

Temple Mead Care Ltd

Elite Care 24/7

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

This inspection took place on 20 February 2018 and was announced. We gave the registered manager notice of our intention to visit because we wanted to make sure someone would be at the office who could answer our questions during the inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own homes and flats. It provides a service to older people and younger adults. At the time of our inspection, 44 people received personal care.

At our last inspection on 15 September 2016, we rated the service as Requires Improvement overall and in three of the key questions. These were in effective, caring and well led. At this inspection, we found improvements had been made since our last inspection and the rating has now changed to Good.

There was a registered manager working at the home at the time of our inspection. 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 told us they felt safe while receiving care and support. Staff understood their responsibility to report abuse and knew who they should report this to. People had risks associated with their care assessed and staff understood how to manage these to keep people safe. A core of regular staff who people knew supported them and there were sufficient staff employed to care for people.

Where people needed assistance with their medicines these were administered by staff who had undertaken the providers training. Staff followed guidelines to reduce the risk of cross infection and had access to personal protective equipment as required.

Systems in place to ensure staff were suitable to work with people in their own homes were robust to ensure checks had taken place and to make sure people were safe. The registered manager knew what action to take in the event of unsuitable staff gaining employment.

People had their needs assessed and information about their care and support was available for staff. The provider had an electronic care plan system which staff were able to access to obtain current information about people. The electronic system was used by staff to book in and out of their calls which enabled office based staff to monitor the calls to ensure calls were undertaken as scheduled.

People believed the staff caring for them to be trained and able to support them. Staff had received regular training including induction to meet their needs. Staff felt supported by the management.

People confirmed staff sought their consent prior to receiving personal care. People and their relatives told us staff were kind and caring. People confirmed staff ensured their privacy and dignity was upheld while providing care.

Where needed staff had assisted people with healthcare appointments and staff knew what they needed to do in the event of finding a person unwell.

People were confident they could raise concerns about their care and believed they would be listened to. People spoke highly of the management and had confidence in them.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe while receiving care and support from staff who had a knowledge about reporting any abuse. People were supported by staff who had knowledge of people's needs and by staff who were recruited safely. People were supported by staff who had knowledge about people's medicines and infection control procedures.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received training and were supported by management. People were supported with meals when needed. People's consent was obtained prior to them receiving care and support.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff that were kind and caring. People received care from a regular team of staff members. People were encouraged to be involved in their care and to remain independent. People had their privacy and dignity maintained.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care and received care at a time, which met their needs. People were informed of any changes to the call times in the event of staff delays. People were aware of their right to complain and were confident any concerns would be addressed.

Is the service well-led?

Good ●

The service was well led.

People's views on the service provided were sought and people believed improvements had been made. People had confidence in the registered persons. Staff enjoyed their work and felt supported.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the registered manager notice of the inspection visit because we needed to be sure that they would be in.

Inspection site visit activity took place on 20 February 2018. The visit to the office was to speak with the registered manager and other office based staff as well as to review care records and other documents. We made telephone calls up until and including 1 March 2018. The inspection team consisted of one inspector.

As part of the inspection, we reviewed information we held about the service including statutory notifications, which had been submitted. Statutory notifications include information about important events, which the provider is required to send us by law. We contacted the local authority to understand if they had any relevant information to share with us.

We used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service and two relatives who supported their family member with the management of their care. We spoke with five members of staff as well as the registered manager, the care manager and the care coordinator. We looked at aspects of four people's care records and medicines records. We looked at staff rotas, compliments and quality checks completed on behalf of the registered provider.

Is the service safe?

Our findings

People who used the service told us they felt safe when receiving care and support. One person told us they always felt safe when they received care and support because they knew who would be come to care for them. Relatives told us they believed their family member to be safe as their needs were met and staff helped them to continue to live in their own home.

The registered manager and the care manager were aware of their responsibility to report any concerns such as actual or potential abuse to the local authority. They were able to describe to us how they would do this both on the telephone and electronically. Since our previous inspection the Care Quality Commission have received notifications from the registered manager as required including occasions when concerns about people's safety had been communicated to the local authority. We saw how management at the service had worked with external agencies in the past to keep people safe from harm.

We spoke with staff and they were able to describe to us the action they would take if they had concerns about potential abuse taking place. Staff told us they would report their concerns to the registered manager or care manager. They were confident suitable action would be taken to keep people safe. Staff were also aware of other agencies they could report any concerns to such as the local authority and the Care Quality Commission.

We saw information communicated to staff regarding abuse with an instruction to always treat people in the way they would want to be treated. Minutes of a recent staff meeting reminded staff to immediately inform the registered manager of any concerns they had.

Risks assessments associated with people's care needs were undertaken. These were available for staff to see on their mobile telephone and were kept up dated. They included known risks regarding people's health and welfare such as any difficulties people experienced with breathing, self-neglect and dehydration. The risk assessments provided guidance for staff on how they could reduce the risk of people coming to harm and instructions such as checking equipment was safe to use. Risks assessments were also in place to assist keeping staff safe such as lone working and risks within people's home environment. Staff were instructed if on a call requiring two members of staff to never provide care on their own in order to keep people safe from harm or injury.

The registered manager believed they had sufficient staff in each geographical area to cover the number of calls they had and to support people. Staff told us they were able to get to people they provided care and support to and knew the needs of these people. This was because they visited them regularly. Staff told us there were sufficient members of staff available to ensure calls were covered without them having to struggle. The office staff had introduced an electronic system available to them which enabled staff to recorded when they arrived at a person's home and when they left.

A newly appointed member of staff told us they had attended an interview after applying to work for the registered provider. We saw checks were undertaken before new members of staff commenced work. These

checks included one to the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. These checks as well as others such as obtaining references were carried out to make sure potential staff members were of good character and suitable to work with people who lived in their own homes. Where staff had gaps in their employment history the care manager was able to evidence they had followed these up with the member of staff concerned. This was to ensure they had a full working background available to assure them of the applicant's suitability. The registered manager and care manager were aware of their responsibility to make referrals to the DBS and had previously done this in the event of unsuitable people having worked for them.

People told us staff would assist or prompt them to take their medicines. Risk assessments were carried out showing whether people were self-medicating or in need of support from staff members. One relative confirmed their family member had received their medicines as prescribed by staff members. Staff recorded the administration of medicines as part of a task completed on their mobile telephone.

People and relatives confirmed staff used personal protective equipment as needed to prevent the risk of cross infection. One person told us staff always washed their hands before they prepared any food for them. Another person told us staff worn gloves while providing any personal care. Staff had received training in infection control and had undertaken refresher training if the original training was more than 12 months ago.

There had been no accidents or incident involving people while they were receiving personal care. The registered manager was aware these would need to be recorded and investigated in order to reduce the risk of similar incidents occurring and to ensure people were safe.

The registered manager told us lessons had been learnt from the past. Because of feedback, they had increased communication with people including informing people prior to staff from the office making any visits. The registered manager believed they now had the right staff team in place to ensure people's needs were met in a safe way having taken on board concerns about call times in the past.

Is the service effective?

Our findings

At our last inspection in September 2016, we rated the service for this question as Requires Improvement. This was because we found people were not always receiving care and support at an agreed time because staff were late. We found improvement had been made and have rated the service as Good.

While at the office we were informed in the event of a new care package becoming available an assessment of care needs would be initial undertaken. This would be to look at people's care needs as well as their likes and dislikes. The assessment would be followed by a support plan devised in conjunction with the individual concerned and their family if they wished for staff to follow.

People told us staff were aware of their needs and believed staff were trained. For example people and a relative were aware of how new staff undertook shadowing with more experienced members of staff as part of their initial training programme. Within newly appointed members of staff files we saw the dates when shadowing had taken place as well as discussions a manager had had with the staff member. These showed staff had stated they felt confident to work with people on their own. The care coordinator had signed off these records to show they were satisfied with the training undertaken and assessed staff as competent.

As part of the provider's induction arrangements staff worked towards completing the care certificate. The care certificate is a set of standards that social care and health professionals use in their daily work. Staff we spoke with knew of the care certificate and confirmed they were working to these standards.

Staff told us they had received regular training. One member of staff told us, "Anything needed I can ask for". They confirmed their training consisted of watching DVD's and completing work books as well as practical training sessions in relation to how to safely assist people their mobility and first aid. Staff confirmed they were not able to carry out certain tasks such as assisting people with their mobility until they had received this training. We saw records showing when staff had attended training so the provider could ensure refresher courses were in place.

Staff told us they felt supported by the management and were able to seek guidance if needed regarding the care and support they were providing. Staff told us spot checks were carried out to monitor and assess their practice. These checks were a means of making improvements in the service people received were in place.

People told us staff would provide assistance with meals and drinks if needed or if identified as part of their care package. One person told us they would choose what they wanted prior to staff preparing it for them. The same person told us staff would always make them a drink before leaving their property. A relative told us staff would check their family member had eaten and provided assistance as needed. If people had any specific dietary needs, these were included within the care plan for staff. These showed signs staff needed to be mindful of effecting their health and welfare. For example, if people were diabetic or if they needed to have food prepared in a certain way to prevent choking.

The registered manager had worked with other organisation including day care facilities and healthcare

professionals. For example, in the provision of equipment used within people's own homes to provide coordinated care and support for people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and support when this is in their best interests and legally authorised. For people living in their own homes this would be authorised via an application to the Court of Protection. We checked whether the provider was working within the principles of the MCA. At the time of the inspection, the provider had not needed to make any applications to the Court of Protection.

People confirmed staff sought their consent before they provided their care and support. When equipment was in place at people's homes we were assured consent to use this equipment was obtained from people. Staff we spoke with confirmed people they visited were able to give their consent before any personal care was provided.

Staff told us they had at times needed to call medical assistance on behalf of people. For example, if people had fallen before the staff member arrived or if they felt unwell. We saw mention in people's care records of the involvement of healthcare professionals such as community nurses and how these linked with any tasks care staff performed such as the application of creams. People and staff confirmed there was flexibility within the call scheduling to enable changes to be made to call times for people to attend appointments such as at hospital.

Is the service caring?

Our findings

At our last inspection in September 2016, we rated the service for this question as Requires Improvement. This was because systems in place did not show care and respect for people's preferences regarding calls times. At this inspection, we found improvement had been made and people were happy with their call times. We have rated the service provided as Good.

All the people we spoke with were complimentary about the care they had received. One person described their regular care member of staff as, "Very kind". Another person described the staff as, "Wonderful" and, "Very good". The person told us staff treated them as a member of the family. Another person described the staff as, "Lovely" and, "Could not ask for better. They look after me". A further person described the care as, "All very good".

A relative described the care as, "Excellent" and "Impressed". The same relative told us about the, "Willingness and kindness" they had experienced by the staff towards their family member. A further relative described the staff as, "Very pleasant" and "Friendly".

People told us staff were aware of their needs and what was important to them. People had built up a relationship with the staff that regularly visited them and provided their care and support. One person told us it was important to them to have care workers visit them they knew because they would panic otherwise. People felt involved in decisions about their care such as what they needed staff to do for them and when they wanted it doing.

Staff spoke with compassion when telling us about the work they did and how they meet people's needs. Staff confirmed they visited the same people on a regular basis and therefore got to know people well. Staff told us they believed the care people received to be good.

Relatives told us their family member liked to remain as independent as they could and told us staff assisted them in this. For example, people prepared their own meals with staff supervision and assisted with their own personal care.

The registered manager was aware of the need to ensure people who used the service were able to have information available to them. We were told care plans continued to be in written format and were available to people. These could be made available in large print, as could the service user's guide. Care plans had previously been translated in to different languages to meet people's cultural needs.

People we spoke with told us staff were mindful of their privacy and dignity and were confident these were maintained. One person told us how staff were aware of their embarrassment when having personal care and how good staff were at minimising this for them. The registered manager described the training staff had undertaken and told us of the principals discussed with staff. People's preferred name was included within their care records. These also showed whether they had any preference on the gender of the staff providing their care. These were in place to ensure people's dignity was maintained.

People's records were held securely at the office. Staff were able to access people's care plans using their mobile telephone. In order to access the information they needed to enter a password. Staff were only able to assess information regarding people they were due to provide care and support to, In the event of the staff member leaving their employment the registered manager or other management staff were able to prevent any further access to people's records.

Is the service responsive?

Our findings

At our last inspection in September 2016, we rated the service for this question as Good. At this inspection, we found people continued to receive a service, which was responsive to their needs.

People told us staff who visited them at their own home met their needs. They were involved in planning their care and felt involved in the care provided by the staff. Detailed and personalised plans of care were available within the office setting out how people's needs were to be met. When changes were made to people's care plans, we saw emails sent to staff directing them to the change and the need to look at the revised care plan.

People told us staff were able to access records such as care plans using their mobile telephone. One person told us if they had any changes to their care amendments these were made and would appear on staff telephones to make them aware of the change. The same person told us they were impressed how smooth the increase in the number of calls they received had gone. Care plans were seen to be reviewed and updated on a regular basis to reflect any changes in the support people needed. Staff told us they liked the ability to access the tasks they needed to complete on their telephones. One member of staff told us, "Communication is the key to making people comfortable."

People we spoke with told us their calls were generally on time within a window of between 15 and 30 minutes. In the event of staff being delayed or late people confirmed either the care worker or someone from the office made them aware of this. In the event of an extended delay, someone else would be allocated to make the call on their behalf. People we spoke with were understanding that at times staff were delayed due to either problems with buses or traffic. People believed improvements had taken place and they now regularly saw the same members of staff. This meant people received consistent and personalised care.

Staff told us they did not have a problem getting to their calls on time. One member of staff told us, "I have plenty of time to get to the next person." Another care worker told us, "Call times are really good" and told us they were able to get to people on time. A further member of staff told us they were, "Very punctual".

One relative spoke of the responsiveness of the service provided and the flexibility provided towards their family member. They described how staff enable their relative to do things they enjoyed doing. For example amending the care provided so they were able to watch particular events, they enjoyed on the television. The same relative described the service provided as, "Life changing" because it had enabled their family member to remain at home while responding to individual needs and independence. The same relative told of the flexibility in how staff had responded when they found the person on the floor to help ensure the person was all right.

We spoke with the registered manager and care manager about end of life care. At the time of our inspection, they were not providing care to anyone who was at the end of their life. We were informed staff received training in end of life as part of their induction and additional training was also provided. Staff we spoke with confirmed they had received this training. We were informed an end of life care plan would be

devised in the event of anyone requiring this level of care and support.

People told us they had not had the need to complain about the service they had received. Although people had not needed to make a complaint they were confident any concerns they had would be listened to and resolved. A relative told us they had not needed to complain about the service however, they were confident any problems would be sorted.

We saw the registered manager had maintained a log of concerns raised about the care and support provided and whether these were referred to the local authority as a potential abuse. We saw concerns were investigated and where necessary. We saw any action needed to prevent similar incident occurring was recorded such as undertaking spot checks and changes to how newly prescribed medicines were added to the care records. The provider's complaints procedure was available for people within their Statement of Purpose.

Is the service well-led?

Our findings

At our last inspection in September 2016, we rated the location for this question as Requires Improvement. This was because staff at the office did not always know if staff had not attended calls. At this inspection, we found the service to be good.

We looked at the provider's website before the inspection. We did not initially see their current rating. While at the provider's office, the care manager showed us that by using a link on the website their current rating could be found. This however was not displayed conspicuously and did not show the rating prior to redirecting to the Care Quality Commissions own website. The care manager took immediate action to make sure their current rating was conspicuously displayed on their website on the day of our inspection.

A copy of the previous inspection report was on display in the office. This would have demonstrated to any visitor to the office their current rating.

People we spoke with told us they had no concerns about either the times staff arrived at their home or the length of time staff stayed. Within the Provider Information Return sent to us before the inspection the registered manager told us, they had a call monitoring system in place to monitor calls. This was to ensure calls had happened and were on time. We looked at the records for some people and saw the times did not always meet the time when the call was allocated. The care manager undertook to look into these matters with their technology provider to see why times were not showing correctly.

People we spoke with as well as their relatives spoke highly of the management especially the care manager. One relative told us they were pleased they were able to pass on how positive they were about the service their family member received. Relatives told us the communication with the office was good when they needed to speak with someone about their family members care.

Staff were also positive about the management of the agency. One staff member described the management team as, "Very approachable" and "Really good if you have a problem". Staff told us they found the management arrangements to be open and honest. Staff told us they worked as a team and felt supported by the management. They told us liked their jobs and believed this was reflected in the care and support provided for people. One member of staff told us, "Very happy where I work" and believed as a direct result people who used the service were of the same mind and received a good service. Another member of staff told us, "I love my job".

A satisfaction survey had been sent out to people shortly before our inspection. No responses had been returned at the time of our visit. An earlier satisfaction survey was carried out in September 2017. These had been analysed and were seen to be positive about the level of care provided. One person had acknowledged improvements made in the care provided and in the timeliness of the visits. A relative told us they always completed the surveys with their family member and noted these were undertaken more regularly. They welcomed the opportunity to be able to comments on the service they had experienced via the surveys.

The registered manager has carried out a survey to seek the views of members of staff. The comments from this were mainly positive such as 'I can always speak to management', 'Always asking if need further training and support' and 'Good guidance and supervisions to discuss about important things.' Staff confirmed they were able to attend regular staff meetings and felt able to raise any questions or concerns they may have.

People we spoke with were complimentary about the care and support they had received. One person told us their needs were met and, "Never any need for improvement". The same person also told us, "It's a very good service". People were confident if they contacted the office they would be able to speak with someone about their care arrangements. One person told us they would be called back if they needed to leave a message.

We spoke with the registered manager and the care manager about people they were providing care and support to. We found they were knowledgeable about each individual, their care needs and the staff who provided the majority of their care. The registered provider had worked with other agencies such as the local authority in relation to keeping people safe from potential abuse.

The registered manager had systems in place to monitor and audit care plans to ensure they were an accurate reflection of people current needs.

The registered manager and the care manager were aware of the need to notify the Care Quality Commission of certain events, which had taken place. They were aware in the past they had at times submitted notifications when they were not required under the regulations such as some deaths. Both assured us they were clearer on when a notification would be necessary. The registered provider and the care manager were keen to demonstrate improvements made to the service provided to people since their previous inspection.