

Elsah Healthcare Ltd

Elsah Healthcare

Inspection report

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14 April 2022
19 April 2022
25 April 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elsah Healthcare is a domiciliary care service, which provides care and support to people living in their homes. At the time of the inspection, 14 people were using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Staff were not always effectively deployed to attend people's calls as required. The quality assurance process was not robust to identify these concerns and to make improvements in a timely way.

People and their relatives gave us positive feedback about their safety and told us staff treated them well. The service had systems and processes in place to administer prescribed medicines, however some medicines records were not up to date. People were protected from the risk of infection. The provider had a system to manage accidents and incidents.

Staff received support through training, supervision and staff meetings to ensure they could meet people's needs. Staff told us they felt supported and could approach the management team members at any time for support. The provider worked within the principles of the Mental Capacity Act (MCA). Staff asked for people's consent, where they had the capacity to consent to their care. 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.

An assessment of people's needs had been completed to ensure these could be met by staff. The management team and staff worked with external professionals to ensure people were supported to maintain good health. People and their relatives were involved in making decisions about their care and support. People were treated with dignity, and their privacy was respected, and supported to be as independent in their care as possible.

People's care plans reflected their current needs with sufficient guidance for staff to follow. Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People knew how to make a complaint. The registered manager knew what to do if someone required end-of life care.

There was a management structure at the service and staff were aware of the roles of the management team. They told us the management team members were supportive and approachable.

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

Rating at last inspection and update

This service was registered with us on 10 June 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take, at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Elsah Healthcare

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 Health and Social Care Act 2008.

Inspection team

A single inspector visited the service on 14 April 2022 and an expert by experience made phone calls to people and their relatives to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

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 the registered manager would be in the office to support the inspection.

Inspection activity started on 14 April 2022 and ended on 25 April 2022. We visited the location's office on 14 April 2022.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. 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 sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with five people and 11 relatives of people who used the service about their experience of the care provided. We spoke with five members of care staff and the registered manager. We reviewed a range of records. This included five people's care records, five staff recruitment files and 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff were not effectively deployed at all times to support people. We looked at five people's records and found some staff calls were not always scheduled as agreed with people. For example, one person's morning call was agreed for 9.00am but was scheduled at 9.45 am, 45 minutes late. Another person's 11.45 am agreed call was scheduled at 12.15 pm, 30 minutes later.
- Staff did not always attend people's care calls as required. For example, one person's care plan showed their scheduled visit was from 8.00pm for 30 minutes, but they were visited at 9.46pm that was one hour 46 minutes late. Another person's care plan showed their scheduled visit was from 8.00pm for one hour, however they were visited at 9.40pm, which was one hour 40 minutes late.
- The registered manager explained that when staff were running late for more than 30 minutes they followed up by calling people using the service and if required they arranged replacement staff. There was no communication record to show that the office staff had informed people when staff were running late to their scheduled home visits.
- People were not always supported in line with their care and support needs. Call records showed that on some occasions staff had not spent the full allocated time at people's homes. For example, one person's care plan showed their scheduled visit was from 9.00am for one hour, however they were visited for nine minutes, and recorded in the care log to show that they have completed a variety of personal care and help with eating and drinking tasks.
- Staff rostering records showed staff were not always given enough time to travel between the calls, which impacted on their ability to arrive promptly or stay the full time with people. For example, we found some staff calls were scheduled back to back with no travel time allowed and for others travel time allotted between calls to people was not sufficient.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We confirmed through our discussions with people using the service there had been no missed calls, staff informed them when they were running late and that they were happy with the services received.
- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Using medicines safely

- Staff administered prescribed medicines to people safely and in a timely manner. One relative told us, "Staff do medication from blister packs, they dispense to my [loved one] correctly."
- The provider trained and assessed the competency of staff authorised to administer medicines. However, staff did not record on medicines administration record (MARs) for two people in line with medicines guidance. For example, staff recorded in the care log that they administered medicines but the MAR chart was blank for a night's medicine on one day. The registered manager told us, there was a system glitch and that they would retrain staff about completing MAR charts correctly.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "I definitely feel safe, they [staff] are so kind." Another person said, "Absolutely safe, they [staff] seem to know what they are doing." One relative commented, "My [loved one] feels safe, their [staff] approach is thoughtful, they want to do a good job."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included reporting their concerns to the registered manager and the local authority safeguarding team.
- Staff completed safeguarding training. However, a member of staff was not aware about the procedure for reporting any wrongdoing internally to their line manager or to relevant external organizations in line with the whistle-blowing (WB) policy and procedures. The registered manager told us they had arranged training for staff about WB.

Assessing risk, safety monitoring and management

- The registered manager completed risk assessments and risk management plans that included guidance for staff for every person who used the service. These included manual handling risks, oral care, eating and drinking and the home environment.
- Risk assessments were reviewed periodically and as and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's situation and needs. The registered manager monitored the risk assessments to ensure any areas for improvement were identified and discussed with staff.

Preventing and controlling infection

- People were protected from the risk of infection. One relative told us, "Staff always wash their hands; wear masks, aprons and gloves."
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination.
- The registered manager and staff told us they were never short of PPE and had enough stock at all times.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. The registered manager identified areas of improvement and discussed with staff what action to take and how to minimise future risks, and who they notified, such as the office, relative or healthcare professional.

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

This is the first inspection of this newly registered service. This key question has been rated good. 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

- Where appropriate, staff involved people and relatives in a care needs assessment. One relative told us, "The manager and a carer assessed my [loved one's] needs, we had a good chat." Another relative said, "The manager and their assistant met with me and hospital staff to discuss my [loved one's] needs. Staff used this information as a basis for developing personalised care plans to meet each person's needs.
- Staff carried out an initial assessment of each person's needs to see if the service was suitable to meet them. This looked at people's medical conditions, physical and mental health; mobility, nutrition and social activities.

Staff support: induction, training, skills and experience

- The provider trained staff to support people and meet their needs. One relative told us, "Staff are well trained, there are no faults with them at all. They use a hoist safely."
- Staff told us they completed comprehensive induction training and a period of shadowing experienced staff, when they started work.
- The registered manager told us all staff completed mandatory training identified by the provider. Staff training records confirmed this. The training covered areas such as basic food hygiene, health and safety in people's homes, moving and handling, administration of medicines, infection control and safeguarding adults.
- Staff told us the training programmes enabled them to deliver the care and support people needed. The provider supported staff through regular supervision and onsite spot checks.
- Staff told us they felt supported and could approach the registered manager at any time for support.

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

- Staff supported people to eat and drink enough to meet their needs. One person told us, "They [staff] do my breakfast and tea and keep the kitchen very clean." One relative said, "Carers try to encourage my [loved one] to eat and drink as part of the package of care."
- People's care plans included a section on their diet and nutritional needs to ensure their needs were identified and any risks managed.
- Staff told us people made choices about what food they wanted to eat and that they prepared those foods so people's preferences were met.

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

- The provider worked with other external professionals to ensure people received effective care.

- People were supported to maintain good health. People's health needs were recorded in their care plans and any support required from staff in relation to this need.
- People and their relatives coordinated health care appointments and health care needs. Staff were available to support them to access healthcare appointments if needed.
- Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a district nurse, GP or a hospital appointment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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's capacity to consent to their care and support was documented.
- People and their relatives, where relevant, were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to them.
- The registered manager understood their responsibilities under the MCA. Staff had received MCA training however a member of staff we spoke with did not understand people's rights under this legislation. The registered manager told us they would arrange a refresher training for this staff member.

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

This is the first inspection of this newly registered service. This key question has been rated good. 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

- Staff supported people and showed an understanding of equality and diversity. One relative told us, "They [staff] overwhelmingly help my [loved one] with kindness and empathy. No attitudes with cultural issues, black or white."
- People's care plans included details about their ethnicity, preferred faith and culture to enable staff to better support them .
- The service was non-discriminatory and staff told us they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

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

- People and their relatives were involved in the assessment, planning and review of their care.
- People told us they had been involved in making decisions about their care and support. One person told us, "I have choices with my meals and drinks. I received good information on what I would need and want." One relative said, "Carers encourage my [loved one] to get up from bed to chair as they can't walk, given choices."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. One person told us, "Staff, always respect my dignity and encourage me to be independent." One relative said, " They are very good with privacy and dignity, they [staff] foster independence, take my [loved one]] out for a walk. They went above and beyond on Mother's day, took them out for a coffee just because they wanted to. One time they came on a Sunday and went to Church with my [loved one]. Another relative commented, "Very caring, good with dignity and respect always."
- Staff described how they respected people's dignity and privacy and acted in accordance with their wishes. For example, staff told us they ensured people were properly covered, and curtains and doors were closed when they provided personal care.
- The provider had policies and procedures and staff received training which promoted the protection of people's privacy and dignity.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed from staff and what they could manage to do for themselves.
- Staff told us that before they went to people's homes, they looked at their care plans to know how to support them.
- Staff completed daily care logs to show what support and care they provided to each person during their visit.
- Staff told us they would discuss with the registered manager any changes they noticed when visiting people to ensure their changing needs were identified and met. Records we saw showed that care plans were up to date and reflected people's current needs.
- The registered manager told us they would update care plans with clear guidance for staff when people's needs changed.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and would do so if necessary. People and their relatives told us they never had to complain. One relative told us, "Complain, no never." Another relative said, "No never complained, I would go to the owner/supervisor, they regularly come to do care and see first-hand how things are going."
- The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives.
- The registered manager told us, they had not received any complaint, complaints log we saw confirmed the same.

End of life care and support

- There was an end of life care policy in place. The registered manager told us that none of the people currently using the service required support with end of life care. They said they would liaise with the appropriate health care professionals to provide people with end of life care and support, when it was required.

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider's quality assurance systems were not robust. The provider was not effectively monitoring people's calls to ensure that these were taking place as planned.
- The provider had not always monitored and analysed staff rosters, travel time between calls, short calls, early or late visits, so patterns could be identified and improvements made.
- The registered manager carried out monthly incidents and accidents checks. However, their checks were not effective. For example, two medicines related incidents were picked up and notified to CQC but not recorded on the June 2021 checks.
- The registered manager did not have an effective oversight of the service. The quality assurance system and processes had failed to identify and correct issues we found at the inspection.
- We brought these concerns to the attention of the registered manager. They told us how they planned to make improvements. We will check these improvements at the next inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives gave positive feedback about the registered manager and staff. One person told us, "The service was well managed, so pleased, manager check on me, nothing could be done better and nothing different. Very happy with the service." One relative said, "The service was well run by the manager and their assistant, they let me know of any changes to staff or times."
- There was a clear staffing structure in place and staff understood their roles and responsibilities. The service had an on-call system to make sure staff had support outside office working hours and staff confirmed this was available to them.
- The registered manager encouraged and empowered staff to be involved in service improvements through periodic meetings. Areas discussed at these meetings included changes to care plans, risk assessments, staff training, medicines management, staff supervision and spot checks, and coordinating with health and social care professionals to ensure continuity of care.

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

characteristics

- There was a positive culture in the service, where people and their relative's opinions were sought to make service improvements. People who used the service completed satisfaction surveys and their responses were all positive.
- Staff meetings were held to share learning and good practice so staff understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service.

Continuous learning and improving care

- The provider completed checks and audits on staff training and safeguarding. As a result of these checks and audits the provider made improvements, for example, refresher training was provided about safeguarding and staff guidance was given about seeking healthcare support as and when required for people.
- The senior staff carried out spot checks of staff to ensure people's needs were met.

Working in partnership with others

- The registered manager continued working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- A social care professional told us, that people were well supported by staff and the registered manager.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and process were not effective.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems were not robust enough to ensure staff were effectively deployed to meet people's needs safely.