

ELR Homecare Ltd

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Inspection report

Cradley Enterprise Centre
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

ELR Homecare is located in Halesowen, Dudley. It is a domiciliary care agency, which provides support to people in their own homes. It supports people with mental health difficulties, learning disabilities, people living with dementia, and people with physical disabilities. On the day of our inspection, there were 21 people using the service.

There was a registered manager at this service, who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 satisfied with the reliability of staff, and with the consistency in the carers who supported them. Individual risk assessments were in place to provide guidance to staff as to how to care for people safely. Staff understood how to recognise and report harm or abuse. Where staff had raised concerns with the registered manager, action had been taken.

People received their medicines safely, and as prescribed. People were supported by staff who had undergone pre-employment checks to ensure they were suitable to work in care.

People received care in a manner which was in accordance with the principles of the Mental Capacity Act. Staff received ongoing training and development, which was relevant to the needs of the people they cared for and enhanced their practice. People were supported with their eating and drinking needs. Where there were concerns about people's health or wellbeing, referrals were made to healthcare professionals and their guidance and recommendations were followed.

People enjoyed respectful and positive relationships with their carers. People's dignity was maintained. People's individual communications styles and preferences were known by staff, and staff tailored their approach to meet individuals' needs.

People's changing health needs and wellbeing were responded to. reviews of people's care took place to ensure that people's needs continued to be met. Staff respected people's preferences and how they wanted to be cared for.

Where people or relatives were dissatisfied with the care provided, they knew how to make a complaint. Complaints and feedback were acted upon.

People and relatives were pleased with how the service was run and how their views and feedback were listened to. People, relatives, staff and health professionals found the registered manager to be approachable and quick to take action, as required.

Systems were in place to monitor the quality of care provided. Where shortfalls were identified, these were acted on to make improvements to the care provided.

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 is safe.

People valued the reliability of staff. Staff understood people's individual safety needs and how to support them.

People received their medicines safely, and as prescribed.

Is the service effective?

Good 

The service is effective.

People were supported to maintain good health and with their eating and drinking needs. Staff received ongoing training, which was relevant to their roles.

Staff understood the relevant legislation underpinning their practice in relation to choice and consent.

Is the service caring?

Good 

The service is caring.

People enjoyed positive and respectful relationships with staff. People's dignity was maintained. Staff promoted people's independence as much as possible.

Staff adapted to people's individual communication styles and preferences.

Is the service responsive?

Good 

The service is responsive.

People's preferences were known by staff. People benefited from staff's flexible approach. People's changing needs were responded to.

There was a system in place for acting on complaints and feedback.

Is the service well-led?

Good 

The service is well-led.

People, relatives and health professionals were positive about the running of the service. Staff felt motivated and valued in their roles.

The registered manager monitored the quality of care provided and took action where shortfalls were identified.

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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.

We made an announced inspection on 21 April 2017. The inspection team consisted of one Inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had knowledge and experience of care provided by domiciliary care agencies.

We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available in the office.

We looked at the information we held about the service and the provider. We asked the local authority if they had any information to share with us about the care provided by the service.

We spoke with four people who use the service and seven relatives. We spoke with the registered manager and four staff members. We also spoke with two healthcare professionals. We looked at three care records, which included risk assessments, initial assessments of needs and reviews of people's care. We looked at the quality assurance records, recent feedback received, and the complaints file. We also looked at three staff pre-employment checks.

Is the service safe?

Our findings

We spoke with people about being safe meant to them and whether they felt safe using ELR Homecare. One person we spoke with told us, "Yes, they are all lovely. They are gentle and they take their time and I feel very safe." Another person we spoke with told us that having regular and familiar carers made them feel secure. People also told us staff ensured good hygiene safety by using gloves, aprons and by ensuring they cleaned the kitchen after meal preparation, which people told us was important to them.

People, relatives, staff and the registered manager told us that as much as possible, the same carers were used for people's calls. The registered manager told us about the importance of consistency of staff for people, which was reflected in what people told us. Staff told us of the benefits of this approach. One member of staff told us, "Because I know my (people) so well, I can tell straightaway if something is not right with them." We saw examples of where staff had identified concerns and raised these with the registered manager. One member of staff had noticed sore patches of skin on a person. This had been raised with the registered manager and the district nurses had been contacted the same day. Staff told us about the different types of harm and abuse and how they were vigilant to any signs of this in their daily work. Where concerns had been identified, the registered manager had informed the relevant authorities to ensure the person's safety.

People and relatives told us that staff were reliable and they had no concerns about late or missed calls. One person we spoke with told us they would give "10 out of 10" for reliability and punctuality. A relative we spoke with told us, "They are very reliable. There was only one occasion where a late call could not be covered, but we were given notice of this beforehand." The registered manager covered calls where necessary to prevent the need to cancel calls, or use unfamiliar agency staff. The registered manager told us they allowed sufficient travel time for staff in-between calls. They told us, "I know how stressful it is for staff, and the people we care for, when staff have to rush and arrive late."

We looked at how the provider recruited staff, and we saw that staff were subject to checks with the Disclosure Barring Service ("DBS"). The DBS is a national agency which helps employers make safer recruitment decisions and prevent unsuitable people from working in care. Staff were not able to work with people until these checks were completed. These checks, combined with the references, helped the registered manager make sure that suitable people were employed and people who used the service were not placed at risk through its recruitment processes.

Risks associated with people's individual care and support needs had been assessed, and guidance was in place for staff regarding how to keep people safe. For example, one person needed to be encouraged to use a walking aid to help prevent the risk of falls. Where people had sustained an injury, or there was a potential for injury, action had been taken to minimise the risk. For example, some people had been referred to occupational therapy.

We spoke with people and their relatives about their medicines and the help they received with taking these. People told us they received their medicines when they should and they received the help they needed in

that area. One relative we spoke with told us, "They are very good. They are punctual and [person] is now not forgetting their tablets; they really make sure [person] takes them and they call [person] or me to make sure they have been taken." Another relative we spoke with told us, "They do [person's] tablets both times and make sure [person] is OK." We saw there was a system in place for auditing medicines to make sure that no errors had occurred and to ensure people received their medicines, as prescribed.

Is the service effective?

Our findings

We asked people and their relatives about staff's skills and knowledge. People told us they felt staff knew how to meet their needs. One person we spoke with told us, "We have now had a hoist delivered. The care staff are actually being trained today on how to use it." Another person told us that staff, "take the time to do things right." People told us that new staff members worked alongside more experienced staff before working on their own. One person told us, "Not many of the staff who call are strangers, but some do come along who are shadowing; they ask first."

Staff told us about the ongoing training they received in their roles. One member of staff told us about a care qualification they were doing. They told us, "It makes you think more about what you do and how you do it. It shows you the different ways of doing things." New staff had undergone an induction process, as well as completing the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily practice. A member of staff told us about their induction, "We looked at every aspect of the job." We saw that staff's induction had included looking at areas such as safeguarding, dementia, medication and equality and diversity.

Where people needed assistance with meals, they told us that staff did this well, with food well-prepared, nicely presented and cleaned away afterwards. Staff understood people's different support needs in relation to eating and drinking. For example, staff told us that one person would say they were not hungry and did not want any food prepared but that when the food was offered to them, the person would eat it all. Staff told us this approach was important with this person as it encouraged them to eat enough and maintain their weight. Where there were concerns about people's weight, their food and fluid intake was monitored and referrals made to the relevant healthcare professionals.

We looked at how people were encouraged to maintain their health. People and relatives told us staff took action where required to ensure people's healthcare needs were met. One person we spoke with told us, "They alerted me to get the doctor once." A relative we spoke with told us, "They will pass on any information via [registered manager] to let me know if [person] might need a check-up or something to keep them well." We saw people had access to range of healthcare professionals, including physiotherapists, district nurses, occupational therapists and GPs. A healthcare professional we spoke with told us staff followed their medical guidance and recommendations and always sought advice where there concerns about people's health.

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.

We checked whether the provider was working within the requirements of the Act. Staff we spoke with told

us about the relevance of the Act to their practice. One member of staff told us, "You have to listen to people, help them to make decisions. If they aren't able to make the decision themselves, that is when you involve other people to help make it for them." Capacity assessments were in place for people and were decision-specific. The registered manager understood the best interest decision-making process, and when to involve other professionals, such as an IMCA (Independent Mental Capacity Advocate.) People and relatives we spoke with told us staff respected people's right to make choices. One relative told us, "[person] should have a wash or a shower, but they don't force the issue if [person] makes it clear they don't want one."

Is the service caring?

Our findings

People, relatives and health professionals we spoke with were positive about the caring approach of staff. One person told us, "It was hailing the other day and [carer] said don't worry, I will go and bring all your washing in for you. They didn't have to do that, but that's just what they are like." Another person we spoke with told us, "It's out of this world. I was scared stiff to have people coming in, but it has been a nice surprise and I am over the moon. I was scared because I had done everything by myself up to now." A health professional we spoke with told us they were impressed by the carers and their "general attitude to care." Staff we spoke with were positive about their roles and spoke about the enjoyment they got from helping the people they cared for. One member of staff told us, "I absolutely love my job, and I love the fact we make a difference."

We asked people and relatives whether they felt staff treated people with dignity and respect, and their responses were consistently positive. One person told us they felt staff respected them as they were "very considerate in the house." A relative we spoke with told us, "They help [person] to have a wash or a shower and get dressed. They take the time to do that nicely and they are never rushing, it's done with dignity and [person] is comfortable." Staff we spoke with told us about the importance of maintaining people's dignity. One member of staff told us, "For me, it is all about recognising how the other person feels and being aware of their possible embarrassment. Reassurance is so important, I try to put people at ease and make sure I explain things as I go along." This approach was reflected in what people told us.

People and their relatives told us people's independence was promoted as much as possible. One relative we spoke with told us, "They (staff) can only help [person] wash if they are willing, and they are not letting them yet. [Person] showers themselves or just has a quick wash before the carers get there and [person] will insist they can do this." Another relative we spoke with told us, "[person] needs the help ELR provide, but is still very independent." Staff we spoke with told us about the importance of recognising people's wish to remain as much independence as possible, whilst also ensuring the person was safe and not putting themselves at risk.

Staff and the registered manager demonstrated an awareness of people's individual communication styles and preferences. Staff told us about the importance of tailoring their communication style to each individual's requirements. For example, one person using the service was a young adult and liked staff to be less formal with them than some of the older people staff cared for. At the time of our inspection, no one using the service required the assistance of an independent advocacy service, but the registered manager told us referrals would be made as and when necessary.

Is the service responsive?

Our findings

People and relatives told us that staff and the registered manager took the time to understand people's preferences and what was important to them. One person we spoke with told us, "It's very important to me that I have a cup of tea before they (staff) do anything else. They make sure I get my tea first." Other people we spoke with referred to staff doing extra, or as being thoughtful about things which made a difference to them, such as making time for a chat, or checking whether they could help with anything else before leaving. One person told us, "They have amazing flexibility."

People and their relatives told us they had been involved in devising their care plans, and in any subsequent reviews. One relative we spoke with told us, "Yes, [registered manager] came to see us. We explained everything and they have set that out. Nothing is too much trouble." People's care plans recorded individual information about how people wanted to be cared for, and staff we spoke with were knowledgeable about this information. One member of staff told us, "[person] likes you to leave their telephone on the table by their bed before you go. It may seem like little things to us, but it's important to them." A relative we spoke with told us about the flexibility of the service, and its understanding of people's needs. They told us their relative needed a late call at a particular time because they did not like to go to bed without watching a particular programme first. The relative told us other agencies had not been able to accommodate that, but ELR did. They told us about ELR's approach, "It gives us a much better life for [person]".

We found that staff responded to changes in people's health or wellbeing. One relative we spoke with told us, "They (staff) make notes and they use a book. They do alert us to things, and they first spotted [person's] pressure sores developing; they first alerted us." Another relative we spoke with told us, "Yes, [person's] needs are now greater and [registered manager] is being responsive to this." A health professional we spoke with told us that staff were quick to notify them of any changes in people's needs, or of any general concerns. Reviews of people's care took place yearly, or as needs changed, to ensure the care package in place was reflective of people's needs and preferences.

People and their relatives told us they knew how to make a complaint, or provide feedback on the service received. One relative we spoke with told us, "We like them a lot. [Registered manager] is very responsive to any concerns." We found there was a system in place for capturing complaints and investigating these. Where complaints or concerns had been raised, the registered manager had looked into the matter and provided a response. One relative we spoke with told us, "[person] did complain about one carer; [person] didn't like them. [Registered] manager stopped the carer from calling and has kept to that." We spoke with the registered manager about this, who told us it was important to them that people's views were listened to and accommodated, as much as possible. They told us, "They (people) are paying for a service and it is their home. Why should they a carer they don't like?"

Is the service well-led?

Our findings

People, relatives and health professionals we spoke with were positive about the service and the way it was run. People consistently told us they could get in touch with the registered manager, as needed, and that they found them to be approachable and personable. One person we spoke with told us, "It's working much better than all the previous ones (agencies). It is working as I'd always wanted to, but could not get from the other firms." One relative we spoke with told us, "They are excellent. This is the fourth company [person] has tried, and they are so much better." Another relative told us they attributed their positive experience of the service to, "It's everything- from the way [registered manager] runs it, to how the staff work." A health professional spoke with told us they had received positive feedback about the service, as well as recommendations. Another health professional praised the registered manager's communication skills.

We saw examples of where the registered manager had met with people to find out their views on the service. One person had expressed concern to the registered manager about new staff being given the key code to their home. The person was concerned the new member of staff may then leave the organisation and have access to the person's home. The registered manager had met with the person to discuss their concern and reassure them that new staff were not given this secure information, which the person was pleased about. One relative we spoke with told us, "We can raise issues. I speak to [registered manager] regularly and we discuss how it is going. [Registered manager] knows if we have any concerns."

We spoke with staff about the support they received from the registered manager. Staff were positive about the running of the service, and told us they felt valued in their roles. One member of staff told us, "I've been here since the beginning, so I feel as though [registered manager] and I have built it up together. I've loved watching us grow." Another member of staff told us, "[registered manager] is absolutely brilliant, so easy to approach. I never worry about going to them; they listen." Staff told us they received structured supervision meetings with the registered manager, as well as informal support such as telephone calls to ask how things were going.

We looked at how the registered manager monitored the quality of care people received. Systems were in place to monitor the care provided, which included unannounced spot-checks on staff, audits, and questionnaires for people, relatives and health professionals. Spot-checks looked at areas such as staff's communication and approach. We saw that during a spot-check, the registered manager had picked up on an issue with a staff member's approach to privacy. This had been discussed with the staff member afterwards and the registered manager had noticed an improvement to the staff member's approach. People all had their own 'service user guide', which set out the standards they could expect to receive in areas such as safety and privacy. The guide told people how to raise concerns if they were unhappy with the service provided.

The registered manager told us the vision and values of the service were, "To help (people) as best we can and to make sure they get the care they want and need." We saw this approach reflected in what people, relatives and staff told us. The registered manager told us one of the strengths of the service was that due to its size, they were able to maintain oversight and know every person using their service. They told us they would not wish to service to expand too much further as they wished to retain this level of understanding of

the people they cared for.

We spoke with the registered manager and staff about the whistleblowing policy in place. As the registered manager was also the provider, staff had been made aware they should contact the CQC if they had any concerns about the registered manager, or wished to escalate a concern. Staff told us they were aware of the policy and that they would have no concerns in raising a whistleblowing concern, if necessary.

The registered manager had, when appropriate, submitted notifications to the CQC. The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.