

St Elizabeth Care Agency Ltd

St Elizabeth Care Agency

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

St Elizabeth Care Agency provides personal care support to people living in their own homes. When we inspected on 26 May 2016 there were 51 people using the service. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

A registered manager was 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 told us they felt safe and received effective care from a consistent staff team who were competent and well trained.

Systems were in place which provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. Staff had developed good relationships with people who used the service and understood the need to obtain consent when providing care.

People received care and support which was planned and delivered to meet their specific needs. People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements.

Where required people were safely supported with their dietary needs. Where staff had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

The service had an open and empowering culture. Staff understood their roles and responsibilities in

providing safe and good quality care to the people who used the service. There was decisive leadership in the service. The service had a quality assurance system in place and as a result the quality of the service continued to improve.

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 understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care.

Where people needed assistance to take their medicines they were provided with this support in a safe manner.

Is the service effective?

Good ●

The service was effective.

People told us the staff were competent and had the knowledge to meet their needs and individual requirements.

People's rights were protected because staff were aware of how to obtain consent when delivering care.

Staff received regular supervision and training relevant to their roles.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

People told us the staff treated them with dignity and respect and their independence was promoted.

People and their relatives were complimentary about the effective relationships that they had built up with the management and staff.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was regularly reviewed and amended to meet changing needs.

The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

Is the service well-led?

Good ●

The service was well led.

There was an open culture at the service. People and staff were asked for their views about the service and their comments were listened to and acted upon.

The management team were approachable and a visible presence in the service.

The service had a quality assurance system with identified shortfalls addressed promptly; this helped the service to continually improve.

St Elizabeth Care Agency

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 took place on 26 May 2016, was announced, and undertaken by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that a senior member of staff would be available on our arrival.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent out questionnaires to people to gain their views about the service provided. We received questionnaires from nine people who used the service, nine members of staff and four training professionals.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

As part of the inspection we spoke with four people who used the service, and three relatives. We spoke with the registered manager, deputy manager, a care co-ordinator, team leader and four care staff.

In addition we received electronic feedback from two people who used the service and six relatives where we had identified it would not be appropriate to contact the person directly. We also received comments about the service provided from two members of staff and three community professionals.

To help us assess how people's care needs were being met we reviewed six people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People we spoke with and who provided feedback described commented that they felt safe and comfortable with the care they were being provided with. One person said, "All my carers [staff] are exemplary and kind to me. They ensure I am safe and sound in my home. I can't fault them." Another person said, "I want to stay in my home. I don't want to go anywhere else. Why should I? They [staff] help me to live here safely."

People told us that the staff wore their uniforms and identification badges so they were assured that the people arriving to their home were representatives of the service. People also said that the staff made sure that they secured their homes when they left, which made them feel safe and secure. A relative said, "All the staff without exception were well presented and well equipped and we felt 100% comfortable and secure leaving them in the house with [person who used the service]."

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing [the reporting of poor practice] procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to care workers when learning needs had been identified or following the provider's disciplinary procedures.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and risks that may arise in the environment of people's homes. People who were vulnerable as a result of specific medical conditions or dementia, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

Regular reviews of care were carried out and involved people who used the service and their representatives, where appropriate. This ensured that people's risk assessments were current, reflected their individual needs and they received safe care. A relative told us, "The carers are alert to any changes in [person's] health or wellbeing and act quickly if they are concerned. They [staff member] noticed when [person's] mobility had deteriorated. They arranged for the doctor to visit and contacted the family to let us know. This reassured me that [person] is in safe hands as we live so far away."

There were sufficient numbers of staff to meet the needs of people. People and relatives told us that staff usually visited at the planned times and that they stayed for the agreed amount of time. People said that

there had been no instances of any visits being missed. One person told us about the staff, "My carers are always punctual and stay for the required time." Another person said, "I have my regular carer who comes. I know you can't always have the same person as people get sick or have holidays but I know everyone who comes to see me. Never had a stranger turn up."

A relative described how the management team tried wherever possible to ensure people received a consistent service from a staff team who were known to them. They said, "In the beginning there was lots of different people coming but I had a word to the office as it was too unsettling for [person] and we needed one or two regular carers to come. Now it is much better. We have two to three people who will come and they can cover one another. They know [person] and what is needed. I can leave them to it. Sometimes a new carer comes along to shadow one of the more experienced ones. Make sense to share experience as everyone has to learn."

Staffing levels were based on the assessed needs of people and the length of time needed to meet them. The rota was completed to ensure that all scheduled visits to people were covered. One relative said, "The visits are known a week in advance, a rota is sent to my [relatives] through the post, so we always know the time and the names of the carers who are due to visit." Our conversations with people, staff and records seen confirmed there were enough staff to meet people's needs.

People were protected by the provider's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Staff told us and records seen confirmed that appropriate checks had been made before they were allowed to work in the service.

Suitable arrangements were in place for the management of medicines. The majority of people self-administered. One person said, "They [staff] help me sometimes with cream for my legs and if I have antibiotics."

Staff were provided with medicines training. People's records provided guidance to staff on the level of support each person required with their medicines and the prescribed medicines that each person took. Records showed that, where people required support, they were provided with their medicines as and when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support. Regular competency checks on staff were carried out. In addition, medicines checks were carried out as part of the care plan review process and the registered manager advised us that they were developing a separate medicines audit to help ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required. This showed that the service's medicines procedures and processes were safe and effective.

Is the service effective?

Our findings

People fed back to us that they felt that the staff had the skills and knowledge that they needed to meet their needs. One person commented, "I have a regular team of carers who are all highly skilled at providing me with both personal care and support." Another person said, "Without doubt my carers know what they are doing. They are all very well trained. Some are more natural and have a chatty disposition which makes things easier." A relative told us, "Their handling and lifting of [person who used the service] and the care they took to prevent falls was careful, considered and professional and never rushed. It was obvious they were well trained and knew what they were doing."

Discussions and records showed that staff were provided with the mandatory training that they needed to meet people's requirements and preferences effectively. This included medicines, moving and handling and safeguarding. This was updated on a regular basis. This meant that staff were provided with up to date training on how to meet people's need in a safe and effective manner. In addition, plans were underway to provide staff with further training in the Mental Capacity Act 2005 (MCA), Deprivation of Liberty (DoLS) and End of Life care.

The provider had systems in place to ensure that care workers received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided care workers with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

We received positive feedback from a questionnaire completed by a member of staff about their experience of working for the agency and support arrangements in place. Such as, "I am very happy with my work patterns, the training and support is excellent. I am given a full care plan and all information needed to offer person centred care prior to my introduction (meeting with the person for the first time). I have regular supervisions where I am asked if I have any concerns and asked if I am happy with the hours I work and if I would benefit from any additional training."

Staff told us that they felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues, and seek advice and receive feedback about their work practice. The management team described how staff were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

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.

People were asked for their consent before care workers supported them with their care needs for example

to mobilise or assisting them with their medicines. One person said, "Every visit I am asked what I need and they [staff] check if I am happy for them to carry on. If I say no they listen and respect this." Staff and the management team had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that care workers had received this training. Guidance on best interest decisions in line with MCA was available to care workers in the office.

Care records identified people's capacity to make decisions and reflected they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, a member of staff told us how one person had repeatedly refused to have personal care. They had respected this but were concerned and reported this to the office to make them aware of the potential risks. This action triggered a care review with the person and their family to explore how staff could best support the person to ensure their safety and wellbeing.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person described how the staff prepared their meals and knew how they liked things done they said, "They make me a drink. How I like it. They make me a snack and check if I need another drink before they go and get it ready for me." Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had access to health care services and received ongoing health care support when required. One person's relative said, "The office will contact us [family] straight away if they have a concern and inform us if they have rung the doctor. On occasion they have accompanied [person] to their appointments." Care records reflected where the care workers had noted concerns about people's health, such as weight loss, or general deterioration in their health, actions were taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and wellbeing.

Is the service caring?

Our findings

People we spoke with told us that the staff were caring and always treated them with respect and kindness. One person said, "Having had poor experience of less than satisfactory agencies in the past I am delighted with the first class care I receive from St Elizabeth which helps me remain independent in my home." Another person said, "The carers are exceptional in every way. I look forward to them coming it gives me such a boost."

Feedback from relatives was extremely positive. One relative stated, "First of all Saint Elizabeth's carers are highly professional and able to work to a tight schedule without getting flustered. They have brought light into our house cheering [person who used the service] up and bolstering [their] courage and confidence. [Person who used the service] loves all of them and takes a great interest in their lives. I love them because they love my [relative] and appreciate [person's] quick wit and wonderful spirit. The carers also gave me invaluable advice from; how to make gravy, to lifting [person] without causing [them] more pain and explaining ways to make the best of this sad time and not buckle under the strain. They are a wonderful team."

Another relative shared with us, "To care for one's [relatives] is remarkably difficult. It is the emotional side which is so exhausting. To know that my [relative] has had a friendly face, someone to talk to, someone who can recognise there is a problem is reassuring to me as a [family member] who [lives] 225 miles away."

The questionnaires we received from people who used the service showed they were satisfied with the care they received. One comment stated, "The agency is superbly managed and the organisation is first class. It has a team of dedicated and effective carers who always go the extra mile. They consistently provide an excellent service that is beyond praise. The staff are sociable, friendly and conscientious and it is an absolute joy to see them every morning."

Staff knew about people's individual needs and preferences and spoke about people in a caring and compassionate way. People's care records identified people's specific needs and how they were met. The records also provided guidance to care workers on people's preferences regarding how their care was delivered. People told us how they were asked for their preferences, including visit times, and wherever possible this had been accommodated.

People told us that they felt that the staff listened to what they said and acted upon their comments. One person said, "They always do what I ask them to, never refused me or done something I didn't like." Another person commented, "They ask me what I need, check what they can do to help and step in when I need help. This helps me to keep some of my independence; I appreciate that." A third person described how from the start they had been involved in their care arrangements. They said, "When I first made enquires the [deputy manager], came out promptly to see me to discuss and assess my needs. [They] were very professional and caring and easy to talk to. We agreed on a care plan and [they] stressed that this could be changed at any time according to my wishes."

A relative described the positive interaction they had seen between a member of staff and their family member who used the service. They said, "On my last visit after [family member's] bath and [their] regular chat with a team member. I heard my [family member] singing after the carer had left. Typically, this carer not only talks but listens and there is a wonderful dialogue between them. My [family member] finds the conversation relevant, interesting and stimulating because the carer makes such a lovely effort to find areas of conversation that interest [them]. My [family member] definitely looks forward to [their] visits."

Records showed that people and, where appropriate, their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected.

People were supported to express their views and were involved in the care and support they were provided with. One person said, "Someone from the office will ring me up or pop round and check if anything is ok or needs changing. I had an increase in visits when I came out of hospital; I needed more help but this has gone back to normal now as I am better." Another person said, "If you need to change anything it is never a problem. The office is very accommodating. I have had several reviews over the years. Sometimes it is a quick call to catch up and check how things are. Other times [management team] have popped in and we have had a face to face chat and gone through everything to make sure I am satisfied."

A relative described how their feedback about having a consistent care team in place had been acted on. They said, "I did contact the office ages ago as there were lots of different carers coming and it was very unsettling. This was immediately resolved and an established team of regular carers put in place. I have no complaints and was very impressed how it was all handled." This showed us that people's comments were listened to and respected.

Staff told us that people's care plans provided enough information to enable them to know what people's needs were and how they were to be met. One member of staff said, "The care plans tell me what I need to know but I still check with the person first just to make sure nothing has changed and that they are happy with me to continue."

People's independence and privacy was promoted and respected. People shared examples with us about how they felt that their privacy was respected, which included closing curtains, shutting doors and using towels to cover them when supporting people with personal care to maintain their dignity. People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

Is the service responsive?

Our findings

People's care and support was planned with their involvement. People told us they were encouraged to maintain their independence and that staff were patient and respectful of their need to take time to achieve things for themselves. One person told us, "The carers are respectful of my independence and privacy, which is very important to me."

A member of staff said, "I try to help and encourage people to do things on their own, it can build their confidence and self-esteem if they can do things independently. I provide reassurance support where needed and never rush them."

People told us that they were happy with the care provided and that the service was responsive to their needs. One person commented, "I am very happy with them and have no intention of changing. I know good care when I see it. I said my preferred visit times and this was put into action straight away. No problem."

A relative described how flexible and accommodating the service had been to adjust to the ever changing needs of their family members. They said, "I have been present when [registered manager] has met with my [family members] to discuss how the agency could assist them. I have also met the carer that now works with my [family members]. I found [Registered Manager, deputy manager] and the carer to be sympathetic and helpful. My [family members] can be difficult in as much as they are prone to change their minds about what they want and are very careful about spending money. This can be frustrating and I am grateful to the agency for accepting the uncertainty and change that can be required to deal with this. [Registered manager] and [their] team have at all times kept the best interests of my [family members] at the centre of their thinking and are trying to find a way of working that keeps my [family members] safe and anticipates their needs while allowing them to keep their independence; it is quite a challenge. I am very grateful to the carer for keeping smiling and [their] obvious care for my [family members] when [they] visit and for [registered manager's] patience in trying to negotiate with my [family members] and manage the care package. There was an occasion a couple of months ago when I had a phone call from the deputy manager to alert me to a concern about my [family members] well-being and I really appreciated this as I live 60 miles away."

Another relative explained how they had been involved in the ongoing care arrangements for their family member and how their feedback had been listened to and acted on by the service. They commented, "My [Family member's] needs have changed considerably over this period from [them] being mobile with a frame to now being hoisted for all manoeuvres. The changes to [person's] care plan have been carried out in a timely manner with my opinions and input being included."

People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. Staff told us that the care plans provided them with the information that they needed to support people in the way that they preferred. Changes to people's health and well-being were reported to the office, triggering where required a care review. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were provided with information about how they could raise complaints in information left in their homes. One person said, "Whenever I call the office they are always polite and considerate. They listen to me and sort things out straight away." Another person told us, "The communication in the office is really good. A while back I had different carers coming and it was getting confusing and unsettling. I phoned the office and they promised they would sort it out and they did. I have regular carers now and things have settled down into a nice routine. If there are any changes they give me advance notice."

There had been numerous compliments received about the service within the last 12 months. Themes included 'compassionate and caring staff approach' and 'effective communication from the office'. In addition, several people had taken the time to contact the service to show their appreciation for the support provided to people and their families 'during difficult times' such as end of life.

One formal complaint had been received about the service in the last 12 months. This had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. This included improving the communication processes to include a follow up letter or phone call to notify the person or their representative of any changes to their contract; particularly when more than one professional or agency was involved. In addition the contract agreement for people was reviewed to make information clearer.

There were pre-paid addressed envelopes included in the information packs people received at the start of the service to enable them to share their experiences at no cost to themselves. The registered manager demonstrated how they and the management team took immediate action if people indicated when they were not happy with the care received. This swift response had reduced the number of formal complaints received. Records identified how the service acted on people's feedback including their comments. These comments were used to prevent similar issues happening, for example changing staff visiting people, additional training and disciplinary action where required.

Is the service well-led?

Our findings

Feedback from people and the relatives we spoke with about the staff and management team were positive. People told us that they knew who to contact if they needed to. One person said, "I ring the office if I have a problem or need something sorted. They listen to me and fix everything straight away. They are marvellous." Another person said, "The office staff provide me with a rota every week and advise me of any changes in advance. When I phone the office they are polite, very considerate and make every effort to answer my queries." One person's relative said, "The office staff are always quick to resolve any problems or changes as they occur. I have had a lot of communication with [team leader] and [they have] been very supportive of my [family members] and myself in times of stress."

People were regularly asked for their views about the service and their feedback was used to make improvements in the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We reviewed some of the feedback received from people and relatives and saw that comments were positive. For example, one person said, "I have no complaints. I am happy with my carers."

Staff told us the service was well-led and that the management team were approachable and listened to them. One member of staff said "I really like working here, we have a great team. Every day is different. I like a challenge. I wouldn't be here if I didn't feel supported to do my job."

Staff were motivated and committed to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be. Staff were encouraged and supported by the management team, were clear on their roles and responsibilities, and committed to providing a good quality service.

People received care and support from a competent and committed care worker team because the management team encouraged them to learn and develop new skills and ideas. For example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that staff feedback was encouraged, acted on and used to improve the service. For example, staff contributed their views about issues affecting people's daily lives. This included how staff supported people with personal care and to be independent. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

The service worked in partnership with various organisations, including the local authority, clinical commissioning groups, St Elizabeth Hospice, district nurses, and mental health services, to ensure they were following correct practice and providing a high quality service. In addition they attended local conferences and training sessions and were a member of the Suffolk Association of Independent Care Providers which provides a forum for its members to discuss the different local issues and changes within the care sector.

The service also worked jointly with the local sixth form college to provide work placements for students studying health and social care courses and to encourage young people to take an interest in a career in the care industry. As a result of this initiative the service had been shortlisted for this year's Suffolk Care Awards.

The management of the service worked to deliver high quality care to people. A range of audits to assess the safety of the service were regularly carried out. These included health and safety checks and competency assessments on care workers. Regular care plan audits were undertaken and included feedback from family members, staff and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

The provider's quality assurance systems were currently being developed to identify and address shortfalls and to ensure the service continued to improve. They showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management and staff development. In addition there were plans to develop people's documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values.