

Elizabeth Senior Care Limited







Elizabeth Senior Care

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	

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and

had the legal responsibility for meeting the requirements of the law, as does the provider. This was an announced inspection in which we informed the service 48 hours prior to our arrival that a visit would be taking place.

Elizabeth Senior Care Ltd provides care and support to people living in their own homes in and around the area of Ellesmere Port. People are able to access the services of Elizabeth Senior Care Ltd directly or via a referral from

Summary of findings

the local social services. At the time of this inspection the service was supporting and caring for 44 people, enabling them to continue to live within their own homes within the community.

People who used the service, their relatives and carers spoken with had only positive comments to make about the service they received. They told us that the staff were well trained, polite and reliable and that the service was well led. The ethos of the service was planned and delivered around individual's preferred choices and wishes.

Staff working within the service understood the needs of the people who used the service, their relatives and carers and support was provided in a respectful caring manner. People told us that they were happy with the care and support delivered by the staff

The service was previously inspected on the 8 November 2013 and was found to be compliant in all of the five areas we looked at.

Summary of findings

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 safe. People who used the service, their relatives and carers told us that they received a safe service. Staff spoken with knew how to keep people safe. Any identified risks to individuals were assessed and actions taken to minimise the risk of harm to people.

Staffing was planned on a rota basis to help ensure that people received a consistent service from staff. Staff recruitment was thorough to help ensure that only people suitable to work with vulnerable people were employed by the service.

People who used the service, their relatives and carers were involved in making decisions about the care and support planned and delivered. We saw that the service was meeting the requirements of the Mental Capacity Act 2005 however, an area of improvement for the service was identified as there were no policies or procedures in place in relation to the act.

Good



Is the service effective?

The service was effective. Records showed and people told us that they and their relatives and carers were involved in the planning of care and support. The service supported people and their relatives and carers to access local groups to minimise individuals becoming socially isolated within their own home.

People who used the service, their relatives and carers told us that they were happy with the staff that supported them and that they felt they had the skills and knowledge to carry out their role. Training records demonstrated that staff received regular training for their role.

Good



Is the service caring?

The service was caring. People who used the service and their relatives and carers told us that the staff and management of the service were kind and caring. Healthcare professionals spoken with told us that the management of the service always supported people in a caring manner. When people were unwell or their needs changed the staff ensured that they alerted relevant agencies to ensure that people's needs and wishes could continue to be met.

People who used the service, their relatives and carers told us that staff always respected their privacy and dignity when delivering personal care and support.

Good



Is the service responsive?

The service was responsive. There was a clear process to manage and respond to referrals to the service which enabled people to access the service quickly. Staff communicated with management of the service, relatives and carers if they felt people required further or different support from what they were currently in receipt of.

A complaints procedure was available, and people told us that they knew how to make a complaint if needed.

Good



Summary of findings

Is the service well-led?

The service was well-led. Staff told us that they felt supported by the management of the service and that if needed they could speak to them at any time for support or advice. The views of people who used the service and their relatives and carers were regularly sought and when needed action was taken.

People who used the service, their relatives and carers were able to contact the manager of the service at all times.

Spot checks on the service delivery by senior staff and the use of quality assurance surveys enabled the service to monitor the level of service they were providing along with establishing the views of people who used the service.

Good



Elizabeth Senior Care

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' section sections of this report.

We inspected Elizabeth Senior Care Ltd on the 23 and 24 July 2014. This was an announced inspection which meant that the manager and the provider were made aware of our visit 48 hours prior to our visit taking place.

The inspection was led by an Adult Social Care inspector who visited the service's office. In addition an expert by experience also formed part of the inspection team. An expert by experience is a person who has personal

experience of using or caring for someone who uses this type of care service. Their areas of experience included working with people within the community in a social work role and in quality standards for a local authority.

During our inspection we reviewed a range of care records relating to people who used the service; the recruitment processes in place; staffing training information; policies and procedures available within the service and information available to people who used the service.

We spoke with the two of the three directors of the service whose roles also included that of nominated individual (person responsible for the service) and registered manager. We spoke by telephone to 22 people who used the service and their relatives to gain their views on Elizabeth Senior Care Ltd. We spoke with five staff members whose role it was to support people within their own home and within the local community. In addition, we spoke with staff from the local authority who had worked with the service in ensuring that people received the services they required.

Prior to the inspection the provider sent us information by way of a Provider Information Return (PIR) about how they supported people. We also checked what information had been sent to the Care Quality Commission since we had last visited the service.

Is the service safe?

Our findings

This service is safe. People who used the service told us that they felt safe. Their comments included “They always treat me well. They give me privacy (for the bathroom) and ask me to shout when I need them,” “My life changed since we’ve found this service” and “I can talk to them about anything.”

Relatives and carers of people who used the service told us that they felt their relative was supported safely by the service. Their comments included “They know mum so well”, “Same girls every time except holidays or sickness but even then it’s girls mum knows.” “We’ve been pleased and feel confident about mum’s support” and “Feel you can go on holiday knowing mum is well cared for.”

Risks to people who used the service were assessed and planned for. For example, prior to a person receiving a service their needs were assessed and a plan of their care was developed. This assessment process gave staff the opportunity to identify any risks to people or in and around their home to be considered when delivering care and support. For example, we saw risk assessments were in place in relation to moving and handling people safely. We looked in detail at the care planning documentation of four people who used the service. People who used the service were supplied with documentation that clearly stated that staff were not able to engage in any activity that may be hazardous. This information helped people who used the service to understand what activities were not to be carried out by the staff team.

A clear recruitment procedure was in place to ensure that staff were recruited safely. For example, all potential staff were required to complete an application form, formal interview, references and a disclosure and barring service check (DBS) would be undertaken to confirm the applicant was suitable to work with vulnerable people. We looked at the recruitment information of three staff members and saw that the recruitment procedures had been followed, and DBS and written and verbal references had been recorded.

The service’s rotas were developed so that a set team of staff worked on set days and at set times between the hours of 7am and 10pm. The manager told us that this helped ensure that people who used the service received continuity with their care and support. Staff spoken with

told us that having a regular rota ensured that people knew which staff would be visiting them on specific days. One relative told us “Mum gets apprehensive with new people but she knows the girls and this continuity is important to her.”

We spoke to the manager about how she decided on how many staff were needed to support a person. She told us that it was based on individual’s needs which were continually monitored. Staff confirmed that if they were concerned about people’s needs changing they would contact the manager immediately. Staff told us some examples in which they had raised concerns about the safety and welfare of people. For example, one member of staff told us that they had recently called an ambulance as a person was unwell when they arrived at their home. The staff member said that their senior member of staff on duty supported her through this action. Another member of staff told us that they had recently reported to the manager of the service and the relative of a person who used the service that they were experiencing problems going down the stairs in their home. Following the staff member’s actions an assessment of the person’s changing needs was arranged.

The provider had a policy and procedure in relation to safeguarding vulnerable people. A copy of the procedure was available in the service’s office; in addition, staff told us that information relating safeguarding vulnerable people was contained in the staff hand book. A copy of the local authority’s safeguarding procedure was also available in the office for everyone to access. Staff spoken with demonstrated a good understanding of what action they needed to take in the event of a person was being abused or suspected abuse was taking place. Training records available within the service and information given to us by staff demonstrated that staff had undertaken training in safeguarding vulnerable adults.

We saw that policies and procedures were in place to support staff in their role and that protected people who used the service. For example, a whistleblowing procedure was available to the staff team and a policy for gifts and gratuities protected both people who used the service and the staff team. Staff spoken with told us that they were aware of the whistleblowing procedure.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005. We saw that the service was meeting the requirements of the

Is the service safe?

Mental Capacity Act 2005 however, an area of improvement for the service was identified as there were no policies or

procedures in place in relation to the Act. Following discussion the manager demonstrated a commitment to ensuring the appropriate policies and procedures in relation the Mental Capacity Act 2005 would be developed

Is the service effective?

Our findings

The service was effective. People who used the service and their relatives and carers all told us that the staff were well trained and considerate and that staff knew them very well.

People who used the service told us positive things about the support they received. Their comments included “They recognise and encourage my need for independence”, “They ask if there is any more they can do” and “If something crops up I can ring and cancel [the manager] doesn’t mind.” Two people told us how staff had assisted them when they first needed support in their home. One person told us “I found it difficult knowing I had to have help with very personal things but they put you at ease, I don’t feel awkward at all.” Another person told us “I never thought I’d need care but they’ve taught me how to use the trolley and have given me other hints and tips to help me do things safely myself.”

Relatives and carers of people who used the service told us that they felt the service was very effective. Comments included “Mum likes to sing and dance and the girls encourage her and join in. She really enjoys their visits” and “They know mum well and are considerate of her deafness, talking clearly and directly to her.”

Information about the service was readily available. Each person who used the service had been given a service user guide book that contained information about the service. In addition, they were given the out of hours contact telephone numbers for the service and their GP practice to ensure that they could make contact for assistance at all times of the day and night. A staff member was always available to take calls once the office was closed for the day.

Staff told us that they were encouraged by the manager to spend time talking to people during their visits and they never rushed people. They told us “We don’t worry about the time.” The manager told us that she was keen to ensure that people’s psychological needs were met as well as their physical care needs. She gave examples, of introducing people to a local group that supports older people to minimise the risk of loneliness. She told us about the carer of a person who used the service being supported to join a local group to give them an opportunity to meet others and share common interests.

We saw that the service had gathered a number of information booklets and leaflets that people who used the service could have access to. For example, we saw information relating to the Ellesmere Port & Neston Live at Home Scheme; the debt advice network; local transport and advice on catering for older vegetarians and vegans.

Care records contained care planning documents that were personal to each individual. We saw that in addition to the service’s information records relating to people’s specific assessed needs; an assessment carried out by the local authority and associated healthcare professionals was also available to be considered when planning people’s care and support. We looked at the care records of four people and saw that they contained detailed information as to how they wished their care to be delivered.

We spoke with two healthcare professionals who had contact with the service. They told us positive things about the care and support people received. They told us that the service always ensured that people received the appropriate support they required.

Information supplied by the provider prior to our visit demonstrated that over 50% of staff had achieved either a National Vocational Qualification in Care or a Diploma in Health and Social Care. Staff spoken with told us that they had the skills and support to carry out their role.

Training records demonstrated that the majority of staff had received training in relation to moving and handling; medication administration; food hygiene; health and safety; first aid and protecting people from adult abuse. In addition, a number of staff had completed training in dementia awareness, equality and diversity and end of life care. Staff spoken with and training records seen confirmed that staff joining the service undertook an induction into their role.

Staff were keen to share with us their thoughts on the service they delivered. Their comments included “I love working for the company, it’s one of the best services I’ve ever worked for. You get the time to talk to people” and “they are about people.”

Is the service caring?

Our findings

The service was caring. People who used the service and their relatives and carers told us they were happy with the care and support provided. People's comments included "I'm receiving the very best of care"; "I feel safe and very happy. They're absolutely marvellous" and "They talk directly to me, they're very caring."

Relatives and carers of people who used the service also spoke very positively about the care and support delivered by staff. Their comments included "They've given me my life back"; "My wife looks forward to them coming. When the girls are with her all I can hear is laughing" and "They're all very considerate."

During discussions with the manager it was evident that staff were conscious to ensure that relatives and carers were included in the care and support offered. The manager and staff involved relatives and carers in review meetings and in maintaining regular contact when necessary. One relative told us "I spoke to the girls and they responded to what I suggested."

We saw the manager of the service speaking to people who used the service and their carers on the telephone. It was evident that close working relationships had been built and the manager was aware of issues people were experiencing in their life.

Staff spoke about the people they supported as individuals and in a respectful manner. They were clearly aware of their likes, dislikes and preferences. One person who used the service told us "They know how I like my pillows and get them just right." Another person told us "They put covers on their shoes not to ruin my new carpet after helping me to shower."

Staff told us they were proud of the service that they delivered to people. One member of staff told us "We always make sure people are comfortable, talk and explain what we are doing and what's happening, this is important to people."

Healthcare professionals who had contact with the service told us that they had experienced a caring service. One healthcare professional told us that the carer of one person who used the service had got lost and staff had remained with them until other help could arrive. They told us that on occasions the manager of the service had responded to people's calls through the night to ensure that people had the care they required.

Is the service responsive?

Our findings

The service was responsive. There was a clear process for responding to referrals made to the service and changes to people's needs and wishes. We observed the process in place for managing referrals which included the manager visiting the referred person in their home to discuss and assess their needs and wishes. Healthcare professionals told us that staff were very responsive and quick to arrange services for people.

People who used the service told us that the care provided by staff was personal and responsive to them. Their comments included "They're brilliant, they do everything I need"; "If I'm not feeling well they adapt to my needs and what I want them to do." One person told us "I feel like they try to match the service users and carers" and another person told us "They're very respectful, all the girls. Its mutual respect between us. They're responsive and open minded."

Family members and carers of people who used the service told us that the service adapted to individual's needs. Comments included "If you ring they know who you are talking about. They know mum well." "Mum likes the soaps, so if the girls arrive in the evening when she is watching them they ask her if she wants to prepare for bed in the room with the TV" and "The staff are so responsive and absolutely marvellous which is a relief to me as I don't live very close."

Prior to a person receiving a service staff ensured that they had the consent of the individual to carry out the identified care and support. This involved people or their representative, who are legally able to, signing a statement of permission to give their consent to the services provided.

We saw that care planning records contained information, that if required could be used to identify any changing needs of a person. When required people's food intake was

recorded, any changes to the person's routines were monitored and if required staff would raise their concerns with the appropriate family member or agency. Staffing rotas gave the opportunity for staff to spend sufficient time with people to deliver their care and support. Staff told us that if for any reason they were running late when supporting a person they just contacted the senior member of staff who would assist in ensuring that other people received the care and support they required. One person who used the service told us "They're never in a rush and always ask me what I want, and is there anything more they can do before they go." Another person told us "They always ask what I want them to do."

A complaints procedure was in place and each person who used the service had access to this procedure in their personal care file. The manager of the service told us that they had not received any formal complaints about the service. They told us that in the event of a person raising a minor concern this would be dealt with immediately. Minor concerns were not recorded, however, following discussions the manager demonstrated a commitment to record any concerns raised.

Information supplied by the provider prior to our visit demonstrated their commitment to people receiving a responsive service. For example, they told us of the system in place to ensure that when a person's circumstances and needs changed and other services were required to support them the manager of the service ensured that all relevant parties had the information they required for a seamless transition of their care and support.

Staff and representatives from the local authority spoken with told us that they were confident that the management of the service would listen and act on any concerns raised with them. Staff comments included "The management always makes time to listen to you" and "The manager and the senior staff are very approachable." Representatives of the local authority told us "They support some people with complex needs, the manager is very experienced."

Is the service well-led?

Our findings

The service was well-led. There was a clear management structure at the service which involved the registered manager, directors of the service and senior staff members. At all times throughout the day and night a member of the management team was available to people who used the service and the staff team.

Staff spoken with were fully aware of their role and the purpose of the service delivered by Elizabeth Senior Care Ltd. Information made available by the service, including their statement of purpose detailed what services people could expect from the organisation.

Our observations of how the manager interacted with people who used the service and their relatives and carers on the telephone and face to face with staff showed us that leadership within the service was good.

All of the people spoken with who used the service told us positive things about Elizabeth Senior Care Ltd. Their comments included “The manager is very accessible”; “The manager is very friendly”; “They all seem to be well trained. They understand my need for independence and encourage me at the same time sayings don’t overdo it” and “They’re always on time within 10 minutes” and “If they are running behind they ring or the office may ring. I understand delays may happen as the previous person might be ill. I’ve held them up when I’ve not been well.”

All of the relatives and carers of people who used the service spoken with told us positive things about the management of the service. Their comments included “Whoever trains them [the staff] does a good job”; They seem to be very selective about the staff”; “Asked the manager if she would come to my mother’s [hospital] discharge meeting. She was happy to do so. This meant she was directly aware of mum’s needs” and “I’d recommend this service to other people.”

All of the people who used the service, their relatives and carers expressed gratitude that they had such a good service. Six people described themselves as very lucky especially when compared with previous negative experiences with other care services.

Procedures were in place to record and report any accidents or incidents that occurred. Staff explained that if required they would report any accidents or incidents to the local authority.

People and their relatives and carers were periodically asked to complete a quality standards questionnaire titled ‘help us to help you.’ We saw that the questionnaire gave people the opportunity to comment on the information given to them by the service, staff competence at completing tasks, the speed at which staff complete tasks, continuity of staff and the support they deliver and if people were aware of how to make a complaint if needed. The contents of all completed survey forms were analysed by the directors of the service to ensure that any required changes to the service delivered to people could be responded to. At the time of our visit the staff were not formally recording the outcomes of any actions they had taken following a negative comment being received. Following discussion, the manager stated that they would develop a system for recording all of the actions they take to improve the service for people.

As part of their quality monitoring systems, senior staff carried out ‘spot checks’ to assess the quality of the service being delivered by the staff team. Regular audits of care planning documents took place during these spot checks. During the spot checks the senior member of staff spoke to the person and when possible their carer about their views on the support they received. In addition, during these visits the care planning documents and records were checked to establish that they were being satisfactorily completed. All spot checks were recorded and any changes needed were discussed and acted upon.

We saw that, and staff confirmed that they received an annual appraisal for the role. Staff told us that they attended regular ‘patch’ meetings which involved them meeting with a senior member of staff and their colleagues working within their team to discuss their role. Staff unable to attend the meetings were required to read and sign the minutes to the meetings to ensure they were aware of what was discussed and any changes to be made to the service they delivered.

All of the staff spoken with told us that the manager of the service always made time to privately speak to them if they

Is the service well-led?

asked. They told us that it was one of the best employers they had ever worked for. One member of staff told us “The manager and seniors are very approachable, it’s well led. I’m happier working here.”

Health care professionals who had contact with the service spoke positively about the leadership of the service. Their comments included “The manager is accommodating” and “exceptional.”