

Elgar Care Ltd

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Inspection report

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Date of inspection visit:
23 January 2017

Date of publication:
21 February 2017

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

Elgar Care is located in Hereford, Herefordshire. It is domiciliary care agency which provides support to people in their own homes. It supports people with mental health difficulties, older people and people living with dementia. On the day of our inspection, there were 20 people using the service.

There was a registered manager at this service and a non-registered manager, both of whom were present on the day of our inspection. Both managers were also the registered providers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People were involved in discussions about the individual risks associated with their care needs and health conditions. Where risk assessments were in place, these were followed by staff. People felt comfortable to ask for specific requests in relation to their care to make them feel safe. Staff knew how to recognise signs of abuse or harm and where they had concerns, these had been reported. People knew in advance which carers would visit them, and when. Where people needed set carers on set days, this was in place.

People were prompted to take their medicines. People's rights in relation to what they could expect from staff were clearly set out and abided by.

Staff received ongoing training which was relevant to the needs of the people they support. People were introduced to new members of staff before they cared for them. People were supported to maintain their health and any changes to, or concerns about, their health were acted on. People were encouraged to eat and drink enough.

People's communication needs and styles were known by staff. People's religious beliefs were known and respected. End of life care was handled in a dignified and sensitive manner. People were treated with dignity and respect by staff who understood its importance.

People's preferences and health and wellbeing needs were known by staff. Staff knew people well as individuals, and how they wanted to be supported. People's care was reviewed to ensure it was still meeting their needs. People knew how to give feedback, raise any concerns or make a complaint about the service they received. Where comments had been made, these had been acted upon.

People, relatives and staff were positive about how the service was run. People could approach the managers, and felt comfortable doing so. Staff were supported in their roles and were positive about these, and the people they support. Quality assurance checks were in place to ensure that people received a high standard of care and that they were happy with the service provided.

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 is safe.

People were able to approach the registered manager and ask for adaptations to make them feel safe. People were involved in decisions about their safety needs.

People were supported by reliable staff, who did not miss people's calls. People received the assistance required with their medicines.

Is the service effective?

Good ●

The service is effective.

People were cared for by staff who knew how to meet their needs. People were supported to maintain their health, and were referred to specialist healthcare professionals, as necessary.

People were encouraged to eat and drink enough and to maintain a healthy weight.

Is the service caring?

Good ●

The service is caring.

People enjoyed positive and respectful relationships with their carers. There was a dignified and sensitive approach to end of life care.

Staff understood the importance of tailoring their communication to the needs and sensitivities of people. People's dignity was maintained by staff who understood its importance.

Is the service responsive?

Good ●

The service is responsive.

People's individual preferences were known and respected by staff. People's changing needs were responded to.

People were listened to when they raised concerns and action

taken as a result. People knew how to complain about their care, if dissatisfied,

Is the service well-led?

Good ●

The service is well-led.

People and staff found the managers to be approachable and that they were listened to. People were cared for by positive and motivated staff.

There were systems in place to monitor the quality of care people received. The managers were actively involved in the day-to-day running of the service, and knew people and their relatives well.

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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 made an announced inspection on 23 January 2017. The inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had knowledge and experience of care provided by domiciliary care agencies.

We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available in the office.

We looked at the information we held about the service and the provider. We asked the local authority if they had any information to share with us about the care provided by the service.

We spoke with eight people who use the service, and four relatives. We spoke with the registered manager and manager, who were also the providers. We spoke with three members of care staff, and one healthcare professional. We looked at three care records, which included risk assessments, initial assessments of needs and reviews of people's care. We looked at the quality assurance records and recent feedback received on the service.

Is the service safe?

Our findings

We asked people what being safe meant to them, and whether they felt safe when using the service. One person told us, "They have been marvellous. They have supported me to get better and I would definitely say I am safe." Two people we spoke with told us they felt safe because the registered manager had ensured they were happy with the gender of their carer and asked them whether this was acceptable to them. One person told us they felt safe because they were listened to. They told us, "There was a bit of a problem with a couple of the carers at first. I spoke to [registered manager] and I haven't seen those carers since." A relative we spoke with told us, "I would say [person's name] is safe with the staff from Elgar Care. [Registered manager] is in touch regularly and if I didn't feel [person's name] was safe, I would tell them."

We looked at how the providers managed individual risks associated with people's care needs, and how people were involved in decisions about keeping them safe. People told us that when they started to use the service, they had been visited by the registered manager or manager to understand exactly what the person required. People and relatives told us that the risk assessments in place were followed by staff. For example, a relative we spoke with told us that their relative required two carers, and that carers always waited until both had arrived before commencing any care or assistance with moving. We saw that risk assessments were in place for areas such as breathing difficulties, skin health, allergies and mobility. There were also risk assessments in place in relation to specific medical conditions, such as psychosis, which set out how to keep people safe.

Staff told us they knew how to recognise signs of different types of abuse and how to report matters of concern. One member of staff told us they had raised concerns to the registered manager about a person being at risk of self-harm, and the registered manager had notified the local authority. They told us, "If you are in any doubt, you must pass that doubt on." Another member of staff we spoke with told us some of the possible signs of different types of abuse and then told us, "We have a public duty and responsibility to make sure vulnerable people are cared for and are safe."

We looked at how the providers ensured there were sufficient numbers of staff to keep people safe and meet their needs. We saw that all calls were covered by the existing staff team, including the registered manager and the manager. People told us they found the staff to be reliable and that there were no instances where a carer had not attended a scheduled call. People also told us that staff stayed for the allotted time and did not cut calls short. The registered manager told us that they would not accept care packages where calls were less than half an hour. They told us, "We don't want our calls to be a rushed experience for people."

Everyone we spoke with told us they were given a copy of the rota for the week ahead so that they were aware of who would care for them that week, and when. One person told us, "I like to know who is coming. I have got to know them all well now." People told us they were kept informed about any changes to the rota. One person told us, "One of the managers lets me know if there are any changes to the rota." Another person told us, "Although staff do still get stuck in traffic sometimes, they are working hard to get it right. They try their hardest to please you." Where possible, people had set carers on set days. The registered manager explained that some people's health conditions meant that consistency of staff was very important to them.

We looked at how the provider recruited staff and we saw that staff were subject to checks with the Disclosure Barring Service ("DBS"), as well as reference checks from former employers. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care. The registered manager and staff told us that staff were not able to work with people until these checks were completed. These checks helped the registered manager make sure that suitable people were employed and people who used the service were not placed at risk through its recruitment processes.

We spoke with people about the support they received from staff in taking their medicines. Some people were able to administer their own medicines and chose to do this. Other people told us staff prompted them to take their medicines. Two people we spoke with told us that staff applied creams for them. They told us that staff always wore gloves when doing this, and signed to say the cream had been applied. A relative we spoke with told us that staff only assisted with medicines which had been agreed as part of the care plan, and which had been prescribed. The providers had devised the "Rights for Medication", which set out people's rights when being assisted with their medicines. These included the 'right dose of the right medicine, at the right time, by the right route, with the right documentation.' Staff we spoke with were aware of these rights. Before being allowed to assist with medicines, staff had to undergo medicine training and competency checks. This was to ensure that only trained and competent staff assisted people with their medicines.

Is the service effective?

Our findings

People and their relatives told us they felt staff had the knowledge and skills to meet their needs. One person told us, "I think most are well-trained, although some can be a bit unsure of themselves at first. They soon settle down though and are all very eager to get it right". A relative we spoke with told us, "All the staff are competent with the hoist. Some staff were here when it first arrived and were trained by the occupational therapist. Other staff will refer to the manual, which even contains pictures, or they ask me if they are unsure. I trust them to know what they are doing." Another relative we spoke with told us, "They seem to be very competent at what they do."

Staff told us the induction they received helped them to support the people they cared for. One member of staff told us, "The induction was fantastic. The registered manager delivered it, and they kept it lively and interactive. They explained things really well." In addition to an in-house induction, staff also completed the Care Certificate. The Care Certificate is a set of standards which social care and health workers must adhere to as part of their daily role. One member of staff told us, "It (the Care Certificate) covers everything you need to know." People told us they were introduced to new carers by experienced staff members, which they found helpful as it gave them an opportunity to meet them before they attended calls. Staff told us that when starting their roles, they were given a mentor, who was an experienced member of staff. One staff member told us, "It can be quite scary if you are new to domiciliary care, it is a very responsible job, but no one is ever on their own here, there is a lot of support."

Staff were positive about the ongoing training and development they received. Recent training had included subjects including stroke awareness, diabetes and dementia. One member of staff told us the managers were in the process of sourcing specialist training for them on Parkinson's disease. Another member of staff had requested training in palliative care, which was being arranged through the local hospice. One member of staff told us, "They (managers) try to accommodate our interests." The manager told us about the emphasis they placed on staff training. They told us, "We want the best-trained staff in Hereford."

People and relatives told us that staff supported them with their health needs. One person told us, "A couple of weeks' ago, staff noticed there was a red area on my leg and said I should ring the doctor. They wrote it in my care plan and they must have told [registered manager] as [registered manager] rang me to check I had been to my doctor. They are very thorough." Recently, a person had been discharged from hospital at midnight, and the registered manager had arranged an additional home visit. They had done so to ensure the person was well enough to have been discharged, had someone at home to spend time with them, and were feeling alright. We saw that staff worked closely with a range of health professionals, including community psychiatric nurses, GPs and district nurses. We saw that people's care plans recorded important information about how staff could tell if someone was unwell. For example, one person's care plan set out what signs staff should be vigilant in watching for which would indicate the person was experiencing poor mental health.

We looked at the support people received with their meals and drinks. One relative told us staff always made sure their relative ate a substantial breakfast as there were concerns about the person's weight, and

that staff knew that the person tended to not eat a lot for the rest of the day. Staff told us they worked alongside GPs and district nurses to ensure people maintained healthy weights and were encouraged to eat, where necessary. One member of staff told us how they set time aside to go through pictures of different meals with a person to try and find meals they would find appetising and would enjoy. Where there were concerns about people's food and fluid intake, these were monitored and information shared with relevant health professionals. Two people we spoke with mentioned that whilst staff were keen to help them with their meals, not all staff had the same ability when it came to culinary skills. One relative mentioned to us that some staff members would benefit from a basic cookery course. We discussed this with the registered manager, who told us they would arrange guidance and training for staff in that area.

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.

We checked whether the service was working within the principles of the MCA. People were supported by staff who had an understanding of the MCA. Staff were able to explain to us about how capacity can fluctuate, and how assessment of people's capacity should be decision-specific. One member of staff told us, "You have to look at capacity and consent from all angles. Such as, are they being put under any undue pressure which is affecting their decision-making? Have they been given all the information they need to be able to make an informed choice?" One member of staff told us how a person they cared for had a condition which meant that they might be able to make a decision or provide consent one day, but on another day, "Their condition might override their ability to consent." The staff member told us that as such, their capacity and consent had to be assessed and gained on a daily basis. Staff also understood about people's right to make decisions which may be deemed as unwise. One member of staff told us, "They have to right to make their own choices, even if we don't agree. You just try to keep them safe as best you can." People told us that their consent was sought by staff before providing assistance. One person told us, "They don't just do things, they ask."

Is the service caring?

Our findings

People told us they enjoyed positive relationships with staff, and told us the things that staff did which showed their caring approach. One person told us, "Only this morning, [carer's name] asked if there was anything else they could do. I suggested they topped up the bird feeder. It was so good of them as it is so cold today and it saved me going out in the cold." A relative we spoke with told us, "It is smiles all round, really. The carers are very sociable as well, they will sit and chat and will ask if there is anything else they can do." Another relative told us, "I am very happy with Elgar. The staff seem to love their job. I think they are supported by the company to do a caring job. They talk and smile all the time whilst seeing to my [relative]." Staff we spoke with spoke enthusiastically about their jobs and the enjoyment they got from caring for people. One member of staff told us, "I really like making people happy and cheer them up. We might be the only person they see all day."

Relatives we spoke with were particularly impressed by the way staff cared for people who were at the end of their life. One relative told us, "[Relative] is at the end of life and the staff have been marvellous. Some of them get upset when we talk about it, but they are all aware of how ill [relative] is." Another relative we spoke with praised the staff's "sensitive and dignified" approach to end of life care. A further relative told us, "When we started using them, [person's name] was in a very bad condition and wasn't expected to live long. However, with their care and support, [relative] is comfortable and everything is in place to ensure their comfort until the end."

People told us they were involved in decisions about their care and that their wishes about how they wanted to be cared for were respected. One person told us, "They never rush me, they always ask if I am ready to go for a wash or whatever. They take their time". A relative we spoke with told us they were very pleased as they had stipulated a male carer was to carry out personal care for their relative, and this has been put in place. We saw that one person's care plan informed staff that the person liked to live in a cluttered environment, and it was important that staff did not try to tidy the home against the person's wishes. Staff we spoke with understood the importance of respecting people's wishes about their care. One member of staff told us, "People can be particular about their care, and understandably so. One person has a particular set of beliefs, and so I am always aware of that and the language and terminology I use around them." We saw that people's care plans recorded their preferred life choices as well as any cultural or religious needs.

Staff told us about the importance of communicating with people, providing explanations and respecting their choices. A relative we spoke with told us, "I hear the carers ask [person's name] if they are ready to do something. They need to do this otherwise [person's name] may not want to join in. [Person] can be stubborn at times, but staff are patient." We spoke with a social worker, who praised the staff for their "tactful" communication skills. They explained that a person using the service did not accept their condition and did not like it to be referred to. They told us staff managed this person's preferences very well and in a diplomatic manner. We saw that people's care plans detailed information about people's individual communication styles and needs. For example, one person required staff to speak clearly and slowly, in simple sentences, which would not overload the person.

People we spoke with felt they were treated with dignity and respect. One person told us they liked to have their wash whilst sitting comfortably in the bathroom. They told us, "Staff make sure I am comfortable and keep me warm with towels whilst I get a wash. They make sure the bathroom door is closed. I never feel embarrassed or anything, they are good at that." Staff we spoke with understood the importance of dignity, respect and privacy. One member of staff told us, "Dignity is the most personal thing we all possess; you must not take that away."

Is the service responsive?

Our findings

People and relatives told us that staff took the time to get to know people well, including their health and wellbeing needs, as well as their personal preferences and interests. A person we spoke with told us, "The staff know what I like and how I like it to be done. I would say they are meeting my needs." Another person told us, "The staff understand me. I have found them all very good and I wouldn't want to change." Staff told us they enjoyed getting to know people's likes, dislikes and preferences. One member of staff told us, "We get to know them so well, and they get to know us. You build up a relationship built on trust and confidence, which is very special." The registered manager told us the importance of getting to know people as individuals. They told us, "If you don't know people, how can you care for them?"

One relative we spoke with told us, "We have a small team of carers, who have got to know [person] and what is needed very well. [Person's name] lights up when the carers come." Another relative we spoke with told us they were appreciative of the way staff responded to their relative, and this was why the working relationship was so successful. We spoke with a social worker, who told us they were impressed by the service provided. They told us, "They have been excellent, they have built up a great rapport with [person] and [person] has changed as a result."

People told us before they started to use the service, they met with the registered manager to discuss their needs, and that these needs were reviewed. One person told us, "I was visited by both managers when I first started. They wrote down all of my needs and then asked me to sign it. I sometimes look at it (care plan), although it is mainly for the staff. Nothing has changed." A relative we spoke with told us, "The care plan was set up with the managers and they are in touch regularly to see if I need anything else as my [relative's health] deteriorates." People told us there was flexibility in their care, to fit around their changing needs and personal commitments. One person told us, "They are very good, you can change things if you need to. For example, I called this morning to cancel tomorrow as I have a last minute appointment to attend."

People, relatives and staff told us that staff were quick to identify and respond to any changes in people's health or wellbeing. A relative we spoke with told us, "They are well aware [person's name] has very fine skin. The staff will notice if there are any red areas so that I can alert the district nurse. In fact, staff will suggest I call the nurse or the GP. [Person's name] returned from hospital and staff noticed a red area and insisted we call the GP. [Registered manager] even rang me to find out what happened." A social worker we spoke with told us staff were very quick to contact them if they had noticed any changes in people's mental health or general wellbeing. We saw that where there were concerns that people's needs had changed and the calls in place no longer met their needs, staff brought this to the attention of the registered manager and reviews were held. One member of staff told us, "If calls start to frequently go over, I let the registered manager know that a review may be needed to look at call times and frequency of calls."

People and their relatives knew how to complain, raise a concern or give feedback about the service. A relative we spoke with told us, "We did have an issue at the start, but I spoke with [registered manager] and they took it on board immediately. We have had no problems since." Two people we spoke with told us they had raised issues with the managers a few months' ago, and they had listened, apologised and sorted the

problem out. People told us they would approach either the registered manager or the manager if they wanted to make a complaint or make a suggestion, but went on to tell us that they were very happy with the service and had no cause to complain or suggest improvements. A relative we spoke with told us they were confident that, in the event they were to raise a concern, it would be dealt with. They told us, "I believe they would deal with any complaints, they are very upfront." The registered manager told us the importance they placed on acting on complaints, feedback or suggestions. They told us, " This is the last chance for some people before they move into a care home. We have to get it right."

Is the service well-led?

Our findings

People we spoke with knew who both the managers were. One person told us, "I think one manager spends more time in the office than the other. They are both very approachable, though." People and relatives told us they were happy about the way the service was managed. One person told us, "I have ready recommended the service to others." Another person we spoke with told us, "I would recommend them as they are very good. I have a caring background and so I understand how things should be."

People, relatives and staff told us how the registered manager and manager created an inclusive environment. One relative told us, "[Person's name] lacks confidence speaking on the telephone and can get very anxious about it. [Registered manager] has been so brilliant with them and now, [person] is happy to call them and speak. They put [person's name] at ease." A member of staff we spoke with told us, "No one is frightened to approach [the managers], and that is so important." Another member of staff told us, "There isn't a 'them-and-us divide'; they always make time for you. We are very much one united team, and that includes the people we care for."

Staff told us they felt supported and valued in their roles. One member of staff told us, "I wouldn't even think of working elsewhere." Another member of staff told us, "They (managers) listen, and they respect my experience." Staff told us that as well as the registered manager and manager, there were team leaders and mentors, plus the on-call system. Staff told us this meant they never felt isolated in their roles, or unsupported. One member of staff told us, "We always know what to do, and how to do it, and that is because there is always someone we can ask for help."

The providers told us how their aim was to work towards achieving an 'outstanding' rating from the Care Quality Commission. This desire was shared by the staff team. One member of staff told us, "Our aim is to be the best. That comes from listening to your clients, relatives, health professionals, and to each other." The providers had plans in place to develop their office so they had ground-floor access for people with disabilities and mobility issues. They were looking to create a 'welcome area', which people and their relatives could also use as a social area. They told us this was important as some people, and their relatives, were socially isolated and wanted somewhere they could go in the day and meet other people.

We looked at how the providers monitored the quality of care provided to people. People told us their views were sought on their satisfaction with the service. One person told us, "[Registered manager] comes regularly and checks everything is OK. I have their number if I need to contact them in the meantime." A relative we spoke with told us, "[Registered manager] rings up from time to time to get feedback." We saw the registered manager met with people on a six-monthly basis to ask for their views on the care they received, which included areas such as staff time-keeping; whether they felt they were treated with dignity and respect; and where they thought the service could improve. Spot-checks were also carried out on staff, which looked at areas around their communication, conduct and whether the correct procedures were followed in respect of areas such as infection control. These checks then fed into the monthly one-to-one meetings between staff and the registered manager or manager.

The registered manager and manager told us that they covered calls on a regular basis. This was used as an opportunity to carry out observations, competency checks and speak to people about the service they received. A relative we spoke with told us, "The management provide cover, which is a benefit as they get to see what is happening on the shop floor, so to speak." A member of staff told us, "They (managers) roll their sleeves up and help out. They don't just delegate." The registered manager told us, "There isn't a client we have who [manager] and I haven't covered a call for." They told us this was important for them as the managers and providers. They told us, "We don't want to grow to the point where we lose that personal touch." Over the Christmas period, the registered manager and manager had delivered Christmas cake to every person using the service. The manager told us, "This is a passion for us, not just a job."

The providers had a whistleblowing policy in place. Staff told us they were aware of the policy and that they would have no concerns in raising a whistleblowing concern, if necessary. Staff we spoke with told us they were confident the providers would take action about any issue raised. One member of staff told us, "I trust their integrity." If staff were concerned about the providers themselves, they were told to contact the Care Quality Commission, which staff told us they would do.

The providers had, when appropriate, submitted notifications to the CQC. Providers are legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services