

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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elmar Home Care Limited is a domiciliary care service providing care and support to people in their own homes. The service was providing personal care to 34 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Most people felt safe when receiving care and support. Risks to people's health and welfare were assessed but some improvements were needed to ensure a robust approach. People received their medicines safely.

Staff were recruited safely and followed an induction and training programme. Most people felt staff were well trained although one person's relative felt staff lacked skills in supporting people living with dementia.

Most people said they had good relationships with staff and were complimentary of the care and support they received. People said staff took time to support them and respected their privacy and dignity.

Most people said they were involved in development and review of their care plans to make sure the support they received met with their assessed needs in the way they preferred. However, others felt the process for review of care was not always effective.

Some care records required review to make sure they fully and accurately reflected people's needs and how staff should support them to meet their needs.

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. People had signed their consent to care plans and said staff respected their choices.

Staff were responsive to people's health needs and liaised with healthcare professionals as needed.

People benefitted from initiatives such as support with social activities and staff spending time, between organised calls, to provide company and share meals.

The systems in place to monitor quality in the service did not always equip the provider with a robust overview of performance.

The management team were open about the difficulties they had experienced after taking on a large number of care packages from a previous provider. They had learned from this and had systems and

processes in place to address issues and improve service.

People gave mixed feedback about the openness and person centred approach of the management team. Some had found the team to be responsive and supportive whilst others said they did not know the team and had not experienced an entirely person centred approach.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This was the first inspection of this service since it's registration in November 2018.

Why we inspected

This was a planned inspection based on the date of registration.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we needed to make sure the registered manager would be available to support the inspection.

Inspection activity started on 11 December 2019 and ended on 13 December 2019. We visited the office location on 11 December 2019 and made telephone calls to people who used the service and family members on 13 December 2019. We reviewed additional information sent to us to support the inspection process on 16 December 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and safeguarding team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke on the telephone with two people who used the service and five family members about their experiences of the care provided. We spoke with nine staff including support workers, the nominated individual and the registered manager. We reviewed a range of records which included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We looked at other records relating to the management of the service, such as training records, meeting notes, audits and survey results.

After the inspection

We reviewed additional information sent to us by the provider.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse

- Staff had some understanding of how to identify and report on concerns that people may be victims of abuse. Not all staff were aware they could report concerns outside the company.
- All but one of the people we spoke with said they or their relative felt safe when receiving care and support. One person said "I am extremely happy with the care workers- I do look forward to seeing them- always comfortable and safe."
- However, one person reported missed calls and said their relative had been uncomfortable when a male member of staff had arrived without wearing uniform or any form of identification.

Assessing risk, safety monitoring and management

- Risk assessments had been developed to make sure support was delivered safely in areas including moving and handling, sensory perception, skin health and nutrition. However, a risk assessment was not in place in relation to one person's behaviours which had previously put them at risk of assault. The registered manager confirmed they would address this without delay.
- The management team had started the process of reviewing care files to make sure effective risk assessments were in place.

Staffing and recruitment

- There was a safe approach to the recruitment of staff.
- Staff said they had time to travel safely between calls.
- There were systems in place to ensure people were kept informed when staff were running late.

Using medicines safely

- Medicines were managed safely.
- Staff's competency to administer medicines was checked to ensure people received safe support in this area.
- People said they or their relative had a list of their prescribed medicines and staff supported them as needed.

Preventing and controlling infection

- Staff did not always follow the policy in relation to preventing and controlling infection.
- Some staff wore acrylic nails or an accumulation of jewellery. This contradicted the company policy which stated, 'Jewellery should not be worn (a wedding ring is permissible). Nails should be short, clean and free

from polish'.

- Staff said they had access to gloves and aprons as needed.

Learning lessons when things go wrong

- The registered manager said they had learned from previous experiences of agreeing to provide care and support to people without having full details of their needs. The registered manager said they made sure they now completed a full assessment before agreeing to provide a package of care.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments of people's needs varied in content and detail and were not always accurate.
- For example, one person had a 'Care act assessment' in place but this gave no information about when it had been completed or by who. The person also had a 'Personal outcome plan' but this was non-specific and gave headings rather than an outline of the person's assessed needs and how they should be met.
- The registered manager said they had improved the initial assessment process and we saw evidence of this in care files for people who had started using the service more recently.
- People said they had been involved in the initial assessment process.

Staff support: induction, training, skills and experience

- There was a structured induction in place which included staff studying for the Care Certificate. This is a recognised qualification for people working in care.
- Staff told us they had the training they needed to be effective in their roles and said they could ask for additional training at any time.
- A new training support advisor role had been introduced. This member of staff delivered some training and worked with the care team to make sure their learning was reflected in their practice. This person was also available to provide cover for staff absence.
- Most people felt staff were well trained, one said, "They are marvellous when they are here- they know exactly what they need to do." However, one person felt staff lacked the skills necessary to support people living with dementia.

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

- Some people said staff supported people well to meet their nutritional needs. However, two family members said staff did not always follow their advice in making sure their relative received a diet suitable to their needs.
- Care records lacked information about people's nutritional needs or the support people needed.
- Staff told us they offered people choices when preparing meals for them.

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

- Staff told us they had access to contact details for other health professionals involved in people's care. They told us they would alert appropriate people such as family members, GPs and the emergency services

if someone was unwell or injured.

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 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.

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.

- All of the people using the service were able to make decisions about their care and support.
- People said staff gave explanations of the support they were providing and sought their consent. One person said, "They always respect my choices."
- Systems were in place to make sure staff were aware of when people had lasting power of attorney in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff offered good support and were respectful. One said, "They have built a great relationship with me, so they know what I like and what I do not like, this is what I needed for care." Another person said, "They are very caring and kind towards me, I have a team of carers, they know me well, a great relationship I have with them." A third person gave us several examples of the care shown to them by staff. They said "They ring and check upon me, once I was ill, the office actually followed this up and called me to see if I was well. This really made me feel happy."
- We saw a number of examples of the caring approach of the service. This included delivering a Christmas meal to people who were alone on Christmas day and an 'Afternoon tea' scheme where staff visited people who lived alone, between their organised calls, to give company and share quality time.
- Staff were knowledgeable about people they supported and spoke about them with fondness and affection.
- One member of staff told us how they left notes for someone living with dementia, so they could reassure themselves that staff had been and when they would return.

Supporting people to express their views and be involved in making decisions about their care

- Care files included people's views and preferences in relation to their care and support.
- People said they had been involved in the development of their care plans and were supported to make sure they reflected their views and wishes.
- A relative told us "The care plan was discussed with us, this is in place, management are building a good relationship with us."

Respecting and promoting people's privacy, dignity and independence

- Care plans included details of how staff should support people to retain their abilities therefore promoting dignity and independence.
- One person told us how staff supported them at their own pace. They said this was "sometimes slow" but they never felt hurried by staff.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not consistently met.

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

- Care plans did not always accurately reflect people's needs. The management team had recognised this and care documentation was in the process of being reviewed.
- Staff had knowledge of people's needs which was not always documented in their care plans. For example, one member of staff had detailed knowledge of how to communicate effectively with a person they supported, however they had not considered asking for this information to be added to the care plan.
- There was some conflicting information in people's care documentation. For example, one person's care act assessment detailed medications they used whilst their personal outcome plan said, "I do not take any medication."
- People and their relatives said they were involved in the care planning process and had copies of their care plans. Most said reviews had been done or were planned although one person said reviews were not carried out as they had expected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider made care plans available in adapted formats to help people access them independently. This included translations into the person's first language and use of pictures and easy to read language. We discussed how adapted formats could be used for other documentation such as consent forms.

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

- People said staff were friendly and "chatty". Several people said staff took time to build a relationship with them.
- The service had initiatives in place to support people to avoid loneliness and engage in activities.
- Elmish Wishes had been created by the service to support people to do something that would otherwise have not been possible. One person had been supported to attend their favourite hair salon from many years ago to have their hair cut and reunite with the staff. Others were supported to their favourite restaurant, a particular church, and a craft session. Staff had also helped a person with their allotment following surgery.
- Staff had supported one person and their relative to look at opportunities for work experience.

Improving care quality in response to complaints or concerns

- The provider responded to concerns about care raised by social workers. However, there was no evidence they contacted the people whose care the complaint had been made about to ask about their experiences or share the outcomes of any investigations. The management team were responsive to our feedback about the need for a more robust approach to the management of complaints.
- We received mixed feedback from people about management of concerns and complaints. Some said management were responsive whilst others felt they were not. None of the people we spoke said they had raised a formal complaint.

End of life care and support

- Care files lacked evidence of people's end of life wishes having been explored.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- The management team recognised the difficulties they had experienced when they had taken over a large number of care packages from another provider. They were open and honest about how this had affected some aspects of the service and were addressing issues. The team were confident the lessons they had learned from this would support an improved service for people.
- We received mixed feedback from people about the openness and person-centred approach of the management team. Some had found the team to be responsive and empowering whilst others said they did not know the team and had not experienced an entirely person-centred approach.
- Staff told us they were very well supported by the registered manager and deputy manager. They said they could speak with them at any time for advice and support.
- The management team were open to suggestions about how the service could improve. An example of how this had been put into practice was the development of a staff role to support staff in their learning and delivery of care.

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 provider had not always submitted notifications to the CQC about certain incidents which had been discussed with the local authority safeguarding teams. This was addressed during the inspection.
- People had different experiences of the management response when something went wrong such as late calls. Most people were happy with the responses whilst others felt they lacked a robust approach.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The systems in place to monitor quality in the service did not always equip the provider with a robust overview of performance. For example, one member of the management team told us they discussed quality of care with people during reviews and these were kept in people's care files. However, when we reviewed files we did not always find these, and there was no overview of the results.
- The electronic call monitoring system which would help the provider understand this aspect of their performance was not fully embedded. Some staff resisted using it, although they were being given support to overcome this. Some people lived in areas where the mobile phone signal was weak and prevented staff from logging their arrival and departure.

- Staff said they were encouraged to share their ideas and opinions about the service.

Working in partnership with others

- We saw evidence of staff working with health and social care professionals to affect a consistent approach to supporting people.