

Elmar Home Care Limited

Elmar Home Care Ltd - Horsforth

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Elmar Home Care Limited – Horsforth is a domiciliary care service providing care and support to people in their own homes. The service was providing personal care to 63 people at the time of the inspection.

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

Right Support:

People's risks were assessed, and their care plans developed in a person-centred way. However, care records did not always record when incidents had been followed up. People told us they received support in line with their assessed needs. People consistently told us their choices were promoted and respected by staff.

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.

Right Care:

Staff had completed the necessary training to meet people's needs and knew how to protect them from abuse and avoidable harm. Medicines were managed safely. Most people and relatives told us that they were involved in the development of their care plans and staff knew how to protect their privacy and dignity. There were good examples how people's human rights were being protected through person-centred care plans, for example the provider used pictorial care plans and care plans in other languages as appropriate.

Right Culture:

The culture of the service supported people and staff in an inclusive way; enabling people to live their day-to-day lives as they chose to. The provider had quality assurance systems to regularly assess and monitor the service. However, these systems did not highlight staff recruitment and incident follow up concerns we identified. When things did go wrong, the provider did not routinely use lessons learnt to improve the service. The management team were proactive in addressing our feedback in relation to concerns identified during the inspection.

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

The last rating for this service was requires improvement (published 28 January 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

We received concerns in relation to the governance of the service. As a result, we undertook a focused inspection to review the key questions of safe effective, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elmar Homecare Limited - Horsforth on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified 1 breach in relation to safe recruitment at this inspection. We have made a recommendation about lessons learnt when things go wrong.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Elmar Home Care Ltd - Horsforth

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

The inspection was carried out by 1 inspector, a regulatory officer and an 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.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

During the inspection

We spoke with 6 people and 6 relatives about their experience of care. We spoke with 7 staff including the registered manager, human resources manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 8 people's care records and multiple medication records. A variety of records relating to the governance of the service, including quality assurance audits, policies and procedures were reviewed.

We looked at 6 staff files in relation to recruitment and reviewed supervision and appraisal data. We reviewed feedback from professionals involved with the service. We continued to seek clarification from the provider to validate evidence found following the inspection.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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 always recruited safely. Evidence of conduct in previous employment, application forms and full employment history were not always in place. This meant were not assured processes and procedures to ensure safe recruitment at the service were in place.

The provider did not assess whether the applicant was of good character and make every effort to gather all available information to confirm the person is of good character. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider carried out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. One person told us, "There are enough carers. Same at the weekend as in the week."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had a process in place to analyse, identify trends or learn lessons to improve on the service provided. However, incidents, although fully recorded by staff had not always been followed up or reviewed. This meant we were not assured lessons learned was always effective.
- People had care plans and risk assessments in place. They were kept up to date and were reflective of people's individual needs and risks.
- Risks to people's health and safety were mostly monitored and managed safely.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- People felt safe at the service. One person told us, "Definitely safe. They are very good. They are thorough, care about you and your health. I am well looked after."
- Staff received safeguarding training. They were knowledgeable regarding different types of abuse and protecting people from harm.

Using medicines safely

- People's medicines were managed safely.
- Medicine administration records (MARs) were accurate and up to date.

- Staff had received medicines training and had their competency assessed.
- People had medicines care plans in place that included clear descriptions of all medicines and reflected people's individual needs and choices. Instructions and guidance for 'as required' (PRN) medicines were in place for most people supported. One person told us, "Yes very thorough. I'm on a lot of medication, some changed today. Yes, I get my medication when I need it."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider mostly referred appropriately to other agencies and health professionals to ensure consistent, effective and timely care. However, staff failed to follow up on incidents recorded in care records.
- Staff followed advice from health care professionals, such as GP's and District Nurses to support people's health and wellbeing. People told us staff assisted them contacting other health care professionals when they needed.
- Staff knew people well and gave examples how they supported people to live healthier lives, access healthcare services and community-based support activities.

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

- Systems and processes were mostly in place to assess people's needs prior to care and support commencing. Outcomes for people were identified and regularly reviewed. However, these were often task focussed.
- People and their relatives were involved in developing their care plans and their needs and preferences were taken into consideration.
- People's preferences regarding care were recorded including their likes and dislikes, life history, dietary and religious needs.

Staff support: induction, training, skills and experience

- Staff had the necessary training, skills and experience to care for people effectively.
- People and their relatives mostly told us that staff were well trained and knowledgeable. One person told us, "Yes, they do (know what they are doing). I tell them if they don't."
- Systems and processes were in place to induct and train staff and regularly check their competency.

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

- People and their relatives told us staff provided the necessary support to ensure people ate and drank in line with their preferences. One person told us, " Breakfast, they always ask what I would like. I like how they present things. Not just thrown at you, plated nicely."
- Staff were aware of people's nutritional needs. one staff member told us. "People's dietary needs and wishes are in the assessment plan and I am aware of them."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. People using the service told us they were able to make decisions about their care and support.
- Staff received training regarding the MCA and generally understood how to support people with differing mental capacity.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- Some care plans did not have evidence of people's end of life wishes having been explored. However, at the time of inspection, people who were receiving end of life care had care plans to ensure they were supported in the way they wished.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained information about their preferences and personal histories, this meant staff were able to support them in ways they would like.
- People and their relatives told us they had choice and control to meet their needs and preferences, one person told us, "Yes, I would say they are responsive...If I ask they will do it."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood the Accessible Information Standard.
- Information was available in other formats and languages when required. We saw very good examples of how information had been translated into accessible languages and pictorial formats to meet people's individual needs.
- Staff described how they allowed time for people to express themselves. This enabled person-centred care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider gave a number of examples how people had been supported to engage in activities to meet personal support needs and reduce isolation. For example, coaching people in the use of new technologies, accessing a step so they could speak with their neighbour and reengaging with a community-based support service.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and the provider had a complaints

policy and procedure.

- We saw examples of how the provider had responded to complaints and follow up actions they had taken.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager completed regular audits. Audits and checks were conducted routinely, and accidents and incidents were investigated and followed up. However, evidence to show how lessons learnt were routinely used to improve the quality of the service, particularly communications to staff were not in place.
- The registered manager understood their role and regulatory requirements. However, we were not assured about safe recruitment requirements.
- Staff had a good understanding about the quality of care expected and the was reflected in the feedback from people and their relatives.

We recommend the provider the provider consider how lessons learnt are embedded to improve the service and update their practice accordingly.

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

- We saw many examples of how people, relatives, staff and professionals' views were gathered. However, there was little evidence how this feedback was being routinely used for service improvement.
- Staff told us there were staff meetings. They told us they felt comfortable raising concerns and they would be listened to and concerns addressed.
- Staff knew people well and gave examples of how they met people's individual needs in a caring way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager, nominated individual and staff had good knowledge and understanding of the people they were supporting and knew them well. Most people and their relatives told us they had a positive experience with the service. One person told us, "I am happy with the service. I always tell them to look after themselves. I do care about them. We have a good relationship. I have a laugh with them."
- Most people and their relatives told us the management team and staff, listened to their views and acted on them. One person told us, "Oh yes, I feel able to express myself. I speak my mind. They take on board what I say."

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

- The registered manager understood their responsibility under the duty of candour and was open and honest when accidents and incidents occurred.
- The registered manager had complied with the requirement to notify CQC of notifiable incidents.

Working in partnership with others

- The provider worked with partner organisations, including local authority commissioners and health and social care professionals to ensure people received consistent and timely care. The nominated individual showed us how they routinely record this information and use feedback to improve the service.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider did not assess whether the applicant was of good character and make every effort to gather all available information to confirm the person is of good character.</p>