

Elm Home Care Limited

Elm Home Care

Inspection report

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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

This announced inspection took place at the provider's offices, on 6 November 2018, with phone calls undertaken to people with experience of the service, on 7 November 2018. The provider was given short notice that we would be undertaking an inspection. This was because it is a small service and the manager is often out of the office supporting staff or meeting with people using the service. We needed to be sure that the manager would be in.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of our inspection 15 people were receiving a personal care service from the provider.

Not everyone using Elm Home Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager. 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.

People were supported by staff who were aware of their responsibilities to raise any health and wellbeing concerns. Where safe guarding concerns had been raised these were responded to and appropriately dealt with.

Staff were aware of the risks to people and were provided with risk assessments and care plans to enable them to manage those risks. People were supported to take their medicines as prescribed and competency spot checks were in place to check staff followed the correct procedures.

Staff were provided with the information they needed to support people effectively and meet their needs. People were involved in creating their own care plans, which were detailed and reflected their choices in how the service would be delivered. Supervisors had worked in partnership with people, enabling them to be involved in the training of staff delivering their services.

We heard from people using the service that calls were never missed and happened on time. The service did not have a process for checking if all staff had arrived for the start of their shift. This can lead to people not

getting their visit and has the potential to place people at risk of harm. There is also a possible impact on `lone working` staff safety. The service is working on this.

We found that the service recruitment policy was not clear on how DBS, [Disclosure and Barring Service] information should be used. The service is reviewing their policy and procedures.

Staff presented as knowledgeable and skilled in the services they were providing. New staff received induction training and a period of shadowing. There was an ongoing programme of training for all staff. A staff supervision programme was in place and training was a standard agenda item. Staff told us they felt supported and listened to by the supervisors and managers.

People were confident that if they raised a complaint it would be dealt with appropriately. The service kept a record of complaints. Records held inconsistent information and there was not an audit trail in place. There was a lack of analysis of information and therefore trends and improvement service opportunities were missed. The service is working on this.

The manager regularly encouraged people using this service and the staff, to give their views on the service and how it could be improved, with regular survey opportunities. Supervisors regularly visited people as part of the quality assurance process.

A new senior team had been established. Teamwork between managers and staff had driven positive improvements for those using this service, such as an effective communication culture. Managers and staff worked with external agencies, to gain improvements in outcomes for those using this service.

The management team were responsive to advice and feedback given during the inspection.

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 remains safe

Good ●

Is the service effective?

The service remains effective

Good ●

Is the service caring?

The service remains caring

Good ●

Is the service responsive?

The service remains responsive

Good ●

Is the service well-led?

The service remains well-led.

Good ●

Elm Home Care

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 comprehensive inspection took place on 6 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit, because it is a small service and the manager is often out of the office supporting staff or meeting with people using the service. We needed to be sure that the manager would be in.

The inspection was undertaken by two inspectors. The inspection site visit activity took place on 6 November 2018. We visited the office location on 6 November 2018 to see the manager, office staff and care staff; and to review care records, policies and procedures. On 7 November 2018 we made telephone calls to people using the service, their relatives and staff.

Before the inspection we reviewed the information, we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for the information they held about the service. We used the information that we had gathered to plan what areas we were going to focus on during the inspection.

We spoke on the phone to five people who used the service and five relatives of people that use the service. Whilst at the offices we spoke with four care staff, one care supervisor, the deputy manager and the manager. We spoke to a further two care staff and one care supervisor by phone. We looked at sample of records including four people's care records, four staff files and training records. We also sampled records that relate to the management and quality assurance of the service, such as survey information from people using the service and complaints information. We looked at quality assurance action plans to understand how the service was using this information to improve outcomes for those using the service.

Is the service safe?

Our findings

People told us they felt safe when supported by staff from the service. One person told us, "They are really, really good, I have the same staff all of the time, calls are on time within five to ten minutes". A relative said, "Excellent, very, very cooperative, eager to please and meet [relative] needs". Another relative told us "[Person] has her absolute favourites [staff] and she trusts them". Eight people who had participated in the service's survey, all answered yes to the question, "Do you generally trust the staff with your belongings?" People knew who the registered manager was and most had met her, they also knew who the supervisors were and told us that they receive regular phone calls and visits from them. People told us that this had enabled them to feel safe with this service.

One member of staff told us they were, "Doing safe guarding distance learning at the moment and really enjoying it" and "If I see something I'm not happy with I'd report it to management or the Care Quality Commission, if I wasn't listened to". People were supported by staff who had received training in how to recognise the signs of abuse and what action to take if they had concerns over a person's wellbeing. We saw where staff had raised safeguarding concerns, they had been acted upon and responded to appropriately. People told us that they felt confident to raise concerns with the service.

People had their risk assessed and staff were provided with information on how to support people safely. For example, risk assessments included how to move people safely, infection control, mobility, falls and information on how to prevent sore areas of skin from developing.

A relative told us "They [care staff] arrive at the right time". A staff member said "I only do a few calls I am given enough travel time between calls". People told us there were no missed calls. We heard from people that they knew their staff. One person told us "I have the same staff most of the time". We found that rotas were geographically based and provided continuity of staffing for people using the service. The supervisor conducted regular spot checks of the service and made regular contact with people to check if services were on time and staff were staying for the required period, to meet their needs.

The provider had a recruitment policy in place but this did not set out what actions to take in respect of DBS, [Disclosure and Barring Service], information received. We saw a risk assessment had been completed highlighting the need for one member of staff to be shadowed by another member of staff, but information about the reason for this and whose responsibility it was to ensure this happened, was unclear. We found additional information had been received by the service but it was not used to update the risk assessment. The deputy manager immediately commenced work on updating the policy.

A relative told us, "The medication is well managed and I can clearly see what has been taken and when". For those people who were supported with their medication, we saw systems in place to ensure this was carried out safely. Staff had received training in administration of medication. Completed medication administration records were checked by senior staff and medication spot checks were in place. Medication was documented in care plans. We saw a record of a medication error where a member of staff had found the error, reported it to the manager and appropriate action had been taken.

One person told us, "I am very satisfied, quite impressed with their uniforms, they are smartly dressed, they have gloves and aprons". Staff told us they had received training in how to protect people from the risk of infection. A member of staff told us "We have blue gloves and aprons for food and white for personal care".

One member of staff told us about an incident, "I rang the office as I spotted a tablet looked different so checked it out, it was ok just a change of brand". Staff were aware of their responsibility to report any accidents and incidents. We saw there was a system in place for recording accidents, injuries and incidents and the registered manager reviewed the information.

Is the service effective?

Our findings

A relative told us "The assessment process was very, very thorough". A member of the management team assessed people's needs prior to them being supported by the service. The deputy manager arranged and conducted pre-assessment meetings. We found that people were fully involved in the assessment process, including their relatives and main carers, where this was appropriate. We saw that the assessment meeting built up a picture of people's personal care needs, social care needs, medical history and medication requirements. There was a detailed description of how the service should be delivered and this fully reflected the choices of people using the service.

One person told us "We are quite happy with the service; the staff are competent and qualified". Another person described the service as, "Excellent, prompt and efficient". People told us they felt well supported by staff, considered staff to be well trained and were happy with the care and support they received.

A staff member told us, "I did first aid training and outside trainers came in to do our moving and handling". The service had a range of face to face and computer based training for both new and experienced staff. Staff told us that they felt well trained. In the training matrix we could see records of specialist training for example Parkinson's, Deaf Awareness and Diabetes. One staff member told us they had attended a three-day induction and then a period of shadowing, to get to know the people before delivering the service. We found the service had checked with staff to see if they felt confident to deliver the service, before being allowed to do so. Staff told us that their manager always followed up and discussed training with them, at their supervision meetings. There was a system in place where supervisors carried out spot checks of service delivery, including service delivery notes.

There was a system in place to ensure information was shared between staff. Staff wrote about the support they had delivered and the outcome, at the end of each visit. Staff told us they checked notes from the previous visits before delivering the service

People were supported to maintain good health. We heard from one relative that staff had identified a change in a person's condition and appropriately reported this to the family and the GP. This had led to a diagnosis of a potentially serious condition. This relative told us, "This is definitely a very good service".

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA. We heard from people using the service, their relatives and staff, that consent was obtained prior to the delivery of service. We saw that consent was also obtained and recorded within the persons care plan as part of the care planning process.

Is the service caring?

Our findings

We received many positive comments regarding the caring nature of staff. Examples include "I am treated with dignity and respect, they are all really, really good", "I get on well with them", "Staff are competent and qualified" and "Very helpful and organised". People told us that they liked their care workers, looked forward to their visits and that they did everything required before leaving.

Relatives told us that they had confidence in the service and the staff. One relative told us, "They are kind to my [relative]". Another relative told us, "Elm home care just step in and take care of day to day living". A person using the service said, "They have been very helpful".

People using the service and their relatives, knew who the registered manager was and most of them had met her. They told us that the registered manager was chatty, kind, and caring.

We heard from people using the service and relatives that supervisors regularly checked in with them, sought their views on the service and involved them in any changes required.

People told us that staff always took the time to support their independence. One person explained how their relative had made the transition from a care home back to their own home, they told us "[Relative] was in a care home but returned home as it didn't suit them, started at two visits per day and now it's four". One relative told us that they had been included in the training of the staff, this had ensured their relative's choices and independence were fully supported.

We heard from people and relatives that they had regular staff, who treated them with dignity and respect, came at the right time and stayed as long as needed to deliver their services.

Is the service responsive?

Our findings

Relatives we spoke with said the service met their family member's needs. For example, relatives said to us, "I asked for the service to be tweaked, and then asked for additional days, they were very, very responsive", and, "The service is very responsive and eager to please", also "The whole family were involved in setting up the care plan," and, "The pre- assessment process involved the deputy manager and senior care staff". The assessment meeting explored the assessed care needs, how these could be met and how the person wished to be supported.

People told us "They contacted us a month ago about the service", "They come and talk to me regularly", "The owner came to my house recently" and "Very good, responded very quickly". We saw that care plan information clearly set out people's preferences in how the service should be delivered. We saw that supervisors regularly spoke to people and their families about their services, to gain their views and to establish if any changes were required. We could see that care plans were reviewed monthly. We heard from people that they could phone up at any time to request changes and updates to their care plans. Staff told us that if they needed additional time for any reason, the manager would organise this and ensure that other people using the service would know if their visits were delayed.

People spoken with knew how to raise a complaint. One person told us, "I am confident to raise any issues but there had never been any". We found that the service had positive lines of communication to obtain feedback from people using the service and their relatives such as visits, surveys, and telephone calls. Issues raised were included in the service action plan. The service had received a written compliment saying, "Thank you so much for the care you gave to my [relative] please say a big thank you to all the carers especially [care worker] for the enjoyment they gave my [relative]". We found complaint records were being maintained in an inconsistent manner. The deputy manager confirmed that a complaints analysis process and audit trail were not in place, to keep track or identify possible service improvements. The deputy manager agreed to immediately review the complaints policy and procedures to include analysis.

Is the service well-led?

Our findings

The registered manager and deputy manager explained that they had reflected on the past year and had decided to go back to basics, building up trust with people using the service and staff. As part of this approach a new senior team and structure had recently been introduced. We found this had a positive impact on the overall culture of the service as people were encouraged to express their views on the service directly to staff, supervisors, or the registered manager and also via surveys. One person told us "I have met the owner, she came out to my house recently, the supervisor phones regularly". A staff member told us, "I feel well supported by the managers" and another described the staff team as, "Just like a family". A relative told us, "I really like the manager she is really chatty".

People said that their calls were on time but we saw that the service did not have a system in place that identified if a staff member had not arrived for work. The service relied on the staff member themselves phoning in, hearing from other staff members or people using the service. The registered manager agreed to review this as soon as possible to improve people and staff safety.

There was a range of effective quality assurance activities in place to measure the quality of the service. There was a service improvement action plan in place. For example, we saw on a survey one person had commented they did not have the contact details for the office, we found this recorded on the action plan and the information required had been shared with the person concerned. The provider engaged with the people using the service, in a variety of ways, to check that people were happy with the service received and that their needs were being met. These included assessment meetings, telephone reviews, review meetings, monitoring visits, surveys and management visits. People that we spoke to and their relatives had met the registered manager and were all happy with the service they received, speaking positively of the culture of the service and staff.

There was a staff spot check and supervision planner for the year ahead to check standards and consistency of service delivery, as well as providing opportunities for staff to meet with their manager. Staff were supported to raise any concerns, have their voice heard and had a good understanding of the whistleblowing policy. Staff received a monthly monitoring questionnaire. The comments recorded on these were all positive. At the end of the form, staff were asked if they wanted to comment further on the service or their experiences and to add comments if they wanted to. The comments received included, "No, very happy thank you", "No, I'm happy with my job" and "No very happy with everything".

Staff told us that they felt supported and listened to by the management team. They told us they were provided with ongoing training to meet the needs of those receiving services and to develop their own skills and knowledge. Regular staff meetings took place and training was a standard agenda item.

The service worked with other agencies in order to support the delivery of safe effective care. For example, the local authority safeguarding team and fire service had assisted to promote a person's safety, whilst the occupational therapy team had assisted with equipment provision to maintain dignity and safety. This interagency working had improved outcomes for people using this service.

The provider had notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service.

The registered manager and deputy manager told us they plan to work together over the coming year to develop their new management structure and further strengthen communication and the positive service culture. They will continue to develop the new style assessment and care planning processes using feedback from staff, the people using the service and their relatives. We will look at the outcomes of this work, when we next inspect the service.