

Elimay Homecare Ltd

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Inspection report

Castle Hill Community Centre
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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

Elimay Homecare provides personal care and support to people living in their own homes. On the day of our inspection on 2 May 2017 there were 12 using the personal care service. This was an announced inspection. The provider was given notice because the location provides a domiciliary care service and we needed to know that someone would be available.

There was a registered manager in post. 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.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe. There were processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised. There were systems in place to check that care workers were suitable to work in this type of service.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

Care workers were available to ensure that planned visits to people were completed. People were supported by care workers who were trained, supported and supervised to meet their needs. Care workers had good relationships with people who used the service.

People were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where required, people were provided support to access health care professionals.

The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve. A complaints procedure was in place.

Our last inspection of 25 April 2014 the service was meeting the requirements to provide good quality care to people. At this inspection we found that these standards had been maintained. This inspection of 2 May 2017 was the first ratings inspection for this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to keep people safe from abuse.
People were provided with safe care

There were enough care workers to ensure that the planned visits to people were completed.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Is the service effective?

Good ●

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

The service was up to date with the requirements of the Mental Capacity Act 2005.

People were supported access appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good ●

The service was responsive.

People's care was assessed, planned, delivered and reviewed.
Changes to their needs and preferences were identified and acted upon.

There was a system in place to manage people's complaints.

Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good ●

Elimay Homecare

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.

This announced inspection took place on 2 May 2017 and was undertaken by one inspector. The provider was given notice because the location provides a domiciliary care service and we needed to know that someone would be available.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make.

Prior to our inspection we received surveys from five people who used the service, one care worker and one from a professional involved in a person's care.

We spoke with two people who used the service. We also spoke with the registered manager and two care workers. We looked at records in relation to five people's care. We also looked at records relating to the management of the service, three recruitment files, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People spoken with told us that they felt safe using the service and with their care workers. One person said, "I feel very safe with them [care workers]." All of the surveys we received from people 'strongly agreed' that they felt safe from abuse or harm from their care workers. In addition the survey from a care worker told us that they knew what action to take if they felt that a person was at risk of harm or abuse. The survey from one professional agreed that people who used the service were safe from abuse.

The service had systems in place designed to protect people from abuse. Care workers were provided with training in safeguarding and they understood their roles and responsibilities in this subject, including how to report concerns. Discussions with the registered manager and team leader identified that where there had been safeguarding concerns regarding the care that people received from other services. They had reported these to the local authority safeguarding team, who were responsible for investigating such concerns. There had been no safeguarding concerns raised about this service.

People's care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling and risks that may arise in people's own homes. Reviews were undertaken to ensure that these risk assessments were up to date and reflected people's needs. During our inspection we saw that the registered manager was updating a person's risk assessment following a new prescription of medicine. This showed that the care workers were provided with the most up to date information about people's needs and the risks that they needed to be aware of when supporting them.

During our inspection we also saw that the care workers and registered manager acted promptly when they were concerned about people's safety. This was when the care worker had been unable to access the person's home, they had telephoned the registered manager to report this immediately. The registered manager telephoned the hospital to check if the person had been admitted and the police to report that the person was unexpectedly not at home for their care visit. The person was located safe and well. This action was confirmed in the daily care notes of people's records which we reviewed which showed that similar procedures had been undertaken when people were not at home. This included contacting their relatives and friends to check that people were safe.

Systems were in place to ensure that care workers were available to provide care and support to people when planned. People told us that the care workers visited them when expected and stayed for the agreed amount of time to meet their assessed needs. One person said, "They [care workers] always turn up on time and do what they should." All of the surveys we received from people 'strongly agreed' that they were supported by care workers who were known to them and that the care workers arrived for their visits on time. This was confirmed in the survey from a care worker and another professional.

The registered manager and care workers told us that there were enough care workers to ensure that all planned visits to people were completed. There were three care workers working for the service and in addition the registered manager undertook care visits. This meant that people were provided with care by

care workers who were known to them and provided a consistent service. The registered manager told us that they were looking into recruiting another care worker.

Our last inspection of 25 April 2014 found that evidence of the identification of care workers were checked was not in their personnel files. During this inspection we reviewed the recruitment records of three care workers, all of which had copies of the identification checked at recruitment. People were protected by the service's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service.

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "I do my own, but they [care workers] ask if I have taken them." Another person commented, "They [care workers] help me, they make sure I have taken them [medicines]. They are very particular about my tablets."

We reviewed medicines administration records [MAR] which were completed appropriately to show that people received their medicines when they needed them and in a way that met their needs. People's records provided guidance to care workers on the level of support each person required with their medicines. One person's records identified that to ensure the person was safe and with their consent the care workers had checked their stock of medicines in their home, some of which were out of date. These were disposed of with the consent of the person. This showed that the service's medicines procedures and processes were safe and effective.

Care workers were provided with training and had medicines competency observations. Checks of MAR were completed by the registered manager to enable them to address any issues quickly. The service's policy and procedures provided guidance to care workers about the safe management of medicines, including the types of support people may require. This meant that people were safeguarded by the service's systems in place for the safe management of medicines.

Is the service effective?

Our findings

People told us that they felt the care workers had the skills and knowledge that they needed to meet their needs. One person said, "They seem to know what they are doing." Another person commented, "They [care workers] know my problems, they are very gentle and conscientious." All of the surveys from people and a professional 'strongly agreed' that the care workers had the skills and knowledge to meet people's needs.

Care workers told us that they were provided with the training they needed to do their job. One care worker said, "It is the best training I have ever had with this company, and all of it was done before I started." The care worker survey 'strongly agreed' that they received training and support to meet people's needs and that they were provided with an induction which prepared them for their role.

The training included an induction before they started working in the service and core training such as moving and handling, food hygiene, infection control, first aid, and safeguarding. This was updated as required. Care workers were also provided with training in supporting people with specific needs, including catheter care, dementia, diabetes and equality and diversity. This showed that care workers were provided with up to date training on how to meet people's needs in a safe and effective manner.

The registered manager told us that all care workers were provided with the opportunity to achieve a qualification relevant to their role, such as the Qualifications and Credit Framework (QCF) diploma and health and social care. There were records in care workers personnel files which showed that during their induction they were supported to work on the care certificate standards work books, which is an industry recognised induction.

Our last inspection of 25 April 2014, we found that supervisions and team meetings were not formally recorded. During this inspection we found that improvements had been made. Records showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This included in one to one supervision and team meetings. There were also records in place which showed that the registered manager assessed care worker's practice in shadow shifts. In addition the registered manager had started providing appraisals for care workers. This showed that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively.

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.

Our last inspection of 25 April 2014 the registered manager told us that they were in the process of arranging training in the MCA for care workers. During this inspection records reviewed showed that care workers were provided with training in MCA. The registered manager was up to date with their knowledge and understood

the requirements of their role. People's records included signed terms and conditions of the service. One person's records showed that their needs had changed with regards to their medicines management. The person's consent was sought for care workers to assist them to ensure their needs were met. This showed that systems were in place to ensure that the service worked in line with the MCA principles and people's consent was sought before any care and treatment was provided and the care workers acted on their wishes. One person told us, "They [care workers] always ask me before they do anything."

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed where required, care workers supported people with the preparation of their meals and drinks. Where care workers had identified issues such as concerns that people were not eating enough, they referred this information to health professionals and/or relatives.

People were supported to maintain good health and have access to healthcare services. Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, "I couldn't have nicer people." All of the surveys we received from people 'strongly agreed' that the care workers were caring and kind and that they treated them with respect and dignity. A comment made in a survey from a person who used the service told us, "I'm very happy with my carers and find them satisfactory." One professional told us in their survey that the care workers, "Treated [person] with dignity and respect."

All of the surveys we received from people said that they were supported to be as independent as they could be. One person spoken with listed the care and support they were provided with and told us the areas that they could manage independently and what they needed help with. They said, "I am grateful for the help with the things I cannot do myself." People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected. Records guided staff to make sure that they always respected people's privacy and dignity. For example, accessing people's homes with their consent, addressing people with their preferred form of address and ensuring that people received their personal care support as required.

All of the surveys we received from people 'strongly agreed' that they were involved in decision making about their care and support needs. People told us that they felt that their views and comments were listened to and acted on. One person said, "They [care workers] do what I ask them to do, I am listened to that is true." People's care records identified people's preferences, including what was important to them, how they wanted to be addressed and cared for. Records showed that people had been involved in their care planning, including signing their care plans to show they agreed and consented to their contents.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. One person said, "They help me with what I need, never any problems." Another person commented, "What I want, [care workers] do." All of the surveys received from people 'strongly agreed' that they were happy with the care and support they received from the service. One person stated in their survey, "100% service is given to me." One professional told us in their survey, "They have always gone above and beyond to support my customer and have been consistent." This survey also agreed that the service acted on any instructions and advice they had given.

People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised. Where people's needs and abilities had changed the service responded by reviewing their care provision, with the person's consent and changes in their care. For example, how staff accessed their home and changes in medicines. Care reviews were regularly completed, in consultation with people and their relatives, where appropriate. This showed that there was a system in place to respond to people's changing needs and preferences.

Where people required assistance to reduce the risks of them becoming lonely or isolated, this was reflected in their care records. Daily care notes recorded people's wellbeing and where care workers had spent time chatting with them.

People knew how to make a complaint and felt that they were listened to. One person said, "I was given this information at the beginning, never had to use it." All of the surveys received from people told us that they knew how to make a complaint and that their concerns were responded to. A survey from a professional said that the care workers and registered manager was accessible, approachable and dealt with any concerns. There was a complaints procedure in place and people were provided with information about how to complain in their handbook. There had been no complaints about the service provided in the last 12 months. The registered manager told us that they would always address concerns and complaints if any were received and these would be used to improve the service. The Provider Information Return (PIR) identified compliments received from people, including having caring and consistent care workers.

Is the service well-led?

Our findings

Our last inspection of 25 April 2014, the service was meeting the requirements to provide good quality care to people. At this inspection we found that these standards had been maintained and further improvements made. Including in the quality assurance processes and formally recording care worker supervisions and meetings. The registered manager shared examples of how they were planning to further improve the service, including with care planning. Their Provider Information Return (PIR) also showed that they continued to improve the service.

The service provided an open and empowering culture. People told us that they felt that the service provided good care, was well-led and that they knew who to contact if they needed to. One person stated in their survey, "A lovely friendly company who support all my needs." All of the surveys received said that they would recommend the service to others.

The registered manager understood their role and responsibilities in provided good quality care to people. They updated their own knowledge by attending courses provided by Skills for Care and worked with local initiatives to identify the most up to date training requirements and changes in the care industry. The registered manager was working on an industry recognised qualification for their role. The service's Statement of Purpose identified the care and support that people could expect when using the service.

The management of the service worked to deliver good quality care to people. There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. These included checks on medicines management and care records.

All of the surveys from people told us that they were asked what they thought about the service they were provided with. People were provided with the opportunity to share their opinions about the service. This included in satisfaction questionnaires which were last undertaken in October 2016. The registered manager told us that they were looking to improve these and had discussed this with the local authority to gain further ideas. In addition because the service was small and the registered manager provided direct care, they were able to discuss people's care with them and address any issues before they escalated. We saw records which showed that the registered manager maintained contact with people's representatives, such as relatives, to ensure that they were updated with any changes in people's needs.

There was good leadership demonstrated in the service. A care worker survey told us that they felt confident that the management would act on reports of bad practice and they were asked for their views of the service. Minutes of staff meetings showed that they were kept updated with changes in people's wellbeing and their role. Records showed that spot checks were undertaken. These included observing care workers when they were caring for people to check that they were providing a good quality service. Two carers spoken with told us that they felt that the service was well led. One said, "[Registered manager] observes me working, also called me into the office to make sure I was happy. [Registered manager] is brilliant, very accommodating and lovely."