Saynorcare Ltd

Elderflower Homecare

Inspection report

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Date of inspection visit: 15 September 2015
Date of publication: 04/11/2015

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

Overall summary

The inspection took place on 15 September 2015 and was announced. This was the first inspection of the agency at new premises at Richmond Chambers in Boroughbridge. The registered provider of the service is Saynorcare Limited.

We undertook an inspection on 26 June 2013 at the agency's previous address in Skelton on Ure near Ripon. At that inspection the provider was meeting all the regulations that were assessed. You can read the report from the inspection relating to this location by selecting the 'old profile' link for Elderflower Homecare on our website at www.cqc.org.uk

Elderflower Homecare provides domestic services, social support and personal care to people who live in their own homes in the Ripon and Harrogate area. When we visited

Summary of findings

on 15 September 2015 the agency was providing personal care services to 30 people. The agency undertakes a minimum one hour visit for personal care unless other services are also being 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 spoke positively about the care they or their relatives received. People said staff always arrived on time, completed all of the tasks that they should do during each visit and stayed for the agreed length of time.

Emphasis was given throughout the service to maintaining and promoting people's independence. We identified areas of good practice around falls management and assessment and staff were proactive in accessing independent professional advice as needed. Although the agency provided care in people's own homes, advice and training was also provided to staff and people living in residential care settings to set up personalised rehabilitation programmes.

Effective management systems were in place to safeguard people's safety and wellbeing. There were also procedures in place and arrangements were in place to review these. Whilst one personnel record needed updating, we identified that safe recruitment practices were being followed in practice. Appropriate medicines management systems were in place.

Staff worked closely with people who used the service and with families to pick up on emerging issues and ensure that people's care needs and preferences were met. People told us they were involved in making decisions about the care and support that they or their relatives received. Risk assessments were used to identify and minimise risks without any undue restrictions being placed on people's rights and freedoms. Staff received training to support their work effectively. Appropriate arrangements were in place to ensure that staff were kept updated and had access to national guidance on best practice and new legislation.

People spoke highly about their individual care workers and said they were always treated with dignity and respect. Care plans detailed people's individual care and support needs and people told us that the service was flexible and responsive to their changing requirements. Staff liaised with other health and social care professionals to respond to people's changing care needs and people were supported to eat and drink according to their plan of care.

Staff showed a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People knew who to speak with if they had any concerns and could provide their feedback through face to face contact, at management spot checks and by means of satisfaction surveys.

Summary of findings

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. Staff received training on safeguarding issues and they had followed local protocols when concerns were being raised with them.

Risk assessments were in place to identify and minimise the risks posed to people using the service and to staff. We identified areas of good practice around falls management and assessment. Staff were proactive in accessing independent advice and support to promote people's safety and wellbeing.

Although one record needed updating to meet the agency's policy, safe recruitment practice was being followed, this minimised the risk of appointing someone unsuitable for the job.

Appropriate medicines management systems were in place.

Is the service effective?

Good

The service was effective.

People spoke positively about the care they received.

Staff received training to support their work effectively. Appropriate arrangements were in place to ensure that staff were up to date and had access to national guidance.

Staff knew about the Mental Capacity Act 2005 and best interest meetings were held to ensure people rights and freedoms were upheld. People's consent to treatment was sought before any work was undertaken.

People were supported to eat and drink according to their plan of care.

Staff liaised with other health and social care professionals to support people's care needs.

Is the service caring?

Good

The service was caring.

People said staff were kind and caring and that they were always treated with dignity and respect.

People told us they were involved in making decisions about their care and the support they or their relatives received. Records focused on increasing and maintaining people's skills to manage tasks independently and reduce the need for services in the longer term.

Staff showed a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

Care plans detailed people's individual care and support needs. People told us that the service was flexible and responsive to their needs.

People were asked for their feedback through face to face contact, spot checks and by means of satisfaction surveys.

Summary of findings

Information from people's comments, concerns and complaints was analysed and used to make improvements where needed.

People knew who to speak with if they had any concerns and people told us that they would have no hesitation in doing so if needed.

Is the service well-led?

Good

The service was well led.

Management systems to assess the quality of the service and improve services were in place.

Staff were clear about their roles and responsibilities. They said that the manager was supportive and approachable.

Elderflower 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 inspection was undertaken by one adult social care inspector on 15 September 2015 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to speak with us. We initially gave the provider 48 hours' notice but the date was changed at their request so that planned training could go ahead.

Before the 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. We also reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. Although the agency has changed addresses since the provider completed the PIR the information relating to the agency's regulated activities and client base remained largely unchanged. Therefore we incorporated information contained in the PIR into our inspection planning.

We sent questionnaires out to 18 people who used the service and 11 were completed and returned (61.1% response). Twenty two questionnaires were sent to staff working at the agency and eight were returned (36.4% response). We spoke with four people who were in receipt of care services and another four people contacted us to give us their views on the care their relatives received.

We contacted the local authority contracts and commissioning department and Healthwatch to gain their views. Healthwatch gathers the views and experience of people about their local services, and uses that information to help improve services and influence commissioning outcomes for people living in the area.

During our visit to the service we spoke with the registered manager, the deputy manager, a reviewing and rehabilitation manager, and two administration staff, including the administration manager. We also spoke in person and by telephone to two quality assurance managers / training managers. We reviewed care plans and associated medicines administration charts for four people and staff recruitment and training files for three members of staff. We looked at records relating to the management of the service including the electronic system known as the people planner, training records, spot check forms, quality surveys and the Statement of Purpose.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us that their care workers provided them with safe care. Safeguarding and whistle blowing policies were in place and records showed that staff had received training in these. Records demonstrated that safeguarding referrals were made as needed so that allegations or concerns could be followed up and investigated. The local authority confirmed that staff contacted them if they had any queries and had attended safeguarding training. Staff were familiar with safeguarding and whistle blowing procedures and they told us that they would contact the shift leader or the manager immediately if they had any concerns about people's safety. These arrangements helped to ensure that people who were vulnerable because of their circumstances were protected.

Risk assessments were completed so that known and potential risks could be identified and minimised. In addition to generic risk assessments there were individual risk assessments in place. The service employed four occupational therapists and had access to independent physiotherapy services, whose staff provided advice in relation to high risk activity such as managing stairs, car transfers or outside mobility. The service also provided falls prevention advice, adaptations, equipment and exercises. Future improvements included plans to develop a falls exercise group to raise awareness about falls prevention work.

One member of staff was nominated shift lead and staff used a texting system to confirm they had arrived at calls on time and stayed for the appropriate length of time. The shift lead also acted as the point of contact for any unforeseen events. We observed this system worked well in practice when a person using the service was taken unwell during our visit to the agency office. Staff on site with the person responded promptly to make sure the person was safe and contacted both emergency services and the shift lead. Another member of staff working nearby was deployed to offer further assistance and reassurance. This triggered an immediate review of the person's risk assessment to ensure that essential documentation relating to their care needs and safety was updated in a timely way. Managers and office staff were also available and provided cover and advice in the case of staff absence or in an emergency. A nominated manager provided ongoing advisory support and advice and out of hours access, to ensure that people's changing needs could be addressed without delay.

Appropriate arrangements were in place to manage the potential risks posed by moving and handling. All staff had received moving and handling training and the in-house trainer could provide 'same day' advice on individual issues to ensure safe practices were maintained. Agency staff had also participated in the production of a reference book, which included photographic guides of safe handling of people techniques. Moving and handling equipment was kept on site for training purposes and for emergencies. The service also provided private equipment to keep people safe and active. The manager described the safety checks that were completed to comply with lifting operations and lifting equipment regulations 1998 (LOLER) and we saw evidence of these in the records. This made sure that lifting equipment was fit for purpose and reduced the risk of injury for people using the service and staff.

Effective recruitment and selection processes were in place. The recruitment procedure set out the checks carried out before staff were employed including satisfactory written references and disclosure and barring service (DBS) checks. The DBS service helped employers make safer recruitment decisions to prevent unsuitable people from working with people who were made vulnerable through their circumstances.

We identified that not all staff files contained the required documentation in line with the agency's own procedure. In one case the staff file contained only one reference and interview notes were not available. However, the manager was able to describe the process they had followed to ensure people were protected. For example, when references proved difficult to obtain, a suitable reference had been sought from a work colleague. They showed us completed interview notes from another file, which was completed in full and which provided useful information about staff strengths and interests. This meant that staff could be matched wherever possible to work with people with shared interests. Newly appointed staff shadowed more experienced workers before they worked alone unsupervised. Staff completed a four month induction

Good

Is the service safe?

period which included mandatory training in line with Skills for Care common induction standards. These standards were developed to create consistency to ensure staff met a level of quality when they provided care and support.

Appropriate arrangements were in place to ensure people received their prescribed medicines at the right time. Policies were available on medicines management and the collection of prescriptions. Staff said, and records confirmed, that they had received training on the safe administration and recording of medicines. Managers observed staff practice to make sure they followed good procedures in the administration of medicines and took corrective action if needed. A weekly bulletin and daily texts kept staff updated on changes and this, along with a stable staff team, helped to ensure people received safe, consistent care. The appointment of a new part time review officer was being used to update the three monthly reviews to include swallowing issues, medicines administration and mental capacity. Information from these was being used to feedback into the review of policies and training plans that were on-going. One of the quality and assurance and training managers told us that as part of their new role they audited the medicines administration records (MAR). They explained this had provided them with a baseline assessment which they could use to demonstrate compliance with the agency's procedures and would be used to measure continuous improvement once the system was fully embedded.

Good

Is the service effective?

Our findings

People who used the service and relatives told us that staff always arrived on time, completed all of the tasks that they should do during each visit and stayed for the agreed length of time. One person confirmed, "Very reliable. In two years I can say they [the care staff] have never been late." In their surveys people told us that staff continuity was really important to them and 91% said they received care and support from familiar, consistent care and support workers who had the skills and knowledge to give the care and support they needed. One person confirmed, "We are well looked after." Another person said, "The new girls can take a while to get to know what they are doing but on the whole they are all very well trained and some are exceptional." Wherever possible staff worked with the same people to promote continuity. Information regarding people's records, daily routines and life stories were held in the office and staff told us they were encouraged to check this before they visited a person for the first time.

There were 21 staff in total with 24% full time staff and 76% staff who worked part time hours. Over 95% of staff had a permanent contract with just one person on a temporary contract by personal choice. During our visit to the agency office we found a confident staff group who reported a high level of satisfaction with their employment. Comments included, "I love it," "We work together as a team," and "Excellent teamwork."

In their surveys 100% of staff said that they completed an induction period before they worked unsupervised and had sufficient time in which to complete all of the care and support required by the person's care plan. The provider told us in their PIR that 100% of staff had completed or were in the process of completing induction training and 47% had a Level 2 or above NVQ or Diploma in Health and Social Care. Another four staff were qualified occupational therapists registered with the Health and Professional Council. The staff we spoke with confirmed induction training was in place. One staff member told us the training was "Thorough." Another staff member said, "There's a good amount of support both to start with and ongoing. You are not dropped in at the deep end at all."

Staff received mandatory training on a range of topics such as infection control, Mental Capacity 2005 (MCA), equality and diversity, first aid and dementia. Training methods included watching training CDs, shadow visits and classroom based learning. Staff were enthusiastic about the training offered and said they had particularly benefited from the experiential training on moving and handling in which they took on the role of the person being transferred or turned in bed. This enabled them to experience moving and handling techniques from the point of view of the person who received care. The new quality and assurance manager stressed the importance of translating learning into the workplace to ensure an individualised approach. They said that they envisaged that their new role would help to promote this approach through increased supervisions, training and spot checks.

On completion of their induction training a series of shadow visits, checks and probation supervisions took place. This ensured staff achieved a satisfactory level of competence before their employment was confirmed. Staff meetings were held on a two monthly basis and these provided staff with a forum in which they could receive information, share ideas and discuss complex cases. Staff also accessed up to date information and best practice through the National Institute for Health and Care Excellence (NICE), NHS safety alerts and the British Association of Occupational Therapists (BOAT) and College of Occupational Therapists (COT). Staff also attended external courses and took this learning back into the staff meetings to share good practice. Guest speakers provided training sessions in staff meetings on specific client related issues. One example was the Diabetes Specialist Nurse who provided a session on the management of diabetes. This made sure that staff better understood the care needs of people living with diabetes and their role in promoting people's health and wellbeing.

All staff had completed training in the Mental Capacity Act (2005) and staff were able to describe their responsibilities under that Act.

Staff described achieving good results by using photographs to demonstrate the correct procedure for staff carrying out exercises with one person following a fractured arm. The manager also described the recent use of a tracking system for one person to reduce the risk posed when they left home whilst enabling them to retain their independence. People who used the service or their relatives had signed consent forms to allow the use of technology, photographs in people's care plans and for training purposes.

Good

Is the service effective?

An initial assessment was used to develop a step by step guide for staff to follow to meet people's preferred routines. This included the use of fluid balance, weight and food intake charts as needed. Another person living with dementia had a laminated copy of a photograph of their drinking cup. The staff said this was a useful communication aid to remind the person to drink when they were on their own. Staff told us they had undertaken training on hospitality and food handling and hygiene and records confirmed this training was in place.

The staff from the agency worked closely with families to pick up on emerging issues and ensure people's health needs and preferences were met. Staff supported people to attend health care appointments such as the GP, dentist, memory clinic and the podiatrist. Wherever possible staff said appointments would be made to fit in with their usual call times so as to avoid incurring an additional cost. Staff reported good working relationships with other health and social care professionals. This was confirmed by a social care professional who told us there was good communication and that they were kept informed of any changes.

Good

Is the service caring?

Our findings

People who used the service and their relatives were positive about the care that was provided. They said that the care staff were caring and kind and that they were treated with dignity and respect. Comments included, “Very good,” “Highly satisfied,” and, “Excellent service.” Records were individualised and focused on increasing and maintaining people’s skills to manage tasks independently and reduce the need for services in the longer term.

The staff we spoke with confirmed that they worked well together as a team and a new member of staff described the atmosphere as, “Very good, everyone is respectful of each other.” Although the service has a website to advertise their services the manager told us that repeat custom came largely through “word of mouth” and reputation.

In their PIR the provider said that they put a lot of thought into recruiting staff with a caring attitude and spent time at interview to establish this trait. Staff members were encouraged to reflect on what they would want if they needed care and the service provided a personal touch by remembering birthdays and special days. One staff member said when they answered a telephone or visited a person they thought, ”I am going to treat this person exactly as I would want my mum, my daughter or myself to be treated.”

Managers observed new staff interaction with people who used the service and with each other throughout the probationary period. People who used the service, families and the staff team were also asked for their feedback before a permanent position was confirmed.

Records in staff files confirmed the recruitment process that was followed and we saw that people using the service were matched with suitably trained staff who had similar interests. The electronic system was also used to ensure that essential appointments were not missed.

Although the agency provided care into people’s own homes the staff also worked with individuals in care homes and nursing homes. This work included joint visits with an independent physiotherapist to give advice and train staff, make environmental checks and set up rehabilitation programmes to promote independence.

Staff received regular updates on issues such as ‘Dignity in Care’ and dementia. Staff were working with people who used the service and their families to produce detailed life stories to help staff provide individualised care. Staff also said they used a reminiscence newspaper to stimulate conversation and memory.

The provider told us in their PIR that they had been able to support people who were approaching end of life and felt privileged to be part of their lives. For example, staff had supported one person throughout a hospital admission to provide comfort and support. Information about people’s particular wishes were recorded and we saw copies of important documents such as Do Not Attempt Resuscitation (DNAR) forms were held in the office. This enabled the office staff to give advisory support to staff in case of an emergency and ensure people’s wishes were known and acted upon at this important time.

Good

Is the service responsive?

Our findings

Everyone we surveyed confirmed that they were involved in making decisions about their or their relatives, care and support needs. People who used the service were 100% confident that the agency would involve the people they chose in making any important decisions. One person said, “No complaints, we are very pleased.” Other comments included, “It all works very smoothly. Everything is written down,” and, “The service is very flexible to my requests for a change.”

The staff we spoke with were knowledgeable about people they supported and took pride in providing people with flexible, responsive care. The registered manager spoke with us about the importance of getting staff to “Think outside the box,” to improve people’s quality of life and provide person centred care. During our visit a member of staff contacted the shift lead regarding additional help one person had requested. This request was dealt with promptly and the person was able to go out at short notice on the same day with appropriate staff cover in place. A social care professional, who provided us with feedback said, “I have found them to be very person centred, humanistic and interactive in their approaches.”

The provider told us in their PIR that people had a full assessment before they started using the service. The assessment and care records we saw supported this. When we visited staff confirmed that the manager and deputy manager completed the initial assessment visit and agreed the level of care to be provided. People who used the service or their representative had signed their assessments and consent forms to show their agreement. This showed us that people were involved in making decisions about their care. Care records included a document titled ‘Things I’d like you to know’, which provided details to guide staff in person centred care.

Staff completed daily notes and we saw that they also used these forms to monitor previous visits and comment on any areas that needed further clarification or improvement.

There was evidence of ongoing assessments such as moving and handling. Staff explained they encouraged people to improve and maintain their skills. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

In some cases people provided companion services and used resources such as jigsaws and music to engage people living with dementia. Staff supported people on one to one outings or shared activities were appropriate. One relative said staff were, “Skilled at looking after people who are forgetful,” and felt their family member was well looked after in their absence.

The staff we spoke with confirmed that they were provided with up to date information about people's needs. They monitored people for any deterioration in health including potential pressure sores and signs and symptoms of their particular condition. Staff from the agency liaised closely with the GP, health care professionals and social care professionals. This helped to ensure that people received care which was safe and appropriate to their identified care needs.

Information on people’s personal files included contact details in case of complaint. In their surveys everyone told us that they knew who to contact if they had any concerns and 91% said they were confident that staff would respond well to any complaints that had arisen. The manager told us that they encouraged staff to be proactive if someone was not happy about something so that any issues could be quickly resolved and acted upon. The manager reported they had not had any formal complaints but had responded to comments from reviews and general conversations during visits or emails. They said that issues mainly focused around invoicing and changes to schedules, which they always worked hard to resolve. The manager explained that on occasion it was not always possible to provide people with the exact hours or personnel that people wanted at a particular time.

Good

Is the service well-led?

Our findings

People who used the service and relatives said they knew who to contact and that they were given sufficient information about the agency. Not all relatives said that they were asked for their views about the service that their family member received. However, in these cases they explained that the person using services was independent and managed their own care. Everyone we spoke with told us they were very happy with their regular care workers. Comments included, “They have made a tremendous difference,” “Exceptionally good,” and, “We are well looked after, I would recommend this service.” Comments received from a social care professional included, “They are an extremely experienced team and work well together.”

The registered provider was a family run company and the Director who oversaw the company was also the registered manager. There was a clear ethos of rehabilitation and person centred care and management systems were in place to make sure staff were meeting people's needs safely. Everyone we spoke with said they felt confident in approaching any one of the management team if they had any concerns. Staff told us it was a “Good company” to work for and comments they used to describe the management arrangements included, ”Flexible and approachable,” “Proactive,” and, “Dynamic.” One staff member said the manager had a, “Can do attitude which resonates throughout.” Another staff member said they were “Very settled,” in their work and described the agency as being, “Tailor made for me, there is something unique here.”

The provider told us in their PIR that a new management structure would be used to improve supervisions, appraisals and accountability. This included the implementation of new job descriptions and workforce management training. The service had relocated to alternative premises, which enabled more support staff and provided a larger base for staff to visit. During our visit to the new office we found the new management posts had been introduced as planned. These posts were being used to develop and improve the service to give the registered manager time to focus on the strategic planning of the company. Managers told us that they were undertaking a full review of the agency’s policies and procedures in line with national best practice and current legislation.

Audits were undertaken that included checking daily records, medication charts and care plans to make sure people's care needs were being met. During our visit managers told us that they were undertaking a full review of the agency’s policies and procedures including the audit systems in place. One of the quality assurance managers explained this would include the use of a scoresheet in the audit system so that the progress against any actions could be measured.

The registered manager and the staff we spoke with said there was a culture of learning and continuous improvement. One member of staff said that the office move and recent changes were, “Working well, we are moving forward all the time.” Ongoing advisory support and advice was available to staff through telephone contact, texts and meetings. The staff we spoke with said that the manager was supportive and encouraged them to explore specific interests such as mental health care. Another care worker with an interest and skill for creative writing was leading on the implementation of life story work.

Managers and office staff carried out the initial assessments and personal care, which enabled them to identify any issues so that action could be taken in a timely way. Office staff said this was of assistance to them as it helped them picture the circumstances if staff were having particular problems. Spot checks were used to make sure that people remained satisfied with the care they received and to monitor staff performance. We saw from staff records that when shortfalls in performance were identified then additional staff training and support had been put in place to rectify any issues and bring the staff member up to the required level of competence. Staff told us policies were included in the employee handbook and were discussed at staff meetings.