Elder Years Care Limited

Elder years care Ltd.

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

The inspection took place on the 18 July 2016 at the provider's office in Alfreton. The provider was given 48 hours' notice of the inspection, as the service is a community service and we needed to make sure that the registered manager would be available to meet us. This was the first inspection of the service which was registered on 1 April 2014.

The service is a community service that provides care and support to people in their own homes. It currently provides personal care to 23 people in their own home in the Barnsley area of South Yorkshire.

There was 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.

People were kept safe by staff who were trained to safeguard them and provide effective care. Needs and risks were assessed and incorporated into care plans in agreement with people. Plans were reviewed regularly depending on individual need. There were sufficient numbers of staff to care for people. Staff who assisted with medicines had been suitably trained and their competency assessed.

Staff were trained and supported to deliver effective care that met individual need. New staff completed an induction and all staff had access to ongoing training to improve their practice. People were asked for consent before care was given. People were supported to have a healthy balanced diet and to keep hydrated. Staff supported people to access community health services in order to maintain their overall health.

Staff were kind and compassionate and developed positive and caring relationships with people. People felt listened to and respected. Staff promoted dignity and independence and supported people to be actively involved in making decisions about their care.

Staff clearly knew people's needs and preferences and how to respond to these. Staff took time to get to know people and people contributed to their care planning and assessments. People were supported to maintain their interests and relationships in order to reduce feelings of isolation. People were encouraged to give feedback and the provider learnt from comments and complaints; using these to improve the service and the quality of care people received.

The registered manager had adopted an open and inclusive style of management where staff felt valued and supported. Staff understood their roles and responsibilities, and were motivated to improve the care people experienced. People felt the service was well managed and the management team was approachable and responded to concerns or changing need. There were quality assurance processes in place which were used to improve the quality of care, and also fed into the development plan.

The management team had the knowledge and skills to develop and deliver the service and were keen to improve and deliver a higher quality service. They were striving to develop an outstanding service and were open to ideas and suggestions to improve and progress toward their goal.

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.

Staff were recruited safely and all pre-employment checks were completed before they cared for people.

Staff understood their responsibilities to keep people safe from harm.

Medicines were managed safely and staff received relevant training.

Is the service effective?

Good

The service was effective.

Staff clearly knew people's care needs and had the knowledge and skills to meet these needs.

People were asked for consent before care was offered.

Staff were supervised and supported by the management team.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and compassionate.

People and staff developed positive relationships based on dignity and respect.

People were involved in making decisions about their care and their daily activities.

Is the service responsive?

Good

The service was responsive.

Staff clearly understood and respected people's preferences and choices.

People contributed to their care plans and made choices about their daily living activities.

The management sought feedback and used this to improve the service and the care people experienced.

Is the service well-led?

Good

The service was well-led.

Staff were supported by a management team that was available and responsive to any concerns.

The management team had the knowledge and skills to develop and deliver the service and were keen to improve and deliver a higher quality service. There was a quality assurance process in place which supported this aim and fed into the development plan.

Elder years care Ltd.

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 visit took place on 18 July 2016 at the provider's office base in Alfreton. We gave the provider 48 hours' notice because they provide a community based service and the managers are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a community based service. We spoke to the management team at the office on the day of the inspection and by phone to the community matron, staff, people and families. In total, we spoke to 3 staff plus the registered manager and we spoke to 10 people who used the service, or their family carer, if they were unable to speak to us on the telephone.

Before the inspection we reviewed any information we held about the service, including any information the provider had sent us. This included the provider information return (PIR). A PIR is a report that we ask the provider to complete which gives details of how they deliver their service, including numbers of staff and people using the service, and any plans for development. We also reviewed any notifications the provider had sent us. Notifications are reports the provider must send to us to tell us of any significant incidents or events that have occurred.

In order to gather information to make an assessment of the quality of the service, we looked at a variety of records and spoke to people. We reviewed care records which included needs assessments, risk assessments and daily care logs; management records which included staff records, policies, development plans and evidence of training. We also spoke to the registered manager, a director of the service, care staff, a community matron and people who used the service and their families.

Good

Is the service safe?

Our findings

People who used the service were safe. People told us they felt safe with the staff providing the service and when they used aids to assist them with their mobility. One person told us, "I do feel safe with the carers they are very respectful"; another person told us, "Oh yes, I feel safe with the staff when they use the hoist, they are very good". A family member told us, "Definitely [my relative] is very safe with the care staff as they are very accommodating". We saw training records that demonstrated that staff had received safeguarding training. Staff also confirmed to us they knew how to keep people safe and knew how to report any concerns if they felt people were at risk of harm or abuse. One staff member said, "I would never leave someone if I had any concerns, I would always make sure I had told someone about it and would make sure they were safe before I left". This meant people were protected from harm and abuse.

People told us they were involved when their risks were assessed. They told us the staff were not risk averse and encouraged people to do as much as possible themselves. One person told us, "Some days I can walk a few steps, other days I can't, they let me try, but they are there if I need help. They know when I've had enough". The registered manager told us that risks were reviewed on a daily basis for some people, as their needs were very complex and constantly changing. They told us any changes were recorded in the daily logs and in the care plans, so staff were aware and could keep people safe. We saw risk assessments in people's files and saw that these had been reviewed frequently. This meant that risks to people were identified and managed.

People told us there were enough staff to care for them and support them to move around. One person said, "Two people share the tasks and come together when I need support to move around, they work well together". Another person said, "Two staff come in the morning and two in the evening. One staff comes at lunch time". Staff told us they felt there were enough staff to care for people and they had enough time during visits so they didn't feel rushed. The registered manager told us that the numbers of staff required was determined by social care assessment before referral. However, if staff felt people were not safe with these original arrangements, the registered manager would re-assess and make a recommendation to increase the care package. This meant that there were sufficient numbers of staff available to care for people safely.

Staff told us they completed application forms and pre-employment checks were carried out before they started caring for people on a one-to-one basis. Our review of staff records confirmed that safe recruitment practice was followed, references and disclosure and barring service checks were completed to ensure that staff were safe to care for people.

Depending on their individual abilities, some people were supported to take their medicines, some were prompted to take their medicine and others managed their own medicines. One person told us, "Staff always remember to give me a glass of water to take my medication". A relative said, "Medication for both my family members is on time and correct".

All staff who supported people with medicines had completed 'safe medicine administration' training and were internally assessed for competence, before they were able to administer medicine to people. Staff also received annual medicine competency observations as well as refresher training. We saw medicine administration records and found these to be in order. We discussed with the registered manager what they did if they found any errors when auditing the records. The registered manager told us they had a good relationship with the local pharmacists and could always ask for advice if they needed it. They said they also discussed any errors with staff both individually and at team meetings. We saw examples of team meeting minutes where the registered manager had discussed good practice in medicine administration and recording. They had also reminded staff how important it was for medicine calls to be on time, to ensure that medicine was administered at timely intervals when it was most effective. This demonstrated that medicines were well managed and people received their medicines safely.

Good

Is the service effective?

Our findings

People were cared for by staff with the skills and knowledge to carry out their roles and responsibilities. One person told us, "I wouldn't change anything about the company I can't think of anyone or anything that is wrong". Another person told us, "They have always been very consistent and I have no problem with the care". A third person told us, "The staff help by putting the washing on and doing a bit of tidy up". A community health practitioner who has referred people to the service told us, "I have always found them to be willing and very flexible. They have dealt with some very particular needs and are very good with people".

People received effective care from knowledgeable staff. Staff told us they received an induction to the service and their role before they cared for people. The induction included observing other staff and completing mandatory training, which they told us, helped prepare them for their role. We viewed staff records that included an induction plan, observations of competency and training. We also viewed the training plan for all staff and saw that staff received a combination of mandatory, specialist and refresher training. The registered manager told us that training was linked to the specific needs of people who used the service, so that staff cared for people effectively. For example, staff had received training on diabetes and end of life care and all staff had received training on 'person centred care'. Staff told us they found training very helpful and enabled them to improve their practice.

We also viewed team meeting minutes and saw the registered manager used these meetings as an opportunity for refresher training and to discuss performance and practice with the staff team. For example we saw information was provided about Parkinson's disease at one meeting and discussions about person centred practice at another. Staff received support and guidance from the registered manager at 6 weekly supervision meetings. In addition, annual competency checks and observations were carried out to by senior staff, to make sure staff maintained best practice in respect of the care they were providing. This demonstrated that staff were supported to improve their knowledge and skills, which had a positive impact on their ability to care for people.
There was effective communication between people, families and staff. One person told us, "There is a file here and it is written in every time the staff come to support me". A relative told us, "The agency is a fantastic group of people, very honest and open with me". Staff told us they use the daily log and communication sheets to record activities and communicate between people, their families and other staff. They recorded all activities during each visit, including what people had eaten, if they had taken a bath or shower, whether any support had been given with dressing or with household tasks. These logs were audited by the registered manager on a monthly basis. We viewed the daily logs from the previous month and found they provided a clear picture of what care had been given and how the person was during the visit. This meant the registered manager could monitor that the care given matched what was requested and recorded in the care plans.

Staff had knowledge and understanding of the Mental Capacity 2005 (MCA) and had received training in this area. The 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. Records we viewed confirmed people were given choices in the way they wanted to be cared for.

People's capacity was considered in care assessments so staff knew the level of support they required when making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required, to make a decision in their 'best interest'. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff described to us how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks.

People confirmed care staff always gained their consent before carrying out any tasks. One person said, "Oh yes, they wouldn't do anything I didn't want them to – they always ask first". Another person said, "I can't fault the staff. The use the key safe, knock on the door and shout hello. The staff are consistent and ask permission before they do any care". A family member told us, "The staff always ask permission from my relative, before they tell me something. I would not have gone back to work if I wasn't happy with the care being given".

People were supported to maintain a balanced diet. One person told us, "Staff will prepare a breakfast which is presented and looks nice". Where people required support with preparing meals staff tried to introduce a healthy variety of options. However this was often limited to what was available or had been bought by family. One staff member said, "I try and offer fresh vegetables with the ready meals, but it depends on what people like". We saw in a person's care plan that they required support to keep hydrated otherwise they became unwell. When we spoke to staff about this person, they were able to tell us how they supported this person to take regular drinks and monitored their liquid levels. They told us that by supporting this person to stay hydrated they were reducing the chance of them being hospitalised again, which they had been in the past, when they became dehydrated.

People were supported to access community healthcare services in order to maintain good health. One person told us, "Staff take me to my appointments" and "I will always check that they are available before I make an appointment". Staff told us they discussed concerns with community health practitioners if required, in order to manage changing health needs of people. A community practitioner confirmed that the staff listened to and followed advice in respect of people's health care. For example we saw in people's records that where it had been requested by health care practitioners, staff monitored fluid intake for people who were prone to dehydration. This information was then shared with health services that assessed the health of people. This meant people were supported to maintain good health.

Good

Is the service caring?

Our findings

Staff developed positive caring relationships with people who used the service. Many people told us how kind and friendly the staff were. One person said, "They are like my family". Another person told us, "[Staff member] was more than a carer they were a friend, they always spoke nicely to me and knew how to keep me calm". A third person told us, "The staff chat to me and are very respectful". A relative told us, "My [family member] is very happy and very well cared for". Staff told us they enjoyed working with people and one staff member said, "It's nice to get to know people". Staff told us they had time to sit with people and chat and they didn't feel rushed. A community professional said, "They are marvellous, very caring and supportive and I wouldn't hesitate in recommending them to people".

From our conversations with people and staff it was clear that they were compassionate and cared about people and their well-being. For example one person told us, "The other morning the carer found I'd been ill in the night and without asking they changed all the bed, changed the duvet and put it all in the washer for me. They didn't need to be asked, they just knew what needed to be done". A staff member told us, "We are here for them, whatever they want us to do, how they want it done, whatever will improve their life. They decide". Other staff told us how important it was for people to retain some independence with their daily activities and to maintain their personal relationships with family and friends, which they supported. We saw evidence in care records that staff had accompanied people to family events so they could maintain those relationships and did not become isolated. One person told us how a staff member was going to join them at a 'strawberry tea' if they were free. A family member told us a staff member had called an ambulance for their sick relative and stayed with them until they could get there. This showed that staff were compassionate and cared about people.

People told us that the registered manager came to assess their needs and agreed a care plan that people were happy with. A family member said, "There is a care plan in place, staff always consult my [relative] and they also consult us as the family members". People told us their care plan was changed if their needs or preferences changed. One family member told us, "There is a care plan here at the house, if it has to change then that happens". We saw evidence in care records that people had been involved in making decisions about their care and changes had been made in response to their changing needs or preferences. This demonstrates that people are involved in their own care planning and care is centred on their particular needs and wishes.

Most people received additional care and support from their family members at some point during each day and this was clearly documented in the care plans. This meant the split of caring responsibilities was clearly documented to avoid confusion. Family carers of people who used the service told us, that they also felt supported by Elder Years, along with their relative. Family members told us that the staff texted them before calls to see if they needed any shopping bringing, or texted them after a call to let them know if they needed to buy bread or milk on the way home. One family member told us, "Once the service was up and running it was a good experience. There is support from the company for my [relative] and there is support for me as their family carer". Another family carer told us how an Elder Years staff member had responded when they were 'off duty' and had seen their relative 'wandering down the street' and had stopped to try and help them

back home. When this proved difficult they had called the persons family carer who came to assist them. This demonstrated that staff were caring and compassionate and treated people and their families with respect and dignity. This in turn improved the whole experience for people and their families.

The registered manager told us they had cared for a person who did not have English as their first language and one member of staff had taken it upon themselves to learn the language, in order to communicate with this person. They also employed a staff member who could speak this language on a temporary basis, in order to ensure they were providing effective care and support to this person. This showed how the provider made efforts to ensure that people received information in ways that they could understand and they cared about the quality of care that people experienced.

People told us staff encouraged them to do as much as possible for themselves and respected them and didn't judge them. One person told us, "The staff chat and get on with the job, they don't judge, I don't feel embarrassed with them". Another person told us how staff, "Use humour to help me relax, I am more than happy with them". The registered manager told us they stressed to staff that they assisted people to do things for themselves and not do it for them. We saw this was clearly written in people's care records and reported in the daily logs by staff at the end of the visit. A staff member explained how important it was for people to remain active and independent, by maintaining their skills and mobility; and how this improved their confidence and wellbeing. This demonstrated how staff promoted people's independence.

Staff respected people's privacy and dignity and promoted their rights. One person told us, "I am totally happy with the care I get and I would not change a thing". Another person said, "I have two carers morning and evening, the staff chat to me not to each other. I am always included in the conversation". A third person told us, "The staff chat to me and are very respectful". A family member told us, "The staff respect my relative and their home, and always speak nicely to them". They went on to say how pleased they were with the carers, they said, "The care staff are very respectful, they don't just go in. When my [relative] has a shower, the staff call it a pamper session. My [relative] likes the staff to shower them. The staff always make sure the curtains are closed". This demonstrated how staff respected people as individuals and treated them with dignity.

People told us that staff listened to them and got to know them, they felt that staff respected them and how they liked things done. A relative told us their family member had very particular needs and staff always took time to reassure them and remove any anxiety they had, before caring for them. They told us that their family member makes their opinions very clear and staff respected these, for example how they liked the table set and which cups to use. This meant that staff enabled this person to be in control and retain their dignity.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People contributed to the planning of their care and felt their views were respected. One person told us that when they had been ill, "The carer just understood what needed to be done", and another person said, "They do understand my needs". One person told us, "I'm very involved in my care, they asked me what I wanted and I'm very pleased. They respect my preferences, as I only want female staff helping me with personal care". This meant that people felt valued and in control of what happens to them.

People told us staff spent time, "Getting to know me" and to, "Know what I want". We saw evidence in people's records that staff clearly understood personal preferences and respected these. For example one person prefers to eat on their own, so staff prepare the meal and carry on with other tasks whilst this person eats their meal. A family member told us, "My [relative] likes routine and order, meals and drinks at set times, the rubbish taking out daily and the radiator turned off – staff were extremely sensitive and picked up on this very quickly, which reassured my [relative] and helped them relax. Staff were always on time and understood my [relative's] needs". This demonstrated that staff took time getting to know people and respected their way of doing things.

A person who used the service told us, "The management of the company came to see us, there was lots of information. The management listened to me about the care needed". A family member told us, "When we were looking for a care agency, this company said they would be as flexible as they could be. This was different to other companies". We saw assessments were detailed and included the views and preferences of people receiving care. We also saw evidence in daily logs that staff were following personal preferences with the care they were providing. This demonstrated that staff listened to people and respected their choices and preferences.

When we spoke to staff it was clear they knew people and their individual needs and preferences. They told us how they identified subtle changes in behaviour that indicated when a person may be unwell or unhappy and how they responded to this. For instance they knew how to lift a person's mood if they were feeling down. Depending on the person they did this by talking to them, singing, listening to music or going for a walk. Staff recognised that 'social time' was as important as 'care time' in respect of a person's wellbeing. They told us that by encouraging people to maintain their hobbies, interests and relationships they were reducing isolation, and reducing risks associated with depression, reduced mobility or dexterity. This meant that care was responsive to people's needs and staff were not just focusing on the task they were concerned with a person's overall wellbeing.

Although there were currently no formal questionnaires or surveys for gathering feedback, it was clear from talking to people and staff, that the provider sought feedback and used this to improve the quality of care for people. We saw records of discussions with people where changes had been made following feedback. For example, one person who preferred female staff for personal care liked male staff for lunchtime or other visits, so rotas were changed to accommodate this request. This showed that the provider responded to feedback and used it to improve the care experience of people.

There was a complaints policy and although no formal complaints had been received it was clear from conversations with people who used the service and their families, that they were comfortable discussing any concerns with the staff and or the registered manager. People told us that staff listened to them and responded to concerns. We saw that discussions had been recorded in people's records or team meeting minutes and how those issues had been addressed.
For example, a family member told us, "When new staff were giving [my relative] their medication I had concerns and I spoke to the manager. By the next day it was all how it should be, all the staff knew what to do". We spoke to a person who had been unhappy with the attitude of a particular staff member and they told us, "I talked to the manager and after that everything changed, they never came back again, it's much better now". We discussed this example with the registered manager who told us how they had addressed this concern and improved the care experience for that particular person. This showed that people felt comfortable raising concerns with the registered manager and that the registered manager responded to concerns and used them to improve the quality of service for people.

Good

Is the service well-led?

Our findings

The registered manager had an open and inclusive style of management and staff felt supported and empowered. Even though the service was managed remotely staff said they felt supported and knew 'someone would come' if needed. One staff member said, "[The senior worker] is always available, I don't feel on my own, even at 6am". Other staff told us, "There is always someone to call if you're not sure of anything and you know they will help". The registered manager was described by staff as, 'lovely', 'very helpful' and 'brilliant'. One person said, "[The registered manager] will go out of their way to help, I can go to them about anything". The senior carer told us they met with the registered manager weekly in the office and used this time to update records, plan supervisions, observations and reviews. They said they felt supported and encouraged in their role. This demonstrated good management of the service and support for the staff.

People and families told us they felt the service was well managed. One person said, "If the manager is here and I am feeling down, they will sit and chat with me for a while". Another person said, "It is owner managed and the manager always listens to me. They are a carer too". A relative told us, "Management are very approachable. The managers do some of the care themselves and will call in and make sure all is going to the plan". People told us they liked that it was a small service and felt they received a better quality of service than from the bigger services, one person said, "We chose this company as it was small and the care staff would be consistent, we were not disappointed". The registered manager understood that people liked continuity of carers and where possible had developed a small team of staff to support people with personal care. They said this was to protect the privacy and dignity of people. One person told us, "It's usually the same four people who help me with personal care and I'm OK with them now". This demonstrated that the registered manager understand clearly the needs of people and had developed a personalised service that met individual needs.

There were quality assurance processes in place and the registered manager kept records of audits and checks, which were fed back to staff in team meetings or supervisions. This information was also used when reviewing people's care. Team meetings were used to reinforce the vision and values of the organisation, which was to be a high performing person centred service that focused on the needs and preferences of people. When we spoke to staff it was clear that staff promoted the values of the organisation, in respect of being person centred and promoting independence and dignity. Staff told us they felt involved in the development of the service and the registered manager fed back from the audits and any compliments or concerns that had been made. We saw minutes of team meetings where various issues were discussed, for example, poor performance and feedback from people or families. This showed that the registered manager was open and transparent and took responsibility to ensure that poor practice was identified and addressed.

Staff said the team supported each other and were flexible to provide cover for shifts if necessary. This could be to support their colleagues or to accommodate changing needs of people. They told us that the management team 'looked after them' in respect of rotas and working patterns, which they said meant they were motivated to 'do well' and improve. They told us they liked working for the organisation and wanted

the 'best for people' that used the service. This demonstrated good management of staff which met their personal needs which in turn, led to staff being motivated to provide high quality care for people.

The registered manager understood their role and responsibilities in respect of their registration with the CQC and our records confirmed that they had provided information as required. They had also signed up to the 'Social Care Commitment', which is operated by 'Skills for Care'. This is the adult social care sector's promise, to provide people who need care and support, with high quality services. The registered manager said they had benefited from this commitment, as they now had access to support and resources which they had used to improve their own knowledge and skills. They said this would benefit people who received care as they planned for all staff to sign the pledge and commit to improving the quality of their care. We saw records that demonstrated that they had used the commitment to feed into their development plan. They also told us how it was helping them improve their quality assurance process and work towards their goal to become an outstanding service.

As part of their pledge to improve the quality of the service, the provider had recently purchased a new database which they had used to improve their data management. They were in the process of transferring data from manual records to computer records at the time of our inspection, which they said had already made locating and sharing information much easier. The management team told us they were keen to develop this side of their business as it was helping them to develop the service and measure the quality of care people received. This demonstrated how the provider was committed to improvement and worked in partnership with the wider social care sector to learn from others and progress towards their goals.