

ELR Homecare Ltd

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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

ELR Homecare Ltd is a local area domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the service supported 19 people.

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

People's needs and wishes were not assessed by the provider prior to their joining the service. This meant the systems in place to manage risks associated with people's care needs did not always provide staff with information to manage those risks. In addition, staff were not consistent in their recording and monitoring of some people's needs. There were changes in people's physical and emotional wellbeing not being identified.

The provider's governance systems to check the quality of the service provided for people were not consistently effective and required improvement.

People and relatives told us they felt the service was safe. There had been issues with staffing that had led to some late and missed calls; although we were told this had improved with the recruitment of new staff members. Staff told us they received the training they required to meet people's needs. Staff told us they had completed their induction training which included safeguarding, medication, health and safety and moving and handling. Staff had access to equipment and clothing that protected people from cross infection and followed safe infection control practices.

Where staff supported people with their medicines, records showed there were no areas of concern. People were supported to access health care professionals when they needed them. The provider worked with other agencies to provide joined up care.

People were supported to have maximum choice and control of their day-to-day care 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.

People were supported by kind and caring staff. Staff encouraged people's independence, protected their privacy and treated them with dignity.

People were supported by staff who knew their preferences. Complaints made since the last inspection had been investigated, however improvements were needed to ensure monitoring of complaints identified any trends and lessons learnt. People and their families knew who to contact if they had any complaints.

There were mixed views from people and their relatives regarding the way the service was managed by the provider. People and their relatives' views were sought about the quality of the care being provided. Overall, staff felt supported by the management team.

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

Rating at last inspection

The last rating for this service was good (published 10 May 2017).

Why we inspected

This was a planned inspection based on the previous rating. However, we had brought it forward prompted in part in response to information CQC received about missed and late calls, lack of training for staff and the general management of the service. This inspection examined those risks. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

In response to the issues found at this inspection, the provider has already implemented changes to address our concerns and mitigate the risk of harm to people using the service.

Enforcement

At this inspection we have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities 2014) around safe care and treatment and governance. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service until we 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 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 ●

ELR Homecare Ltd

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

One inspector and one assistant inspector carried out the inspection site visit and one Expert by Experience contacted people and relatives by telephone on the 26 June 2019. 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 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 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 in the office to support the inspection.

What we did before the 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 and reviewed information available from Healthwatch. 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 services, what they do well and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and eight relatives by telephone to gather their views on the service being delivered. We spoke with the registered manager (also the provider) and six care staff.

We reviewed a range of records. This included four people's care 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 good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management

- The provider had not completed their own assessments of peoples' support needs prior them joining the service. This had the potential to put people at risk of harm because the service sent staff into people's homes without knowing about any potential risks. For example, a relative explained on the day of our inspection how they had witnessed staff lift their family member in an unsafe way because staff were unsure how to use a piece of equipment. The provider explained the piece of equipment was not known to them until staff had raised it with them following the first visit to the person's home.
- Risk assessments that had been completed were generic and not person centred to give details on people's individual risks. They did not provide staff with the relevant information needed to support people safely. For example, one person was cared for in a bed with rails to keep them safe. There was no bed rail risk assessment or guidance for staff on what they should do to try to mitigate the risk of harm.
- We saw from care records we looked at, changes in people's needs were referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met. However, we also noted this was not consistent. For example, following one person's stay in hospital with a significant change in their health condition, their care plan was not reassessed to ensure the service could still meet the person's needs.

The provider had not taken all practical steps to assess the risk to the health and safety of people to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Post inspection, the provider had started to take steps to review all care plans and risk assessments to ensure the information was reflective of people's needs, not generic and up to date.

Systems and processes to safeguard people from the risk of abuse

- People and relatives, we spoke with told us that they felt safe in the presence of care staff. One relative said, "ELR gave us lots of advice on what to purchase to make [person] more comfortable and advised us of risks of falls and how to keep [person] safe."
- The registered manager and staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "You'd look for changes in their health or if there is unusual behaviour, if the family act strangely and if you feel the other care staff are not doing their job properly."
- There were systems in place to monitor and manage allegations of abuse or harm. However, we found on

two occasions where unexplained bruising had been identified, the provider had not ensured the effective monitoring of the bruising or progressed concerns in line with their own safeguarding policies.

Staffing and recruitment

- A call monitoring system monitored when staff arrived at a person's home and when they left. This system alerted the office staff when staff were running late which reduced the risk of people missing their calls. However, we had mixed responses concerning the timing of and missed calls. One person explained, "I waited until 11.30pm for my evening call and no one rang me, so I waited and waited. Another occasion I had my relative visiting me at 11am, and no one had arrived by 9am so I rang again. Still no-one had arrived at 11.30am." A relative also told us, "There was an instance when the carer was an hour early, [person] sent them away." The provider explained they had experienced difficulties with the timing of some calls but this had been resolved with the recruitment of new staff. A staff member said, "There have been issues but it's much better now, we are recruiting new staff."
- Rotas we looked at showed there were enough numbers of care staff deployed to meet people's needs.
- The provider had a recruitment process to prevent unsuitable staff working with vulnerable adults. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS) which checked employees were suitable for working with vulnerable people. We discussed with the provider the requirement to ensure there were robust risk assessments in place to ensure employees were safe working with vulnerable people.

Learning lessons when things go wrong

- The service had not had any incidents or accidents to report at the time of our inspection. However, the provider's systems in place to monitor incidents for any trends and record any action taken to mitigate future risk required improvement.

Using medicines safely

- Staff had completed training on how to administer medicines. At the time of the inspection most people did not require support with their medicines as they were able to self-administer or had support from relatives. Where staff supported people with their medicines, records showed there were no areas of concern.

Preventing and controlling infection

- People and relatives spoken with told us staff wore protective gloves that reduce the risk of cross contamination and infection. One staff member told us, "We do have spot checks to make sure we are doing things properly."

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 now deteriorated to 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

- People's needs were not assessed by the provider prior to joining the service. The provider explained they based people's care and support needs on the information provided by other agencies. For example, social worker and health care professional assessments.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements. However, we received conflicting feedback from people and relatives concerning their involvement in the development and review of care plans. One relative told us, "[Person] has a comprehensive care plan that I was involved with." Another relative said, "The manager never came out so no care plan was done that I was involved with or any risk assessments; social services sorted it all out."
- Staff we spoke with were knowledgeable about people's day-to-day support needs. However, they were not always aware of medical conditions of people, what equipment was in place to support people and the preferred way people wanted their care and support delivered, until the first care visit was completed.

Staff support: induction, training, skills and experience

- Staff told us they received training which they felt met people's needs. However, feedback from people and relatives was mixed. One relative told us, "They (staff) are well trained in using the hoist and [person] is very safe with the care staff and is comfortable and not frightened." Another relative said, "When new carers arrive, [person] has to train them and tell them what she wants and this is very tiring for her." We saw from care records one staff member had identified an issue with a catheter and left clear instructions for other staff to follow. However, these instructions were not consistently followed and staff were unaware of the potential consequences to the person. We discussed the need for additional training with the provider and post inspection they have reported this training will be implemented.
- New staff received induction training when joining the service. One staff member told us, "The induction was good, we did online training, I did shadow (another staff member) for one week." Another staff member explained "We have on-line training and I shadowed someone with regards to the hoist." Training records looked at documented all care staff training was up to date.
- Staff told us they had received support through supervision and spot checks on their working practices.

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

- Most people lived with relatives that provided their nutritional requirements. Relatives and people told us that staff would make sure they were left with drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. Records we looked at confirmed contact had been made with healthcare agencies for additional support.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Staff we spoke with gave examples how they supported people to make their own decisions as much as possible. Although their actual knowledge on the basic principles of the MCA could be improved and we suggested to the provider they review their training around the MCA for staff.
- People and relatives we spoke with told us staff would always seek consent before supporting people.

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 good. This meant people were supported and treated with dignity and respect.

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

- Care plans we looked at provided some information about how people wished to receive care and support. The care plans described in limited detail people's needs in areas including personal care, daily living activities and meal preparation. The care plans were task based as opposed to being person centred. One person, however, told us, "The staff do look at my care plan and they are kind to me and do everything I ask of them in the way I like it done."

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

- People and their relatives provided positive feedback about staff confirming they were treated with kindness and the staff's caring attitude. One person said, "The carers are marvellous and treat me with great respect."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "Most of the people we go to are able to sit down and talk with us and chatting with them is a nice way to get to know people." Another staff member said, "I'm enjoying working here, everyone has been so kind."

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their right to receive care and support in a dignified way. One relative said, "I cannot fault the care [person] receives from ELR, [person] is not embarrassed during personal care as the staff are so pleasant with them; the staff are very polite and maintain [person's] dignity and privacy by covering them with towels."
- Staff gave us examples how they supported people to do as much as possible for themselves to encourage, where possible, people's independence.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

End of life care and support

- At the time of the inspection, the service supported at least one person that was at the end of their life. We saw in care plans that the end of life care planning needed to reflect people's wishes and beliefs or pain relief requirements for their palliative support needs, however the care plan did not reflect these. We raised this with the provider and they assured us they would seek to rectify this, using best practice guidance for care planning at end of life.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to raise a complaint.
- The provider's procedures outlined the process for dealing with complaints. The provider explained complaints raised with them had been investigated. However, where there was learning there was no process in place to record an action plan, what the outcome was and how the service monitored for trends to improve the service for people. Post inspection, the provider informed us they had reviewed their complaints process and implemented the changes to improve the monitoring of their complaints.

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

- Care plans we looked at lacked personal detail and were task based. However, staff we spoke with were knowledgeable about people's care and support needs.
- Staff knew how to communicate with people where verbal communication was limited and ensured they used their knowledge about people when providing choices.
- Staff responded to changes in people's needs. For example, if staff found that a person's skin had become sore, they would make sure they contacted the provider to notify the community nursing team or discussed it with the relatives. This helped to ensure people continued to receive the right amount of care and support they needed. Although action was taken this was not always reflected in care plans.

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 understood their responsibility to comply with the Accessible Information Standard (AIS) and assured us if there was anyone who required information in an accessible format, they had arrangements in place to provide this.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership although consistent, 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

- The provider told us they completed a variety of audits to assess the quality of care at the service and we were shown some examples of the types of audits completed. However, these audits had failed to identify all areas of concern or where improvements were needed.
- We also found where issues had been identified appropriate action had not been taken to ensure working practices were changed to make the necessary improvements. For example, audits of care plans had failed to identify staff were not monitoring unexplained bruising or expediting their concerns with the management team. We also found the provider had not followed their own safeguarding processes to ensure risks to the safety of people was mitigated.
- Where incidents had occurred or complaints received, the provider's processes did not monitor for trends to help improve the service going forward and mitigate the risk of future reoccurrence.
- The recruitment DBS checks had not identified the action to be taken to ensure appropriate risk assessments were in place.
- Care records were not consistently kept up to date. Some information contained within care plans was out of date and inaccurate.

There were not effective systems in place to monitor and improve the quality and safety of the service and complete and accurate records were not being kept. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The provider was responsive to the findings of the inspection and post inspection, the provider had started to take steps to review and improve all areas identified in the inspection including their governance processes.

- The provider conducted spot checks on the support provided by staff.
- The provider had a clear vision for the development of their service.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, in the event of severe weather, there were plans in place to ensure staff would attend their visits.
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed in the office and promptly informing CQC of notifiable incidents.

Continuous learning and improving care; Working in partnership with others

- The service had worked in partnership with other health care organisations for people's benefit. For example, we saw evidence in people's care plans of the provider working with the district nurses, the local GP and community health teams.
- The management team displayed a commitment to improving care and support where possible. However, the provider operated on their own and was not always up to date with current best practices. This meant there was a lack of oversight and this had the potential to put people's safety at risk. The provider confirmed they had not joined any local community information sharing groups or registered manager forums to share ideas and discuss areas of concern.

We recommend the provider consider contacting the local area registered manager forum, or other local community forums to update their practice accordingly

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

- Most of the people, relatives and all of the staff told us they felt listened to and the provider was approachable. One relative told us, "The company are very supportive and flexible to [person's] if we want to change times they will do this and are very easy to contact."
- There had been changes within the staff team and this had begun to improve some aspects of the service, such as making sure the provider employed staff who wanted to care for and work with people.
- The provider explained the incentives they had introduced to the service in a bid to retain the staff. For example, an improved mileage allowance, increased travel time between calls and gift cards for staff that performed well.
- The provider led by example completing care calls and spent time with people in their homes.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that required registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The provider worked in accordance with this regulation within their practice.

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

- Feedback from people and relatives we spoke with about the care and support received was inconsistent. Some people and relatives were satisfied with the care delivered but others were not. One person said, "The carers are wonderful, but the office lacks co-ordination." A relative explained, "This is the best company we have had to look after [person] and we have had several companies that we can compare them with, so yes they are very good."
- We were told the management team were contactable if people and relatives needed to talk to them. However, contacting them by telephone could be better with two people telling us they have called the office and there has been no answer. One person told us, "They [the office] do not respond in a positive way to phone calls and I never get any rotas." A relative also told us, "I will phone the office but I never get a reply, no one picks up the phone."
- Despite the recent challenges, overall people and relatives spoke positively about the service. Staff were complimentary of the provider, describing them as, "Lovely", "Approachable and happy to help."
- Staff we spoke with told us they were provided with information during supervision or 'group chats,' and confirmed the provider operated an open-door policy and there was always someone available to contact when they needed support or had queries.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not taken all practical steps to assess the risk to the health and safety of people to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p>

The enforcement action we took:

We have imposed a condition on the provider's registration

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were not effective systems in place to monitor and improve the quality and safety of the service and complete and accurate records were not being kept. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p>

The enforcement action we took:

We have imposed a condition on the provider's registration.