

Esteem Homecare Services CIC

Esteem Homecare Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Esteem Homecare Services provides domiciliary care services to people living in their own homes in Middlesbrough and the surrounding area. At the time of inspection 14 people were using the service and all received support with personal care.

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

Improvements had been made to the management of medicines and the management of risks since the last inspection. However, further progress was required to ensure these areas were robustly managed. Medicine and care file audits were undertaken. However, quality assurance processes did not include analysis of incidents, accidents, safeguarding and complaints to identify and address any patterns and themes.

People told us they were well supported by the staff team and that staff were very kind and caring. Staff knew how to safeguard people from abuse.

Recruitment practices reduced the risk of unsuitable staff being employed. However, we identified only telephone, rather than written references were on record. We have made a recommendation about recruitment procedures.

People had their care and support needs met by sufficient numbers of suitably trained staff. Staff were supported through regular supervision and team meetings.

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

Staff knew how to protect people's privacy and dignity and promote their independence. People's choices and wishes were recorded and acted upon. Where assessed as a need some people were supported to access the community.

People and relatives knew how to complain if needed. Feedback from people and relevant others was sought and acted upon.

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 18 August 2018) and there was a breach of regulation related to good governance. Since this rating was awarded the service has moved premises. We have used the previous rating requires improvement to inform our planning and decisions about the rating at this inspection. The service remains rated requires improvement. This service has been rated

requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Esteem Homecare Services

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

This inspection was carried out by an inspector 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available in the office to support the inspection. Inspection activity started on 12 August 2019 and ended on 19 August 2019. We visited the office location on 12 August 2019 and spoke with staff by telephone on 19 August 2019.

What we did before 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 contacted Healthwatch for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 three people who used the service and eight relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the HR manager, and four care assistants. We reviewed a range of records. This included three people's care records and two people's medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

- At the last inspection we found medicine recordings were not always comprehensive. At this inspection improvements had been made. However, we found some additional work was still required in this area.
- Where people received 'as and when required medicines' additional guidance was required for staff to follow to ensure these medicines were administered appropriately.
- Some people received support with prescribed creams. Medicine administration records did not identify where and how such creams should be administered. This increased the risk of creams being applied incorrectly.
- We discussed the issues we found with medicines with the registered manager who showed us paperwork they planned to implement in this area.
- Staff who administered or supported people with medicines had received training and had their competency assessed.
- People and relatives told us they were happy with the support they received with their medicines.

Assessing risk, safety monitoring and management

- At the last inspection we found risks to people had not always been assessed. At this inspection we found that improvements had been made in this area however some additional work was required.
- One person was at risk of infection and was having their fluid intake recorded. However, records did not identify the person's fluid target in this area, or exactly how much fluid the person had taken, simply stating a 'mug' as a measurement of fluids given. There was no guidance for staff as to when to seek advice if the person was not drinking enough or evidence of monitoring of the amounts recorded. There was no the lack of record keeping in this area had impacted upon the person. We discussed the potential risk with the registered manager who told us that records would immediately be amended in this area.
- Risks assessments in place covered areas such as people's mobility, communication and skin care needs.
- The service had continuity plans to put in place to ensure people continued to have their care needs met in the event of an emergency situation occurring.

Staffing and recruitment

- The service had recruitment systems and checks in place to reduce the possibility of unsuitable staff being employed. We found however, only telephone references were on file for recently recruited care staff. We discussed this with the registered manager who told us these were followed up with another request for a written the referee but there was no evidence available on the day of inspection that this was the case.

We recommend the provider consider reviewing its recruitment processes to make them more robust.

- People were cared for by sufficient numbers of suitably qualified staff.
- People told us staff usually turned up on time and stayed for the length of their allocated visit.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safely supported by staff.
- Safeguarding procedures were in place. Where concerns had been raised these had been managed appropriately.
- Staff knew what to do if they suspected people were at risk of abuse. They could recognise types of abuse and understood their individual responsibilities to report concerns. They told us they were confident any concerns raised would be acted upon.

Preventing and controlling infection

- The provider had systems in place to reduce the risk of the spread of infection.
- Staff had training in infection prevention and control.
- Staff told us they had access to supplies of protective equipment such as gloves and aprons. People told us staff used gloves when carrying out care tasks.

Learning lessons when things go wrong

- There was no evidence available that accidents and incidents were analysed by the management team. We discussed this with the registered manager who told us this was because the service was small and they had oversight of any incidents that occurred. They told us audits would include accidents and incidents in future.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People needs were assessed prior to service delivery. We found however, one person's care records had not been reviewed regularly. We discussed this with the registered manager who told us plans were in place to address this issue.
- People's plans of support covered a wide range of areas individual to the person such as their personal care, medicine and communication needs.

Staff support: induction, training, skills and experience

- Staff were supported with their induction and training. New staff were signed off as competent by the registered manager prior to working unsupervised.
- Staff received training deemed mandatory by the provider. Where gaps had been identified with staff training, dates had been scheduled.
- One staff member told us, "We had five days training before we started. I felt confident when I started."
- Regular direct observations of staff practice were carried out by the management team.
- Staff told us they were supported through regular supervision meetings with the management team.

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

- Where required people were supported with their nutrition.
- Staff received training in managing food safety. We identified prior to inspection one person had been given food prepared in an unsafe way by a member of staff. However, this issue had been addressed by the registered manager.

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

- Staff supported people to make and attend medical appointments if needed.
- Staff were supporting one person with their weight management, advising and assisting them with menu planning, shopping and cooking.
- The service worked with other agencies to provide joined up support to people.

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

- Requirements of the MCA were being met by the service.
- At the time of inspection no people were subject to Court of Protection orders. The registered manager told us all the people being supported at the time of the inspection had capacity to make their own decisions. However, they were aware of their responsibilities should this change.
- Staff received training in the MCA. They told us how they sought permission before carrying out tasks with people. One staff member said, "It's really important to ask first."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us staff were very caring. One person told us, "They are lovely, very helpful, I love them."
- Staff made people's care as enjoyable an experience as possible. One person told us, "While they are working they are talking and joking." Another person said, "We have interesting conversations."
- The registered manager ensured people's diverse needs were met. One person could only communicate in a non-English language. The registered manager had ensured staff supporting the person spoke their language. Staff had also acted as an interpreter for the person during a hospital stay.
- People's confidential information was kept secure.

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

- People were involved in making decisions about the care they received.
- One person told us the registered manager "will listen to you and take in what you have to say".
- Support plans reflected how people wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity. They understood this was a key part of their role.
- People and relatives told us staff ensured people's privacy was protected. For example, by staff closing curtains and knocking on doors before entering. One relative told us, "When they are washing [person] and things they talk [person] through it."
- People's independence was promoted. Care plans reflected how people could be supported with their independence. Staff told us how they encouraged people to do as much for themselves as possible. One person told us, "They encourage me to use my walking frame."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care, responsive to their needs. Care plans provided details of people's preferences and had agreed outcomes for people.
- Staff knew people well and supported them in line with their plans of care.
- People and relatives told us staff never missed a call and were generally on time. If staff were running late they called ahead to inform people. People and relatives told us staff did not appear rushed and had time to chat with them.
- The registered manager told us they offered an emergency response service to the people supported outside of their allocated care hours. If a person needed assistance in an emergency they would attend within 30 minutes.
- Staff completed a record at each visit to ensure that any concerns or identified changes were recorded. This ensured they had access to relevant, up-to-date information so that care and support could be delivered in response to any changes.

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 registered manager was aware of the requirements of AIS.
- We were told by the registered manager that where information was required in an alternative format this would be provided by the service on a bespoke basis .

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 were supported to avoid isolation. Staff assisted some people to access community facilities of their choice for example, local shops and cafes .
- One person had been supported by the service to contact their local authority, housing provider and member of parliament about some concerns the person had.
- The registered manager told us how staff went over and above to provide a Christmas dinner for one person without family who was unable to do this for themselves.

Improving care quality in response to complaints or concerns

- The provider had systems in place to ensure complaints were managed appropriately with an outcome

documented. However, there was no evidence of complaints being analysed for patterns and trends. We discussed this with the registered manager who told us this was because the service was small and few were received. They told us they would include analysis of complaints in their future audits.

- People and relatives told us that they knew how to make a complaint. One person said, "I have complained to Esteem. We had problems with communication and it was sorted."
- The service had received compliments from people and their relatives about the quality of care provided.

End of life care and support

- End of life care policies and procedures were in place to support people and staff delivering end of life care. No one using the service was receiving end of life care at the time of this inspection.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; 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

At our last inspection we found systems and processes were not being followed to assess, monitor and improve the quality and safety of the service, including the quality of the experience of service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17. However, further work was still required to ensure the governance of the service was more robust.

- Audits were carried out by the provider and management team to assess and monitor the quality of the service. However, these did not identify the issues we found on inspection with risk assessments and medicine management.
- Management audits did not include review or analysis of safeguarding, complaints, accidents and incidents. This meant that patterns and trends may not be identified. We discussed this with the registered manager who told us they felt they already had oversight of the service but would add this analysis to their audits.
- The registered manager did not document non-formal complaints and their outcomes at the time of inspection. We discussed it with them and they told us they would immediately start to do so
- Staff at all levels of the service understood their roles and responsibilities. The management team carried out regular observations of staff practice.
- Notifications about incidents that affected people's safety or welfare were sent through to CQC in a timely manner.

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

- People and staff told us they were listened to. One staff member said of the registered manager, "He is nice and thoughtful." Another said, "[registered manager] seems very nice and understanding."
- Staff team meetings were held regularly. Staff told us these kept them updated with changes to the delivery of people's care. Staff said they could express any concerns they may have at these meetings.

Continuous learning and improving care

- The registered manager was keen to continue improving service delivery and shared their development plans with us.
- The registered manager gave us some examples of how lessons had been learnt from incidents that had occurred.

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

- The registered manager carried out an annual survey with people to ascertain if they were unhappy with any aspect of the service they were receiving. The results of the survey were analysed to identify any changes were needed.
- Staff were able to support people using a range of languages. This meant feedback could be sought from people who did not have English as their first language.

Working in partnership with others

- The service worked with a range of other professionals and agencies to best meet people's needs.