

Elmich Care Ltd

Elmich Care

Inspection report

Unit 6, 32 Knights Chambers
South Mall
London
N9 0TL

Tel: 02084347010

Website: www.elmichcare.co.uk

Date of inspection visit:
30 January 2018

Date of publication:
09 March 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to older adults living in their own homes. This was the first inspection for the service that was registered in April 2017. The inspection was partly prompted by issues of concern raised in relation to staff training and communication skills. We found these concerns to be unsubstantiated.

The service had a registered manager in post. 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.

The service helped people to stay safe. Staff knew about abuse and how to report it and other incidents or accidents which took place. Risks to people were regularly assessed and updated and there were systems in place to ensure there was enough staff to meet people's needs.

People were supported to take their medicines safely and in accordance with the prescribed instructions. Staff members received the training, support and development opportunities they needed to be able to meet people's needs.

People's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected.

People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on.

Staff were motivated and proud to work for the service; as a result staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service.

Staff were respectful of people's privacy and maintained their dignity.

The service followed safe recruitment practices and carried out appropriate checks before staff started supporting people.

The registered manager demonstrated leadership and a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the

experiences of people who used the service. We saw that regular visits and phone calls had been made using the service and their relatives in order to obtain feedback about the staff and the care provided.

The service worked in co-operation with other organisations such as healthcare services to deliver effective care and support

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. The service learnt lessons and made improvements when things went wrong.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

We found that medicines were administered safely

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

Managers and staff were committed to a person centred culture.

People who used the service valued the relationships they had with staff and were satisfied with the care they received.

People felt staff always treated them with kindness and respect.

Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning, decision making and reviews.

Staff were approachable and there were regular opportunities to feedback about the service received

Is the service well-led?

Good ●

The service was well-led. The service promoted strong values and a person centred culture. Staff were supported to understand the values of the organisation.

There were effective systems to assure quality and identify any potential improvements to the service.

Elmich Care

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.

This inspection took place on 30 and 31 January 2018. The provider was given 48 hours' notice because the service is small and the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

The inspection was carried out by two adult social care inspectors and an Expert by Experience, which is a person who has personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning people using the service and their relatives to ask them their views of the service.

There were 40 people using the service at the time of our inspection visit. During the inspection, we spoke with four people and four relatives, and visited one person in their home. We also spoke to five care staff, the service manager, the care coordinator and the registered manager.

We reviewed the care records for seven people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at records for six members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including complaint and safeguarding records, to see how the service was run.

Is the service safe?

Our findings

People said they felt safe and that staff understood their needs. Comments from people included "Yes, I feel safe they are very nice people." and "Yes I feel safe and happy because they are good."

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care staff had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. The service had a recent safeguarding concern. The registered manager was able to explain the nature of the concern and showed us how they had reported this to the local authority and liaised with them to keep the person safe. We saw the provider had gone to great lengths to keep the person safe and resolve the situation. We noted the provider worked effectively with the person; their family and the local authority. We also noted the family involved were pleased with the outcome and remain a client of this provider.

Staff told us there was a dedicated whistleblowing telephone number they could access if required. This meant that arrangements were in place, and being used, to keep people safe from abuse and avoidable harm. One staff member told us "the manager encourages us to keep people safe at all times." Another told us "the safeguarding training was great."

The registered manager or a senior member of staff visited people in their homes and conducted risk assessments on the safety of the person's home environment. Potential risk to people in their everyday lives had been assessed and recorded on an individual basis and to the staff who supported them. For example, risks relating to personal care, management of health conditions, mobility, medicine management and pets. Each risk had been assessed to identify any potential hazards which were then followed by action on how to manage and reduce the risk.

Accidents and incidents were recorded with the details of the accident, any apparent harm, the reason given for the cause and any action taken. These were investigated by the service manager and were discussed with the provider which helped to identify any potential patterns or trends.

We looked at the files for six staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held a photograph of the employee, suitable proof of identity, an application and an interview form as well as evidence of references and notes from the interview showing that people had the relevant experience to carry out their roles.

A record of all medicines received was kept on MAR charts in individuals homes. The provider had a procedure which instructed staff they should only administer medicines from a blister pack. Staff we spoke

with were aware of this procedure. The provider had recently commissioned a consultant to review its medicine procedures. This decision had come from a staff meeting where staff had voiced concerns they had over administering more complex medicines. This showed us the provider was aware of the risk of administering some medicines and had taken action to minimise medication errors. MAR charts had information on storage, administration and disposal. Where medicines had been administered these had been signed for. Written guidance was available for all medicines which were to be administered 'as required' (PRN). Daily, weekly and monthly stock checks were carried out and records maintained. We spoke with staff with regard to medicines and all were aware of the provider's procedure. One staff member told us "It's so important to avoid errors with medicines; I have been trained and understand the risks." We saw the practices for administering medicines were safe. We checked three MAR sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. The service had signed up to the Medicines and Healthcare Regulatory Authority alerts

Care staff were aware of good hygiene practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons.

There were sufficient staff employed to keep people safe. Feedback indicated visits were punctual and there had been no recent missed calls, people were always informed if a carer was running late. Comments included "They come on time. It was not great at the beginning but now got them doing what we want. We have a couple of girls who are first class." And "Yes, usually they do come on time." The registered manager explained that the provider had recently become an approved provider by the local authority which meant the service was actively looking to recruit more care staff. The registered manager however stated that they would not take on any more work until new staff had been recruited. Staff we spoke with told us they would never complete tasks alone which required two people, they also told us there was a rota to assist with staff sickness and that managers are always available to assist if required.

The service protected people by the prevention and control of infection. Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons.

The service learnt lessons and made improvements when things went wrong. For example following an incident the provider had set up an electronic system to minimise missed calls and ensure that where two carers were required that both care staff logged in at the same time. The registered manager stressed that one of the reasons for the system of electronically monitoring times of arrival and departure at people's homes was to check how punctual visits were. It would also help to monitor how much time people needed in comparison to what was scheduled.

Is the service effective?

Our findings

The registered manager spoke of the importance of recruiting care workers with the capability to learn and apply appropriate skills. Staff files contained evidence of training and supervision. Supervision of staff was being used to support staff and monitor performance. Staff said these supervision sessions were useful. We saw that supervision sessions occurred on a monthly basis and included feedback to staff on their performance, details of any additional support the staff member required and a review of any training and development needs. We spoke with staff with regard to their supervision. They told us they enjoyed their supervision. One stated "I can discuss any issue with my supervisor and always get good advice."

We saw that all staff undertook mandatory training in areas such as health and safety, safeguarding, mental capacity, person centred care planning, moving and handling, infection control and working with dementia. The provider had two training officers who came in to the office twice weekly to provide training. Training to use equipment such as hoists was provided by a local organisation in situ so staff became practised and efficient in the use of essential equipment before they began to work with people who used the service. Staff we spoke with told us "I have really enjoyed my training," and "I felt ready and confident to work with people after my training."

All new staff received a robust Induction period where they undertook orientation, mandatory training and shadowing. The induction period was flexible dependent on the new staff member's previous experience of supporting vulnerable adults. We spoke with staff that had recently completed their induction and all were complimentary with the training involved. One staff member told us "I was definitely ready to work after my induction."

The registered manager told us that they had received feedback from a recent survey regarding the ability of some staff to understand what was requested of them. This had identified the need to ensure new recruits had sufficient English language skills. The registered manager told us of aiming to assign staff with weaker language skills to visits that needed two staff, so that the other staff member present could communicate well with the person. They also told us of supporting staff to undertake English classes with a local training provider. They had also introduced an English test as part of the recruitment process. This helped to show the service was trying to address the communication weaknesses that some staff had.

People's rights to make their own decisions, where possible, were protected. 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. The registered manager and staff we spoke with all had a clear working understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. People's care records contained signed documents of consent which confirmed agreement of the care that was provided to them. The registered manager told us how they respected people's choices even if they think it may not be the best decision. We saw evidence in people's care files that where someone might be unable to sign consent

to care from either because of physical frailty or because of cognitive issues the provider had sought guidance from the local authority and had liaised with family members to act in people's best interests. There were records of whether anyone had formal arrangements in place under the MCA such as power of attorneys.

People's healthcare needs were monitored. The care plans detailed people's medical history and known health conditions. Records confirmed that people had regular access to health professionals such as their GP or occupational therapist. Changes in people's health were documented in their care records. This information was also available to inform health professionals who became involved with their care, either through an identified need or an emergency situation. The management team told us they liaised with community health and social care professionals whenever people needed this, such as for trying to source more funding for care visits when staff told them there was not enough time.

Care staff told us they supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. We spoke to staff that were clear about the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate.

Is the service caring?

Our findings

People were very complimentary about the staff and found them to be kind and caring comments included "We are more than happy with the staff, they are very professional in what they do." "The girls all have pleasant personalities" and "I'm very happy with the carer, even though she doesn't have to, she takes me in her car to the supermarket."

Everyone we spoke with said they thought they were treated with respect and had their dignity maintained. Staff, we spoke with, were very clear that treating people well was a fundamental expectation of the service. Staff comments include "I'm always kind and I make sure people have enough time." And "we make sure we are patient, make them feel comfortable and reassure them."

The care coordinator told us how she endeavoured to keep the same care staff with service users for prolonged periods, by using a permanent rota and use the same group of staff for people. People who used the service confirmed that they usually had their needs met by a small group of staff and that they always knew who was going to be visiting them. Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. A care worker told us "we encourage people to be as independent as possible; we ensure their privacy by waiting outside the bathroom just to make sure they are ok."

The management team told us if staff were running late, they were required to contact the office who then informed the person due to be visited or their relatives. Staff confirmed they did this. People and their relatives told they were kept informed if visits were running late. This demonstrated respect by keeping people informed.

The service also responded positively to requests for culturally appropriate care; at the time of our inspection we saw that the agency employed care workers who spoke a variety of languages in order to facilitate effective communication. A relative told us "mum is very happy. The carers and my mum know the same language and use it to communicate in."

People and their family members were involved as much as possible in their care and support arrangements. They were consulted when care plans were written and were provided with important information about the service. The service supported people to express their views and be actively involved in making decisions about their care and support. One staff member told us, "We always ask people before doing anything."

We saw that regular visits and phone calls had been made by the management to people using the service and/or their relatives in order to obtain feedback about the staff and the quality of care provided.

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

The service had initially received an assessment for each person from the local authority before visiting them to develop a person centred care plan. This included information of the person's medical conditions, their personal care needs, whether they required domestic support and other areas related to the person's wellbeing. This ensured that the care was planned in line with individual needs.

We looked at files of six people and saw staff had ensured people were as involved in the planning of their care and support as possible. Where required and appropriate, family members advocated on behalf of the person using the service and were involved in planning care and support arrangements. A relative told us "we worked the Care plan together. They came round the house to do it which was a nice touch. They are very receptive. They do 6 weekly visits too."

People received a service based upon their individual needs. People's needs were assessed in relation to what was important to them. This meant the service was planned and delivered taking into account what people needed and what they wanted. We were able to visit a person who had recently moved to this provider. We saw how the provider had worked with the person and modified the care plan in a personalised manner to improve the person's quality of life. The person told us she was very happy with the provider. She stated "I go out more now with my carer, it's much better."

A care plan review involving the person and their family was carried out every three months or when required. These reviews were based upon the views of people and their representatives. The provider continually updated by contacting all people who used the service on a weekly basis. Formal reviews of people's care and support needs were completed as and when required. Reviews took place either through meetings in people's homes or via telephone discussions with people and their relatives and where appropriate, health and social care professionals.

People's confidentiality was respected. Staff were familiar with the provider's confidentiality policy and we observed that confidential information was securely stored at the provider's office. Files were divided into easily read sections which included the local authority assessments, provider care plans, risk assessments; person centred planning, mental capacity, review forms and consent to care.

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We saw examples where request for additional support were made and accepted during this inspection. Discussions with staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response.

We saw evidence on care records of multi-disciplinary work with other professionals. The registered manager told us "we constantly refer people for district nurses, GP's, occupational therapy." The management team showed us feedback from an occupational therapist in respect of supporting a person to gain better equipment to assist with their mobility.

We found that feedback was encouraged and people we spoke with described the managers as open and 'transparent. Some people we spoke with confirmed that they were asked what they thought about their service and were asked to express their opinions.

Feedback was encouraged by the service. People and their family members knew how to complain if they were not happy and felt that the registered manager would take appropriate action if they did complain. Comments included "Once I spoke to them at 22.00 when I had a problem. They were very receptive" and "I just would call the office and they sort things out." There were systems in place to record complaints and we saw that they had been handled appropriately. These acknowledged where service shortfalls occurred. The management team told us of actions taken in such circumstances, to minimise the risk of reoccurrence. This included improved staff rostering systems and using the outcomes to inform staff disciplinary processes.

Is the service well-led?

Our findings

The service had a positive ethos and an open culture. People who use the service and their relatives told us they had a good relationship with the management team and told us they felt confident the service was well-led.

Comments from people included "I can't fault them. I have just come using another company that was awful; this one is so relaxing to deal with." And "Yes I think it is well run, the people who come to help me are on the ball."

Our discussions with staff found they were motivated and proud of the service. The registered manager was known to people, their relatives and staff members. People were positive about them and staff members felt that the registered manager was always friendly and approachable. They also told us that they made sure things got done and were always working to improve the service.

Quality assurance systems were in place to help drive improvements at the service. These included a number of different internal checks on service records such as care plans, training and staff files. These helped to highlight areas where the service was performing well and the areas which required development. The service had recently employed a consultant to help them prepare for the CQC inspection, they made suggestions for improvements which they had acted on.

There were robust systems in place to monitor the service which ensured that it was delivered as planned. The agency used an electronic call monitoring system which would alert the management team if a care worker had not arrived at a person's home at the scheduled time.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook regular unannounced spot checks and 'field observations' to review the quality of the service provided. We saw that there were spot checks undertaken to observe care workers. This included observing the standard of care provided and visiting people to obtain their feedback. The service user spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

Care staff told us they received regular support and advice from their managers via phone calls, and face to face meetings. They felt that a manager was always available if they had any concerns. They told us, "managers here are good, they are always concerned about you" and "(registered manager) is a good leader he wants us to develop and improve."

The provider engaged with and involved stakeholders in the development of the service. The management team told us everyone using the service was recently sent a survey. The results were mainly positive. We saw how action had been taken regarding the language skills of staff as a result of feedback from one person.

The registered manager told us "our aim is to develop excellent care by involving our service users as much as possible to get feedback and work closely with other healthcare professionals."

The service worked in partnership with other agencies to support care provision and development. The registered manager told us of attending a local authority's providers meetings.

The registered manager was committed to continuous learning for himself. They had ensured their own knowledge was kept up to date and was passionate about providing a quality service to people. The registered manager told us that they were currently undertaking a degree course in health and social care to enhance their skills and knowledge.