

Elmich Care Ltd

Elmich Care Northampton

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 ●

Summary of findings

Overall summary

About the service

Elmich Care Northampton is registered to provide personal care to people living in their own homes, supported living services and extra care housing services. At the time of the inspection there were two people receiving personal care and support in a shared house.

Not everyone who used the service received personal care. The Care Quality Commission (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

People received safe care and staff had completed training in how to keep people safe from avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce any risks. There were sufficient numbers of staff who had been safely recruited to meet people's needs.

People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's care needs were assessed before they started to receive care, to ensure their needs could be fully met. Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough to maintain their health and well. Staff supported people to live healthier lives and access healthcare services.

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 provided care and support in a caring and meaningful way. They knew the people who used the service well and had built up kind and compassionate relationships with them. People's privacy and dignity was always maintained.

Care plans described how staff needed to support people with individual and personalised care. There was a complaints procedure in place and systems to deal with complaints effectively.

The service was well managed. There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required, Staff felt well supported and said the registered manager was open and approachable. The service worked in partnership with outside agencies.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People were supported to have choice and control of their lives. The model of care maximised people's choice inclusion and independence.

Right care: People received person-centred care that was based around their individual needs, dreams and aspirations.

Right culture: The registered manager and staff promoted a very positive, transparent and open culture. There was a strong culture within the service of treating people with dignity and respect and staff spent time getting to know people and their specific needs before they provided them with care and support.

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

Rating at last inspection:

This service was registered with CQC on 16 July 2020 and this is the first inspection.

Why we inspected:

This was a planned inspection following registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below

Elmich Care Northampton

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 checked 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

Inspection team

Our inspection was conducted by one inspector.

Service and service type

Elmich Care Northampton is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission (CQC). This means 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 the service two working days' notice of our inspection. This was because we needed to be sure the registered manager would be available to support the inspection.

Inspection activity started on 18 November and ended on 19 November 2021. We visited the office location on 18 November 2021.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and feedback from the local authority.

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.

As part of the inspection we spoke with two people using the service. We had discussions with the registered manager and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two care and support staff.

We spoke with a healthcare professional involved in one person's care who the service was supporting.

We reviewed a range of records. This included two people's care records, their risk assessments and medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including staff rotas, accident and incident analysis, the complaints log and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at key policies and procedures, staff training information and governance information.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential risks of harm.
- People told us they felt safe with the care and support they received from staff and told us they trusted them. One person said, "Yes I do feel safe here." Another told us "Yes", when we asked if they felt safe with staff.
- Staff had received training in how to keep people safe from potential harm and recognised signs that might indicate a person was being abused. For example, one staff member told us, "I have completed safeguarding training. I know that changes in people's behaviour is something to look for." Staff were clear on how to report concerns both to the management team and external agencies.
- The provider had effective safeguarding systems in place. The management team understood their responsibilities about keeping people safe and reporting concerns to other agencies.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risk.
- Risks were monitored and reviewed regularly to keep people safe. A staff member said, "Everyone has risk assessments which tells me how I need to support them to keep them safe."
- Staff informed the registered manager when they had concerns about people's health, or their needs had changed. This enabled the registered manager to review the risks and identify the additional support needed.
- Risk assessments were up to date and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely. People told us there were enough staff to support them. One person told us, "Yes there are enough staff. I get to go out with staff." Another person told us who their favourite staff member was and said, "Yes", when we asked if there were enough staff to look after them.
- People were supported by a small core team of staff. Each staff member lived in for a two-week period and then another staff member would take over as a live-in care worker for the next two weeks. During the two-week live-in period the registered manager or the nominated individual would regularly support the people using the service so the live-in care staff could have a break. All staff we spoke with said this worked well.
- Recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous

employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working in care and support services.

Using medicines safely

- People received their medicines on time. People told us that staff supported them with their medicines. One person agreed they did get their medicines when they needed them.
- People were supported by staff trained in the safe management of medicines and they had their competency checked regularly. Staff confirmed they had received detailed medicine training. One member of staff commented, "Management watch us give medicines and check we are safe to do so before we do it on our own."
- We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection

- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves, were available and used by staff when supporting people with personal care.
- People we spoke with confirmed that staff wore PPE when carrying out tasks.
- Staff were trained in how to minimise the risk of infection for people and had information in the staff handbook which they could refer too. Staff practices were checked by the management team to ensure infection control procedures were followed. Staff confirmed they had a good supply of PPE and disposed of them after each task.

Learning lessons when things go wrong

- Staff were open and honest about incidents meaning lessons could be learnt.
- The service had a system in place to monitor incidents and accidents so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.
- Staff told us the management team were open and shared learning from incidents with them, such as revised measures to reduce risks to people and staff training.

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 Good. 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's needs and choices were met in line with national guidance and best practice. People's needs were assessed before they started using the service to help ensure their needs and expectations could be met.
- The assessment looked at people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements.
- Assessments were completed in line with best practice guidance, for example all aspects of a person's needs were considered including the characteristics identified under the Equality Act such as cultural needs and sexuality.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice.
- All new staff went through an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects. One staff member commented, "The induction was very good and very helpful, so I knew what to do and what to expect."
- The system for staff supervision and support was consistently applied. Staff told us they were supported by the management team through their one to one meetings. One told us, "I do have supervision with [name of registered manager] so I can discuss any issues or what training I need."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- The service worked in partnership with other agencies and health and social care professionals to maintain people's health. For example, other care providers, people's GP's and district nurses.
- A social care professional involved in supporting one person using Elmich Care Northampton commented, "I can say that Elmich have been both professional and person centred in their approach when working with [person]."
- Care records contained information about people's medical history and their current health care needs. We saw that people had access to preventative and early diagnostic services such as regular eye tests and access to a dentist.
- People were able to have genuine choice with food and drink. People told us they had their own individual budgets for their food and staff supported them to shop and prepare their own meals. Staff were aware of people's food preferences and supported them to make healthy choices.

- Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight, staff would refer them to the appropriate professionals for additional advice and input.

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 and were satisfied staff understood the importance of seeking consent before providing care or support.
- The registered manager was aware of the process to follow to make formal decisions in people's best interests, should this ever be necessary.

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 were treated with dignity, kindness and respect and they valued the service they received. One person told us they were very happy with their care. Another person agreed they were well looked after.
- People were cared for by staff who enjoyed their work. Staff had developed caring and trusting relationships with people and one staff member said, "It's a very good job. I get a lot of satisfaction from helping people."
- Staff knew people well and gave examples of people's preferences and likes and dislikes. For example, one staff member described a person's routine in the morning and how they liked things to be completed in a specific way.
- Staff completed training in relation to equality and diversity and understood the importance of promoting these values. For example, staff could support people to attend local places of worship, if they wanted to, and support them to follow their own religions or beliefs.

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

- People were involved and made decisions about their care. For example, people were offered choices about their day to day decisions such as what they wanted to wear, what they wanted to eat and drink and what activities they chose to take part in.
- Staff told us they were kept informed about any changes to people's care needs swiftly and they read through relevant care plans to ensure they provided care to people as required. Care records demonstrated that people's care needs had been reviewed with them and they had participated in decision making.
- Staff told us they took time to involve people in decisions about their care and respected their individual wishes. For example, one person had decided that although they wanted to go shopping for their food, they did not want to carry the shopping home which distressed them. Arrangements had swiftly been put in place, so the person did not have to carry their shopping.
- The registered manager told us if people needed any additional help in communicating their views, they could be supported to access information about advocacy services. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy and independence was promoted. For example, people told us they were supported to go shopping for their food and were supported to prepare and cook their own meals and take care of their own home.
- Staff understood the importance of supporting people in ways which helped maintain their privacy and dignity. For example, staff described how they protected people's privacy and dignity, for example, by

closing the curtains and doors, knocking on doors before entering and always asking for the persons consent.

- A confidentiality policy was in place. The registered manager and staff understood their responsibility and ensure all records were stored securely in the office.

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 Good. 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 person centred care from regular, reliable and consistent staff, which helped to build trust and support. People were involved in the care planning process to ensure their individual needs were identified and could be met. One person told us they knew about their care plan and it was what they wanted.
- A social care professional involved in supporting one person using Elmich Care Northampton commented, 'Elmich were very supportive and made the move from home, which was extremely difficult, as stress free as possible. The staff made [person] feel comfortable and supported so much so after their temporary stay with Elmich they made a decision to stay on a permanent basis'.
- Care and support plans contained personalised information for staff on how best to support people with personal care, eating and drinking, medicines and other day to day activities. They were reflective of people's current needs and included information about their personal preferences.
- Staff provided continuity of care, they monitored and identified any changes to people's needs. Daily notes completed by the staff were detailed and showed people received the care as per their care plan.

Meeting people's communication needs; 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

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.

- People's communication needs were assessed, and details of any needs were recorded. People using the service at the time of the inspection did not have any specific communication needs; however, the registered manager said they considered each person individually and would provide any support they needed.
- People were supported to develop and maintain meaningful relationships with family and friends. For example, one person was supported to visit their family.
- Staff supported people to go out and enjoy the activities they liked and preferred, such as going out for meals, shopping and accessing leisure facilities.

Improving care quality in response to complaints or concerns; End of life care and support

- A complaints policy was available for people to access which could be made available in a different format if people required it.

- Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures. The registered manager told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal; verbal and written would be dealt with appropriately.
- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life with support from other health professionals and with specific training for staff.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager was clear about their responsibilities and sent us the information we require, such as notifications of changes or incidents that affected people who used the service.
- The quality of service provided to people was monitored. Regular audits had been carried out on people's care records and action plans were put into place when areas needed to be addressed. Unannounced spot checks were carried out on staff to ensure their training was followed to meet people's needs.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place.
- The provider invested in the learning and development of its staff, which benefited people through the maintenance of a stable, motivated and skilled staff team. Staff told us this made them feel valued and appreciated.

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

- The service had a positive ethos and an open culture. Staff members were enthusiastic about their roles and committed to providing good care to the people they were supporting. One member of staff said, "We encourage people to be as independent as possible and are here to make sure that people have a good life."
- People expressed their satisfaction with the care they received. One person told us, "Its good care." Another person said, "Yes", when we asked if they felt they had good care.
- Staff spoke positively about the leadership and management of the service. Staff felt well supported and able to approach the registered manager with any feedback about the care or quality of the service and felt this would be listened to.
- The nominated individual and the registered manager knew the people using the service well and were involved in supporting them. They worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of the service.
- The registered manager and staff team worked closely with healthcare professionals and were open to advice and recommendations to drive improvement at the service.

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

- People were asked for their views and involved in decisions about their care. This was achieved through regular reviews of their care, weekly conversations with the staff and through spot checks.

- Staff meetings were held regularly. Staff told us the meetings provided opportunities for staff to feedback their views and suggestions. Staff told us they were listened to and it was a good place to work.
- Staff were asked for feedback about the service at six monthly intervals, via a satisfaction survey, in order to drive improvement. Staff told us they were confident in raising any concerns they had and that they would be addressed.

Continuous learning and improving 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

- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us he had a reflective style of management that ensured information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events. The business continuity plan took account of the COVID-19 pandemic to ensure people continued to receive the care they needed.
- We found that lessons were learnt when things went wrong and improvements were made to the systems in place to enhance the care people received. These were shared with staff during meetings and supervisions. For example, the provider had improved their initial assessment process following an experience where insufficient information had been provided for one person wishing to use the service.
- The registered manager ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Working in partnership with others

- The provider was transparent, open and collaborative with external agencies.
- The management and staff team worked in partnership with other professionals and agencies such as the GP, district nurses and the local authority to ensure people received joined up care.
- Where changes in care were made, we saw staff had good communication systems in place to share information about people's needs.