

Ellarose Homecare Services Limited

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## Inspection report

Rooms 5 and 6, Wheeley Ridge  
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Birmingham  
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Tel: 01215170006

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17 October 2019

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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

Ellarose is a domiciliary care agency and was providing personal care to 40 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received care from regular staff who they knew and trusted and staff told us they would report any concerns to the management team about a person's wellbeing or safety. Staff knew about risks associated with people's care and how best to support people to reduce the risk of harm or injury.

Staff numbers were sufficient to meet the call times people had requested, and people told us staff were on time. People received medicines from staff who had been trained and had their competencies checked.

Staff ensured they used personal protective equipment, such as gloves and aprons to keep people free from the risk of infection.

People's needs were assessed by the provider before using the service to ensure they were able to meet their needs. Staff recruited by the provider had been checked for their suitability to work with people who used the service.

Staff received ongoing training to make sure their knowledge and skills were relevant. Where needed, people had drinks prepared and meals made to maintain their nutritional needs. Staff told us, with permission, they had contacted other healthcare professionals to support people's ongoing health needs. 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 and care staff had developed familiar relationships. People were supported to follow their routines or care preferences and were involved in choices about their care and support. Staff were careful to promote people's right to privacy and dignity by being mindful when providing personal care. People's lifestyles and personalities were respected by staff.

People's care plans included their assessed needs and personal histories and choices. Changes to needs were identified in reviews of their care, and where needed, changes to their care plans had been made. Staff used a mix of paper and electronic records to help ensure people's needs were met. People who were not able to communicate verbally were supported by staff who knew how to observe body language or other methods to understand how best to communicate with them.

The provider had a complaints procedure in place and this had been used where a complaint had been made. Changes had been made to working practices as a result of feedback from people and staff.

End of life care was provided and people's relatives had provided positive feedback to the provider of the care and attention staff had provided.

The registered manager was supported in their role and people and staff were positive about their experiences of the service received. There were processes in place to monitor the quality of care people had received and staff performance was checked. The registered manager understood their regulatory responsibilities and had worked closely with the provider to provide a safe and reliable service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 20 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Ellarose Homecare Services Limited

## **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

One inspector completed this inspection.

#### Service and service type

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started with a visit to the office location on 17 October 2019. The inspection finished on 30 October 2019 following phone calls to people and staff.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the provider, care workers and the care coordinator.

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

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People received care from regular staff who they knew and trusted within their home and when providing personal care. One person told us, "I get on well with them [staff]; totally trustworthy."
- The provider had policies and process to identify and manage any potential safeguarding concerns.
- Staff knew how to recognise and report suspected abuse and felt assured action would be taken to protect a person from the risk of further abuse occurring.

Assessing risk, safety monitoring and management

- People's health and care risks had been identified, reviewed and recorded to show staff how to provide care which was safe and appropriate to meet their needs.
- Each person had a completed risk assessment about their home environment, which provided further information to maintain a safe place for both the person and staff.

Staffing and recruitment

- People received their care at the times they wanted, and told us staff stayed for the agreed amount of time. One person told us, "Extremely happy, they are rarely late."
- There were enough staff to meet the number of calls and cover staff sickness and holidays, so people received consistent levels of care.
- The provider had completed a number of checks to demonstrate staff were safe and suitable to work with people.

Using medicines safely

- People were able to maintain independence in managing their own medicines and where needed were provided with the assistance of care staff.
- Staff were trained and knew how to safely administer and record the medication given to people.
- There were checks in place to review records to show people had received their medicines as prescribed.

Preventing and controlling infection

- Staff knew their role in preventing the risk of infection and used personal protective equipment such as gloves and aprons to lessen the risk.
- Staff assisted people to maintain a clean environment.

Learning lessons when things go wrong

- Where people had provided feedback, or there had been an incident of concern, the registered manager

had reviewed these to share and identify any learning.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider met with people and their representatives before the care was delivered to assess their needs and choices.

- The provider was then able to check they could provide the required care.

Staff support: induction, training, skills and experience

- People told us staff were knowledgeable and knew how to provide their care.

- Staff completed an induction and training considered essential to ensure people's needs were met.

- Staff told they were supported to maintain and refresh their skills, with support from the provider and registered manager.

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

- People told us staff made them drinks and snacks or provided a meal of the choice.

- Staff had recorded people's nutritional intake where required to identify potential concerns with a person's dietary needs and had taken action to maintain a person's health.

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

- The provider accommodated people's care calls to correspond with other care provider and health professional visits so they were able to complete their task.

- Where asked, staff had supported people to contact their GP to arrange appointments.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead an application must be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the

MCA .

- People had consented to their care and treatment which had been recorded within their care plans.
- Staff knew the people they cared for had the right to choice which staff upheld and respected.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People told us they enjoyed the company of staff, who knew how they liked their care to be provided. One person told us, "They [staff] come and do their shift they are invaluable to me."
- Staff told us they were considerate when providing care and as they were in a person's home, respected their surroundings and choices.
- People told us staff showed an interest in their lives and were able to share things which were important to them on a personal level. One staff member told us, "They become like family, you have to be careful as boundaries need to be in place, but still need to be nice and friendly."

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

- People told us staff listened to them and they were able to choose how their care was provided during their care call. People also enjoyed support from regular staff who knew their preferred routine. One person told us, "They [staff] are polite, if I need anything they will do it for me."
- Care plans included showed people's views had been recorded and considered when planning care.
- Staff told us they spoke with people about the care they wanted and referred to the care plans to make sure they knew of any changes.

Respecting and promoting people's privacy, dignity and independence

- People told us they were comfortable with staff who were considerate of their privacy and dignity during care.
- Staff knew how to maintain personal privacy and dignity and provided examples of how they ensured people were not left feeling uncomfortable.
- Staff told us people were encouraged to remain independent and they took care not to take over where people were able to manage a task on their own.

# 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

- People had been asked about the care they needed, and the times they wanted their calls.
- Where people had wanted, their relatives had contributed to their care needs.
- The registered manager had developed care plans that contained a clear list of the expectations of care staff.
- Staff told us they used the care plans to understand what and how a person wanted to receive their care.
- The provider was able to show people had been able to request certain staff, or have a preference of male or female staff.

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.

- Staff provided examples of how they supported people to communicate, such as speaking clearly and making sure they were looking at the person.
- Staff knew where people had hearing or sight impairments and how best to communicate, such as writing something down.

Improving care quality in response to complaints or concerns

- People had clear guidance on how to make a complaint, a copy of which, was available in their home.
- Where a complaint has been received, the registered manager had investigated and resolved them satisfactorily.
- Records, however, were not always clear in regards to actions taken to resolve the complaint to demonstrate provider learning from these complaints.

End of life care and support

- The provider had supported people at the end of their life, one relative told us how pleased they were with how staff had supported their family member.
- No one was being supported with end of life care at the time of the inspection, however, people's preferences and choices in relation to end of life care had been recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People were positive about the overall care and service they had received. One person told us, "It's nice to be able to tell someone that I am very happy with them."
- People had taken the opportunities to tell the provider about their care through telephone calls and written feedback to resolve concerns or issues.
- The provider had ensured people were satisfied with their care and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had as part of the complaint's procedure, understood their legal duty to offer an apology when a person was unhappy with their care or support.
- The provider told us they welcomed feedback and were available to talk with people at any time to resolve any issues or concerns. One relative told us, "[Registered manager] terrifically handled a difficult job" in response to a concern they had.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All management and staff understood their role and the importance of sharing information to be able to assess the quality of care people received.
- The registered manager and the provider monitored the quality of care through feedback and by checking records had been completed as expected. One staff member told us, "We work with the bosses on some calls as well so they also see you then with the clients."
- The registered manager had met their regulatory requirements, such as submitting statutory notifications and displaying the rating of their last inspection.

Continuous learning and improving care

- Since the last inspection, the provider had continued to improve their systems and processes in support of improving people's experiences of care. This included increasing the use of technology.
- The provider had invested in new electronic systems technology and making use of agencies which provide training and other professional support.

#### Working in partnership with others

- The provider worked alongside others such as social workers and the local authority in support of people's care.