we saw records showing when staff needed to re-do their training. This was now being monitored.

Staff had undertaken training in areas such as anxiety, depression and arthritis to improve their knowledge and understanding of issues affecting the people they were supporting. People felt staff had the training they needed to support them effectively. One person said, "They know what they are doing with the hoist. An

occupational therapist demonstrated." This highlighted staff received bespoke training when needed and that people had confidence in the knowledge and skills staff had.

A combination of group and individual supervisions were used on alternate months to ensure staff development and consistency across the service. In individual supervisions we saw evidence of progress and achievements being reviewed. Actions were identified to help workers develop in their role, such as attending assessments prior to people receiving a service. Dates had been booked for staff to have an annual appraisal.

People received support with eating and drinking to maintain a balanced diet. Care plans identified where people's eating and drinking may be a concern. One person's care plan stated, 'I may refuse to eat. Carers to encourage me to eat unless my relative says we have had something together.' Care workers told us they would offer people a choice of three meal options to help promote a varied diet. Where there were concerns about people's nutritional intake, staff were aware of these and knew how to provide the right support. One staff member told us, "We encourage people to eat as much as possible. We record how much they have eaten."

Staff communicated within the team by recording in people's daily care notes. They used a messaging application on their mobile phones to alert others to any updates or queries they had in relation to people and any medication needs. Staff told us they found this worked well and one said, "There is good communication with the manager and other staff." Where concerns were identified during care calls we saw that staff communicated these to the registered manager.

When other professionals were involved with people and their care needs they communicated with the registered manager and this information was shared with the staff team. We saw where one professional had put in place a moving and handling care plan this was referred to, within the person's care plans. This showed the service was acting on advice from other specialists when providing care.

People were supported to access healthcare services where needed. When they experienced problems relating to longstanding health issues we saw medical advice had been sought as appropriate, including contacting 111. When someone reported that they had run out of medication their pharmacy was contacted.

## Is the service caring?

### Our findings

Care files documented how people should be listened to and treated. One person's care plan recorded, 'Listen carefully as they share things that matter to them with you. Show interest and encouragement'. People told us staff were interested in them and their lives. One person said, "They ask me if I have been out, what I have been doing. They are all kind." This showed staff were treating people with kindness and respect.

The caring relationship between people and staff was important to people and the service. One person said, "We get to know them and they get to know us well." The registered manager told us, "You look after them like family, it's the nurturing side of things." This demonstrated that compassionate care was being provided.

We saw evidence staff were supporting people to take control of their lives. One person's care file stated that their property was not suitable for their mobility needs, which impacted on their ability to access the community. The person's care records contained a letter written to a housing provider detailing how the person's accommodation was impacting on their mental and physical wellbeing. This showed the service supported people to express their views and to try to make changes to their lives.

There was a policy in place to ensure data protection was adhered to. This did not make any reference to the accessible information standard and how the service would meet the communication needs of the people it supported. The registered manager was not familiar with this standard and we recommended they find out about the accessible information standard based on best practice guidance. The registered manager agreed to review their policy.

People told us staff encouraged them to be independent. Care tasks were negotiated to make them more manageable for people. One person said, "They encourage me to wash my top end." Staff described how they would promote people's independence. One care worker told us, "I encourage them and say, 'Do you want to wash your face?'." Care files reflected support being offered in this way. One person's care file stated, 'Staff to use shampoo and conditioner to wash [person's] hair. [Person] will then dry, brush and style their hair independently.' This highlighted support was being delivered in a way that enabled people to do tasks that mattered to them independently and take pride in their appearance.

People felt their dignity and privacy was respected. One person said, "If they lift me onto the commode they go out of the room and come back when I call." Staff explained to us how they would treat people with dignity, ensuring they were dressed properly. Staff understood how to maintain privacy when providing support to people in their homes, closing any open doors or windows before providing personal care.

# Is the service responsive?

## Our findings

Assessments were completed before people received support, identifying what support they required and how they would like this provided to achieve effective outcomes for them. People had care plans in place, which contained person-centred details. One member of staff told us they would look at people's care plans to understand their support needs and said, "It says what they [people] want and how they want it." People told us they had seen their care plans. One person said, "At the beginning they brought papers for us to sign."

We saw evidence people's care plans were being reviewed regularly against their outcomes and to ensure they were up to date. People told us they were involved in their reviews. One relative said, "They ask if everything is going ok." Another person said "They don't just do things without consulting us. We work it out together." This showed people were being asked if the support was meeting the outcomes they wanted to achieve and were involved in making changes to their care arrangements.

People chose the times of their care visits and could request changes to these. We saw evidence of people asking for their care times to be changed and these being accommodated. People told us staff arrived on time for their visits. One person said, "They come at regular hours four times a day." Another person said, "They [staff] would call to say if they would be late." This showed the service was responsive to people's preferred times for receiving care.

When people required support outside of their usual care visits the service was responsive and made appropriate arrangements. One person told us they once had cause to contact the service as they had been unwell and required assistance. They explained they contacted the registered manager and said, "He sent someone within 20 minutes."

We saw evidence of staff adapting their approach to working with people depending on their presentation on a particular day. One person's support plan stated care workers should assess the person's mood 'to decide which approach to use to engage with [the person] on each occasion.' Another person's care file detailed how there may be variations in their mobility, which staff needed to consider when supporting them. This demonstrated staff were responsive to individual needs and provided personalised care.

Care files showed staff understood what mattered to people. One person's care file stated that their 'Key priority, at the moment, is to get out of bed and use their wheelchair.' We saw evidence the person had received this support and had contacted the service to thank them.

People had the opportunity to pursue their interests. Exercise was important to one person for maintaining and improving their mobility and physical health. The person's care records showed they were being supported to use their exercise bike and complete leg exercises. This meant the person achieved their outcomes and was empowered to be as independent as possible with their mobility.

When people had concerns we observed the registered manager receiving telephone calls to address these.

The registered manager spoke with empathy and informed the person of the actions they would take to rectify the situation. A relative told us of a certain incident where there had been a disagreement between them and a member of staff as to whether a person required a meal. The relative received an apology. The actions taken were recorded and shared with the staff member concerned and across the staffing team to ensure there were no further issues with the service.

People knew how to complain and told us they would speak to the registered manager via telephone or when they visited and provided care to them. People had confidence any complaints would be listened to. One person said, "They always put things right if something goes wrong."

We saw three complaints that had been raised since the last inspection. For each complaint the issues raised by the person or their relative were investigated and actions taken to make improvements. For one person the doors to their home had been left unlocked following a care visit. The need for improved security by the person's friend and staff was identified. The incident had been investigated by the care coordinator to identify the access arrangements in place and discussions were held with the relative and care workers to prevent future re-occurrences. The registered manager was aware of the complaints when we spoke to them but there was no evidence of them having reviewed or signed them off. They agreed to consider this.

The service had supported people with end of life care. Staff had completed training on ageing and pain management. Staff described how they would provide care specifically for those receiving end of life care. One worker said, "I would make sure the person was not in pain, but was comfortable and give them time to speak to me." Staff understood that people's support needs would change when end of life care was being provided and recognised this would require a sensitive and flexible approach.

## Is the service well-led?

### Our findings

The management team had developed at the service since the last inspection. There was a registered manager in post. A new care coordinator was in post, supporting the registered manager with overseeing the running of the service. Another member of staff was progressing towards becoming a second care coordinator for the service.

At the last inspection in June 2017 the provider had not ensured there were systems in place to assess monitor and mitigate risks to people and contemporaneous records were not maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014, Good governance. At this inspection we saw some improvements had been made but there were still shortfalls in assessing, monitoring and improving the quality and safety of the service, which meant the service continued to be in breach of regulation 17.

A new system of auditing had been developed from the last inspection. We saw evidence of monthly audits of medication administration records (MARs) and communication sheets completed by the care coordinator. However, the audits did not cover all aspects of the service. This meant they did not always identify issues that required improvement as highlighted in the safe section of this report, such as risk assessments, the lack of 'as and when required' medicine protocols and recruitment checks for agency staff.

The registered manager did not have access to some of the audits completed by the care coordinator and advised that they had not seen their two most recent audits. This meant the registered manager was not overseeing audit information and any actions arising in line with the provider's quality assurance policy.

Where complaints had been raised these had all been investigated by the care coordinator with no evidence the registered manager had reviewed the outcome of the investigations. Consequently, an effective framework of accountability was not in place.

The provider's policy on data protection and accessible information did not show how the service supported the communication needs of those using it. When we discussed these findings with the registered manager they explained that they were unaware of the distinction between the two pieces of legislation.

Failure to assess, monitor and improve the quality and safety of the service was a continued breach of regulation 17 good governance under the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

The provider had a missed/ late/ early call procedure. The registered manager told us they would always be made aware of any calls falling outside of the usual time slot by people or staff. People said, "They [staff] would call to say they would be late." This showed that when calls were not running to time people and the registered manager were informed and people did not experience any significant impact as a result.

The service had a culture of working in an open and transparent way. A member of staff told us, "Other carers are happy to be observed and for you to ask questions." This helped new workers to learn from more experienced staff and ensured that people experienced a consistent standard of care being delivered across the service.

The registered manager obtained feedback from people who used the service via phone calls or during visits to their homes. We saw evidence the registered manager acted on feedback provided. For example, a person's clothes had not been laundered by staff at the correct wash. This was shared with staff to remind them of the person's preference.

People confirmed they had regular contact with the registered manager. This demonstrated the registered manager had a visible presence and people had opportunities to contact them in the way they felt most comfortable with. The registered manager advised a questionnaire was being developed to send out to people to consider their views of the service. No surveys had been undertaken as yet to seek the views of staff or other professionals working alongside the service.

The service had good links with other organisations and professionals. One professional told us, "They are very good at facilitating joint visits. The registered manager will be present." We saw evidence of professionals being contacted by the registered manager and giving advice in people's communication sheets. One person's records showed staff had been asked to help the person with some leg stretches to relieve stiffness in their legs. We saw care records showing this had been followed.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not being followed to assess, monitor and improve the quality and safety of the service, including the quality of the experience of service users.</p> <p>Regulation 17 (2) (a) (b)</p>