

Esteem Homecare Services

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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



Overall summary

The inspection was carried out on 7 July 2015. At our previous inspection on 23 September 2013 the provider was meeting the regulations that were assessed.

There was a registered manager in place. 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.

Esteem Homecare Services provides domiciliary care and support in Easingwold, Thirsk, Northallerton, Bedale and the surrounding areas. It operates from an office located in Easingwold.

At the time of our inspection there were 34 people who received a service from the agency.

People who received care and support from the agency provided us with positive feedback. They said they received a reliable service and a good standard of support from caring, kind and compassionate staff. People told us they felt safe in the way staff supported them and had confidence in the staff.

Summary of findings

Care and support was provided to people in their own home on a flexible basis and in accordance with individual needs. Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's care plan.

Staff had a good understanding of how to identify abuse, and knew how to respond appropriately to any concerns to keep people safe.

Recruitment procedures were in place to ensure that only people who were deemed suitable worked within the service. There was an induction programme for new staff which prepared them for their role. Staff were provided with a range of training to help them to carry out their roles effectively. They had regular supervision meetings with their manager and annual appraisals to support them to meet people's needs. There were enough staff employed by the service to meet people's needs.

People had care plans in place which reflected their assessed needs. People were supported effectively with their health needs and were involved in making decisions about what kind of support they wanted.

Staff treated people with kindness and compassion and cared for them according to their individual needs. Staff had a good understanding of people's needs and preferences and we received positive feedback from relatives about the service provided by care workers.

People using the service, relatives and staff were encouraged to give feedback on the service. They knew how to make complaints and there was an effective complaints management system in place.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where issues were identified action plans were put in place to rectify these.

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?

The service was safe.

Staff had a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place.

Where risks to individuals were identified, specific plans were in place to minimise any adverse effects from these.

There were enough staff to meet people needs and staff had been recruited safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who had appropriate skills and had received the training required to perform their role. Staff received regular supervision and annual appraisals of their performance to carry out their work.

The service was meeting the requirements of the Mental Capacity Act 2005 and staff were aware of their responsibilities to always act in a person's best interests.

People were encouraged to eat a healthy and varied diet. People's health needs were monitored closely and the service sought advice and up to date information from relevant healthcare professionals.

Good



Is the service caring?

The service was caring.

People's relatives said they were happy with the care provided and said they had good relationships with staff. Relatives also told us staff treated their family members with respect.

Staff demonstrated they had a good understanding of the people they were supporting.

Good



Is the service responsive?

The service was responsive.

People expressed their views and were involved in making decisions about the support they received.

People's needs were assessed before they began using the service and care was planned in response to their needs.

The service had a complaints policy which outlined how formal complaints were to be dealt with. Complaints and concerns were discussed with staff to identify lessons learned and improve the service.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. They felt well supported by the management team who they said were accessible and approachable.

The service learned from accidents, incidents and other concerns and learning from these was discussed in team meetings.

The manager carried out audits to monitor the quality of the service provided. The provider worked with other organisations to ensure that best practise guidance was followed.

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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.

The inspection of Esteem Homecare took place on 7 July 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location office to see us. It makes it sound as if that is the only reason we visit the office.

Before the inspection visit we reviewed the information we held about the service, which included notifications submitted by the provider and spoke with the local authority contracts and safeguarding teams and with Healthwatch. This organisation represents the views of local people in how their health and social care services are provided.

The inspection team consisted of one inspector and one expert by experience who supported the inspection by

carrying out telephone interviews to seek the views and experiences of people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and had expertise in adult health and social care.

Before we visited we asked the provider to complete a Provider Information Return (PIR). The PIR 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 asked for and received a list of names of people who received a personal care services so that we could contact them and seek their views.

During our visit to the agency we spoke with a director of the organisation, the registered manager, the care coordinator, and three care staff. We spoke with seven people who used the service, two relatives and one Mental Health Support worker. We reviewed the records for four people who used the service and staff recruitment and training files for three staff. We checked management records including staff rotas, staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

Is the service safe?

Our findings

People we spoke with who used the service and their relatives told us they felt care and support was delivered in a safe way. Comments included “I don’t always know who is coming, but I know all the girls now, if there is a new one (staff) they are introduced with another carer. I feel so very safe with them.” Another person said “They are usually on time. I feel very safe with them I have every confidence in them. I have had other care agencies and this one is far better.”

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority’s safeguarding adult’s procedures, which aimed to make sure incidents were reported and investigated appropriately. Staff told us they received training in safeguarding adults as part of their induction as well as annual refresher training. Staff had a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. The registered manager had identified safeguarding issues and had made two appropriate alerts to the local authority since the previous inspection. The agency had worked collaboratively with the local authority to investigate both alerts and had taken appropriate action following both allegations. This demonstrated the service was committed to ensuring people received safe care.

Risk assessments had been completed for individuals in areas such as moving and handling and the safety of their home environment. The information in these documents was detailed, up to date and regularly reviewed, but more frequently when someone was new to the service or their needs changed. This meant staff had access to current information about the people they supported.

The risk assessments we reviewed contained practical guidance to advise staff on how risks could be minimised. Staff spoke knowledgeably about the risks to people and the actions which had been taken in the past and on an ongoing basis to minimise these.

We reviewed three staff recruitment records and saw they contained the necessary information and documentation

which was required to recruit staff safely. Files contained photographic identification, evidence of Disclosure and Barring Service clearance (DBS), criminal record checks, references including one from previous employers and application forms. This helped to ensure that only staff who were suitable worked with people using the service.

We looked at how the service supported people with their medicines. Staff told us they had received medicine training and this provided them with the skills and knowledge to support people with their medicines.

The service had a policy and procedure for the safe handling of medicines. People’s risk assessments and care plans included information about the support they required with medicines. Records showed that staff involved in the administration of medicines had been trained. Staff we spoke with had a clear understanding of their role in administering medicines. Records we reviewed confirmed this. We were told by the registered manager that staff were not able to assist with medicines until they had completed a competency test and had their training regularly updated.

The registered manager told us there were enough staff employed to meet the needs of the people being supported by the service. Care and support was co-ordinated from the office. We were told by staff they received their rota in advance and small teams of staff were allocated to people in order that they were familiar with them. The registered manager told us people using the service did not receive a rota informing them of who would be attending to them. The registered manager said they thought people who received a service were happy with these arrangements. However, although we did not receive any negative feedback from people who used the service they did make comment that although they knew staff well they did not know who would be visiting them. This information was passed on to the provider for their consideration.

Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

Is the service effective?

Our findings

People who used the service and their relatives gave us positive feedback on the service they received. Comments included “I have a lot of personal care every day, I was involved in the planning, and they sign all the paperwork” and “They seem very well trained.” Another person said, “They are well trained, I have no worries about that” and “They do what I want; I was involved in the care plan.” A relative told us, “I can't fault them; they are so good with my husband. They are always polite and courteous.” Another relative said “The training seems very good, we have had three or four other agencies and this one is better, would recommend it.”

The registered manager explained they carried out a detailed assessment of people's needs to ensure the agency had the skills and capacity to provide the care that was needed. Assessments included information about people's physical health, their sleeping pattern, diet and personal care needs. Each record contained detailed information about the person and how they wanted to be cared for. This assessment formed the basis of a more detailed plan of care.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. The registered manager told us that each staff member completed a range of training as part of their induction as well as ongoing training. Records showed this included a period of shadowing more experienced staff. Staff we spoke with confirmed this and told us there was no pressure for them to work alone until they felt confident and competent to do so. We spoke to two members of staff who had recently completed their induction training. They said it had been comprehensive and had assisted them in their role.

The registered manager explained that the agency had recently recruited a new member of staff whose responsibility was to coordinate and provide training. They said although some training was provided via distance and e learning they preferred to complement this with classroom group training. They believed staff gained more understanding being in a group learning situation which facilitated more discussion and challenge. All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding

vulnerable adults, first aid and infection control. In addition specific training was provided for example, in caring for people living with dementia, or in caring for someone with a stroke.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures that, where someone may be deprived of their liberty, the least restrictive option is taken. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw that relevant policies and procedures were in place. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care.

The registered manager told us staff received training about the Mental Capacity Act during their induction. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest.

Staff told us they offered dietary support in preparing or providing meals when needed and they would report to the registered manager and/or family if they had concerns about a person's loss of appetite. Staff described how they encouraged people to be involved in choosing and preparing their meals if they were able to. We saw they had completed food and hygiene training as part of their induction.

Staff described how they would appropriately support someone if they felt they needed medical attention and recognised the need to pass information about changes in people's needs and any concerns about people's health to their managers immediately. We saw examples in people's care plans where staff had liaised with medical professionals.

Is the service caring?

Our findings

People who use the service and relatives told us they were happy with the care provided and said they had good relationships with staff. One person said “I couldn't ask for better, so nice to me, they do that extra bit, if there are plates on the side they put them away or they put out my bin on the way out, so kind to me” “I would recommend them to anyone, so good.” Another person said, “Very polite girls who come” and “Quite happy with the service I get nice girls.” One person told us, “Excellent, I can't fault them” “they are very polite to me and my husband” “I am happy to have them in the house. We have had other care agencies and this one is far better, no problems at all I would be happy to recommend them” Another said “they are all polite, courteous and very helpful.” Another said “we have had two or three other agencies but this is the best of the bunch

Staff demonstrated that they had a good knowledge and understanding of the people they were supporting. Staff we spoke with were able to tell us about the personal preferences of people they were supporting as well as

details of their personal histories. They were well acquainted with people's daily routines and the relatives we spoke with confirmed this. Care plans had been completed with people who used the service and their relatives. They provided detailed information about how the person's needs and preferences should be met by staff from the service. Care records showed how staff worked closely with people they cared for, ensuring they met their aims and aspirations. Daily records completed by staff provided the information needed to monitor whether these goals were being met. One person said “My [family member] decides what [they] want and staff support them with this.”

Staff we spoke with were able to explain how they promoted people's privacy and dignity. For example, they said they made sure doors and curtains were closed when providing support with personal care. One staff member said, “We only ensure necessary body parts are exposed and we always explain what we are doing first.” Relatives told us staff were mindful of people's privacy and dignity. One person said “My [relative] seems comfortable with [the care worker].”

Is the service responsive?

Our findings

Several people and their relatives said that they had contributed in the planning of the care however other people we spoke with were less sure about their involvement. We fed this back to the provider in order for them to follow this up. One person said, "I don't remember anyone coming to check, I don't remember about a care plan." Another person said "I have contact numbers for the office, someone checks every now and then, the office is very good." One person told us, "I haven't had any reviews I don't think. I do know who to call if I needed to, I don't remember anyone checking from the office." However, other comments from relatives included, "I was involved in his care plan, and they sign all the documents here" And "I was fully involved in the care plan and they sign everything."

The registered manager explained following initial enquiry people were provided with information about the service. A senior member of staff, usually the registered manager, then completed an initial assessment. This information was then used to formulate a more detailed plan of care which included additional information to enable staff to develop relationships with people.

We looked at four people's care plans and saw detailed information about people's needs in relation to their physical health, continence support, dietary requirements and mobilising, as well as psychological wellbeing. Care plans included detailed information about people's routines, likes and dislikes as well as specific instructions about people's preferences about how they wanted their care delivered. Care plans were reviewed every six months or as people's needs changed.

Information proved to people when they first began the service included details about how to make a complaint and specific details about the service provided. The complaints policy outlined how formal complaints were to be dealt with. Relatives confirmed they had never had any complaints, but told us they knew who to speak to if they had reason to complain. One person told us, "I would know how to complain if I had to, I find the office very helpful."

The registered manager told us they had never received a formal complaint, but during review meetings and 'spot checks' visits to people who use the service they discussed the quality of service. The registered manager said they felt this gave an opportunity to address minor issues before they escalated and issues could be addressed quickly and efficiently. The registered manager told us they discussed relatives' feedback in team meetings. Staff confirmed this and gave examples of the types of discussions held adding that they found the discussions useful.

People who use the service and their relatives told us they were asked for their views about what the service did well and where they could improve. The manager told us people using the service and their relatives were offered satisfaction surveys every year. We noted that people and relatives who took part in the latest survey were happy with the standard of care and support provided. One relative wrote, "Carer's have a good rapport, they very caring and gentle with me."

Another wrote, "They are satisfactory, the managers or senior carers come in regularly to check."

Is the service well-led?

Our findings

People who used the service and their relatives told us managers were in regular contact with them through phone calls and visits. They confirmed they had confidence in the agency to provide a good quality service.

The provider described the agency to us as a “Not for profit social enterprise organisation’ with its stated aim “To provide care that is dignified, respectful and a worthwhile experience.”

The director explained they wanted to provide the best quality care to people. They went on to tell us they believed an important aspect of this was in how staff were valued. They believed in leading by example and encouraging staff to adopt the same values and vision as the provider. We were told the provider was committed to team building and staff wellbeing initiatives and have developed projects for staff to be involved in such as youth engagement, and supporting carers project. We did not have an opportunity to speak with staff involved in these projects however the staff we did speak with confirmed they felt valued and were very well supported by managers. They told us managers were always available and were proactive in ensuring staff were able to complete their roles. Staff told us managers worked alongside them in delivering support and on occasions of staff shortages and emergency. One member of staff told us, “I have worked in care for a long time and these managers are the best I’ve worked for.” Another member of staff said “They are always there if you need them, it’s really reassuring to know that.”

Staff meetings had been held at regular intervals, which had given staff the opportunity to share their views and to receive information about the service. Staff told us that they felt able to voice their opinions, share their views and felt there was a two way communication process with managers and we saw this reflected in the meeting minutes we looked at.

The registered manager explained they had enlisted the support of a consultancy to review policies, procedures and review the management structure; roles and responsibilities within the agency. The consultancy had assisted the managers develop an action plan for improvement and were monitoring this regularly.

During our visit we saw evidence of quality audits and monitoring such as health and safety checks. Records were kept of accidents and incidents, and each form was reviewed by the registered manager to identify what had occurred, and what could be done to prevent a reoccurrence. Records included further actions to be taken following an incident, and the manager and other staff confirmed that learning points from incidents were discussed in staff meetings.

The manager was able to demonstrate their understanding of their responsibility to notify the commission of specific events and incidents. From a review of our records we saw that notifications had been reported to the Care Quality Commission as required.