Elect Care Consultants Limited

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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?	Requires Improvement

Summary of findings

Overall summary

We inspected Elect Care Consultants Limited on 28 March 2017, the inspection was announced. We gave the provider 24 hours' notice to ensure the key people we needed to speak with were available. Our last inspection took place on 2 March 2016 where we found breaches of regulations in relation to safeguarding service users from abuse, consent, safe care and treatment, good governance and fit and proper persons employed.

Elect Care Consultants Limited provides personal care and support for people living in their own homes. At the time of the inspection there were six people using the service.

There was a registered manager in post who was present on the day of the 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 were protected from harm because staff had received training on safeguarding people from abuse. Assessments of potential risks were clear and included measures to reduce the likelihood of harm.

Care plans were tailored to meet people's individual and diverse needs. They had a good emphasis on personalised care and reviews of their needs were carried out regularly.

People were supported by caring and kind staff. Communication with people was effective and staff listened when people made decisions about their care. Staff supported people with personal care respectfully and with discretion.

The provider had put systems in place to ensure the safe management of their medicines. Access to health services was sought when people's health needs changed. People's nutritional needs were met and their food preferences were documented in their records.

Pre-employment checks were carried out on staff before they were employed by the provider. People were supported by a sufficient number of staff that were well trained.

Appropriate capacity assessments had been carried out to ensure that decisions about how people's needs were met were made in their best interests. Some staff had received training in the Mental Capacity Act but not all.

There was a programme of regular audits. The provider was proactive in ensuring they sought people's feedback to improve the way care was delivered. People's relatives spoke highly about the leadership and approachable nature of the registered manager.

People's relatives were well informed about how to raise complaints and were confident they would be resolved. Information was not provided in a format that was easy for people to read. The provider's website did not display the previous Care Quality Commission (CQC) inspection report so people could chose if they wished to use the service.

We have made one recommendation about providing information in suitable formats to meet people's individual needs.

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.

Pre - employment checks were carried out on staff before they were employed to ensure that they were suitable to work with people using the service.

The service had procedures in place that staff followed to safeguard people from abuse.

Risk's associated with people's care were assessed and managed to ensure safe care was delivered.

Arrangements were in place to make certain people received their medicines in a safe way.

There were adequate staff numbers to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received appropriate and up to date training and support.

The Mental Capacity Act (2005) was applied where people were unable to make specific decisions about their care.

People were appropriately supported with their food and drink.

Staff sought appropriate support for people when there were concerns about their health

Is the service caring?

Good

The service was caring.

People were treated well, by kind and considerate staff who respected their privacy and dignity.

Care that people received was provided in accordance with their preferences and wishes.

Decisions people made about their care were listened to and acted on; and they were provided with support that reflected their diverse needs.

Is the service responsive?

Good

The service was responsive.

People's needs had been fully assessed to make certain person centred care was provided in the way that they wanted.

People's relatives told us they had no complaints, and any concerns they had were dealt with efficiently.

Information was not provided in an accessible format to take into account people's diverse needs.

Is the service well-led?

Requires Improvement

Aspects of the service were not well-led.

The previous inspection report and ratings were not displayed on the providers' website as required.

Audits were completed to identify any shortfalls within the service.

People's relatives were highly complimentary about the registered manager's ability to run the service.

Feedback was sought from people to make improvements to the way the service operated.

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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 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 28 March 2017. The inspection was announced and was carried out by one inspector. We gave the provider 24 hours' notice to ensure the key people we needed to speak with were available. An expert by experience made telephone calls to people's relatives and spoke with four of them to obtain the views of people who were unable to verbally communicate with us. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked information that CQC held about the service including the previous inspection report, action plan and notifications sent to us by the provider. The notifications provide us with information about key changes to the service and any significant concerns reported by the provider.

During the inspection, we spoke with the registered manager and the director. We looked at the records in relation to five people's care including their medicines records. Furthermore, we viewed four staff recruitment and training records, minutes of meetings, quality assurance audits and some of the records relating to the management of the service.

After the inspection, we contacted four care workers and managed to speak with two of them. We also contacted the local authority and spoke with one health and social care professional to establish their views on how the provider delivered the service in the borough.

Good

Is the service safe?

Our findings

People's relatives told us they felt safe with the care that staff provided to their family members and were confident in their ability to do this. They commented, "If I was not happy I would have got rid of them before now. They come on time every day whatever the weather, when they come they look after [my family member] and [the person] is happy. [He/she] has had the same carer for five years and [they're] brilliant", "The carers are really good with [my family member], that's more important than anything, [the person] doesn't like anyone shouting loudly. When they go out the carer jokes with [them], if there are any issues [they] will let me know" and "I trust [staff member] taking [the person] out on [their] own, [he/she] trusts the [staff member] and feels comfortable with [them]. [My family member] trusts [staff member] won't do anything to harm [them]."

At our previous inspection we found that were no records to show that staff had received safeguarding training and the safeguarding policy required updating. Staff were not aware of who they should report safeguarding concerns to externally. During this inspection, the registered manager told us that she had recently attended the local authority's safeguarding adults board to discuss the importance of how to safeguard people from harm. Staff we spoke with also confirmed they were trained to recognise different types of abuse and discrimination and knew how to respond appropriately to safeguarding concerns. The staff member said, "If someone I was caring for was at the risk of harm like physical abuse, I would speak with the relatives about this and report it to the office, if they were not available or it was about the manager I would contact social services or the Police."

Staff had received safeguarding training and the records we viewed confirmed this. The safeguarding policy had been updated to include who to report their concerns to and additional supplementary information contained details of external agencies staff could also report their concerns to. Records showed that safety checks were carried out for people and these included observations of how people were protected from harm. The provider informed us they had not had any safeguarding concerns and understood it was their duty to report allegations of abuse to the CQC.

At our last inspection we found that the provider's recruitment procedure was not robust, criminal record checks and references had not been completed for one member of staff and written references had not been verified. During this inspection we checked four staff members records, we found that three out of four staff members had an up to date Disclosure and Barring Service (DBS) check, however for one staff member this was carried out in December 2012. We showed our findings to the registered manager who told us they aimed to carry out these checks every three years; and they had recently applied for this and were awaiting the return of the new DBS check. The provider had sought two references for staff and we found these had been verified, however we saw for that for one member of staff that they had two personal references and one was not sought from their previous employer. The registered manager explained they had difficultly sourcing this as their previous employer no longer worked at the service, but told us they would act on this accordingly. The registered manager agreed with the findings and acknowledged that further scrutiny was needed in relation to the auditing of pre-employment checks to ensure more robust systems were in place when information needed to be followed up.

At our previous inspection we found that risk assessments to guide staff were inconsistent and did not always provide sufficient detail about how to manage specific risks. During this inspection we found that risk's specific to people using the service were managed which helped to ensure people's safety. Records contained appropriate detail to reduce the likelihood of risk, in relation to all aspects of people's physical and mental well being. They gave clear instructions on what to do manage risks, for example, one person had a pressure sore and the risks were assessed to observe and check the person's skin integrity and communicate frequently with the district nurse if there were changes to the condition of the person's skin.

Where people required two to one support we found a thorough assessment was recorded on how to ensure the correct equipment was used safely to reduce the risk of falls and who to contact in the event of any emergencies. Risk assessments carried out to assess people's home environment, were easy to follow and guided staff on how to dispose of clinical waste and to check the water temperature before people supporting with bathing.

At our previous inspection we were told the provider did not support people with their medicines, but after our conversations with relatives and staff we were informed this was not the case. There were no medicines records held at the service to demonstrate that these had been audited and staff competency had not been assessed. During this inspection we found that where people required support with their medicines records showed who supported them with this and who was responsible for reviewing their medicines, for example, their relative and/or health professionals. Information was held in people's files about their medicines such as, how they should be administered, what they were used for, the possible side effects and how they should be stored. Medicines risk assessments described potential risks such as people taking the wrong medicines at the wrong time, misplacing their medicines and what to do in the event this.

Medicine administration records (MAR's) were signed correctly by staff to show people had received their medicines, there were no gaps and where applicable the relevant codes were used to explain why a person's medicines were not administered. There was a signature sheet in place to identify which staff had supported people with their medicines, however not all members of staff had signed this. The registered manager acknowledged this and agreed to obtain all the staff signatures. Records were kept in relation to the safe storage of medicines, for example, one person's medicines were held in a lockable cupboard after an agreement was made and signed with the person's representative to ensure their safety.

The registered manager told us they carried out medicines audits and we saw records to confirm this. Observations of staff practice when supporting people with their medicines were undertaken by the provider and documented. Staff told us they had received mandatory medicines training and were able to describe what they did to ensure that people received their medicines as prescribed.

Relatives told us that when staff took time off the provider had another familiar staff member to cover people's care calls. Two relatives told us that there had been an issue with staff member's timekeeping but said that the registered manager had taken steps to rectify this. Relatives commented, "I have only had one issue with one carer, who would phone to say [they] were running late. The current carer comes early and doesn't like being late because [they] know [my family member] doesn't like [staff] being late" and "When I had a questionnaire from the company I wrote down that I was not happy with time, I don't think they have enough staff I've called quite a few times the minute I call now the manager sorts it out quickly."

We checked the staff rotas and found that there was sufficient staff to cover the calls. Where staff were late for their visits the provider had addressed this in their supervision to explain the impact this had on people receiving care. When staff took planned and unplanned leave the registered manager stepped in to cover the care calls. The registered manager explained she enjoyed doing this and was seeking recruit more staff.

Good

Is the service effective?

Our findings

At our previous inspection we found that mental capacity assessments had not been completed to show people's ability to make specific decisions about their care. The registered manager was unaware of her responsibilities under the Mental Capacity Act 2005 (MCA) and the provider's policy required updating. 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

During this inspection, we found that the registered manager had carried out MCA assessments for each person during a review of their care needs and the MCA policy had been updated. One person had limited communication skills which affected their ability to make day to day decisions. We found that the provider had held discussions with their relative and a health professional to assist in forming a balanced view in the person's assessment. Records confirmed that the registered manager and staff had received MCA training; however one member of staff was able to tell us about how they supported people to make decisions but was not clear about how the MCA related to this.

Consent forms had been signed by people's relatives where appropriate to show they had consented to their care in relation to the medicines they received. Some people were unable to verbally consent to the choices they made, in these cases we saw written records to show that observations of their body language were used to confirm agreement to the options made available to them. For example, in one record it was noted that the person, 'will smile to give consent to choice'. One relative commented, "When I first approached them I said I needed a specific carer all the time, and that's what the manager has been able to give me. They get used to each other's ways I have said that [the person] doesn't speak but they need to talk to [the person] by breaking down sentences. They will know by [the person's] facial expressions how [the person] is. They won't begin [the person's] care if they are not ready."

People's relatives told us that staff had the right skills and experience to provide effective care. They commented, "Before the carer gets [my family member] dressed they make sure that [they are] comfortable in their hoist. If [the person] doesn't look happy [staff member] will stop and start again" and "[Staff member] knows what [they] are doing."

The provider had access to a training room on site and the majority of training was delivered by the management team who held the appropriate qualifications. Inductions were held on how the service operated and essential training and shadowing more experienced members of the team formed part of the induction process. Staff told us they received regular supervision and appraisals, which encouraged them to consider their care practice and identify areas for development.

Training records demonstrated that staff had received training in topics such as moving and handling,

infection control; communication skills, record keeping and food hygiene. Two staff members were in the process of completing the Care Certificate. The Care Certificate is the minimum standards that should be covered as part of induction training of newly recruited workers. Records showed that the provider had booked essential training on pressure sore prevention with an external trainer and the staff we spoke with told us that had now completed this.

Care plans contained details of the health professionals involved in people's care, such as GPs, district nurses and social workers. The provider told us they frequently communicated with people about their health needs taking into account how they mobilised people, their mental and physical health and oral hygiene. Records demonstrated the provider had liaised with and attended meetings with professionals and people's relatives when they had concerns about people's health. Relatives told us that they arranged all of their family member's health care appointments but said that if the staff observed their family member's health deteriorating they would inform them immediately.

Where it was part of the care package, people were supported with their dietary requirements. Guidance for staff was noted in people's records to 'prepare foods with breakfast of choice this is to be respected'. People's food preferences were recorded in their care plans and we found that staff had noted their chosen meals on a daily basis in the daily records. One relative commented, "When [the person] goes out for something to eat [they] will choose by being offered the choices available of what [they] can eat." Soft foods were provided to people where they had difficulty swallowing and clear instructions were in place for staff to follow to ensure that meals were prepared to meet people's individual needs. A relative explained, "I am there when they come, they cook for [the person] and give [the person] breakfast and dinner, the food has to be specially cooked and soft."

Good

Is the service caring?

Our findings

People experienced care that was provided by staff who treated them with dignity, respect and kindness. Their relatives spoke positively about the staff and the care they provided. They commented, "The carers are brilliant I have no worries at all", "The carer is very patient and very caring and will have a conversation with [my family member] and looks after [them] as though it's their [family member]", "The carers always listen and if they are not sure they will ask me again" and "The carer has to be patient with [my family member]. They always make sure that nothing happens to [my family member], the carer has to go by what [my family member] says."

Care plans showed what was important to each individual, their wishes and preferences and how to meet these. People were encouraged to do things for themselves and records demonstrated a person centred approach was taken to make certain their independence was maintained. One relative told us, "They especially care about [my family member] they read the signs. If [he/she] doesn't want a shower they won't give [them] one. They will give [them] a wash down instead. [The person's] in charge."

People's care records were personalised to show how people were supported with their personal appearance. They specified the type of bathing products they used, how to towel dry certain areas of their body, where to place their toiletries after use, and to offer a choice of the clothes they preferred to wear. A relative commented, "The carers clean [my family member], wash and comb [their] hair. They talk with [my family member] and make [them] look pretty."

Relatives told us that staff respected people's privacy and treated them with dignity. They told us that staff carried out personal care in the least intrusive way and staff supported people in a caring and sensitive manner by closing doors and curtains and asking them questions about their care. One relative explained, "[Staff member] always asks [my family member] before [they] do something. [Staff member] will say 'is it all right if I wash up your arm'? [Care worker] listens to [them] and is aware of the different noises [the person] makes."

People's cultural and spiritual needs were met and records detailed their chosen faith and places of worship and the specific cuisines they enjoyed that reflected their cultural preferences. One relative told us a staff member met their family members specific language needs. The registered manager conducted observations on staff to make certain they protected people's rights and we found a 'human rights checklist' was completed based on people's values. This covered areas such as gaining consent, respect, the use of anti-discriminatory language, to be mindful of privacy, how to address people and maintain their independence. The registered manager showed us information to demonstrate how she kept up to date with dignity matters and commented, "We train staff in dignity and respect and ensure we promote this when we are providing care we treat them as you would like to be treated."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. An assessment of people's needs was carried out by the provider before they started receiving support. Records noted if their relatives were involved with any aspect of their care and support during the time of the assessment, to show who was responsible for which task. People's relative's told us that they were involved in the assessment process and commented on the accuracy of the care plans. One relative told us, "It is very precise and to the point, it tells them exactly what they need to do, they have usually read it before they come here I just check that they understand what it says".

Care plans contained appropriate details focused on meeting people's fundamental health and care needs, for instance, personal care, assistance with meal preparation, how to adhere to infection control and the safe management of medicines. They took into account people's well being, for example, their sleeping habits, how their privacy was maintained, their preferred pastimes and the leisurely pursuits they enjoyed. People were encouraged and supported by staff to engage in leisure activities outside of the home, and records detailed where staff had supported people to cafés, shopping trips and the cinema. One relative commented, "The carers have taken [my family member] to the cinema. When the adverts come on [my family member] smiles and points to the trailer [he/she] likes and can tell the carer what [they] want to see. I have to look it up for the next time."

Where people's needs had changed care plans had been reviewed and updated to reflect people's current circumstances so staff could be responsive to their needs. Relatives told us they were involved in discussions about their family member's reviews. On relative commented, "The manager did the care plan and let me see it, I looked over it. They usually go through everything such as what the carers do, how they do it and if anyone has not completed [my family member's] care properly."

Systems were in place to monitor and manager complaints, the provider told us they had not received any complaints and people's relatives were confident in the registered mangers ability to deal with concerns when they arose. Relatives commented, "At the beginning [my family member] was getting different carers I had to explain everything and I was not happy. The manager came out and I told her what [my family member] needed. If I ring with problems she is there" and "I'm happy at the moment, there were problems at the beginning I have had a few ups and downs but it's working out now."

We viewed the complaints policy and found this documented that the Care Quality Commission (CQC) investigated individual complaints. We spoke with the care manager and explained that the policy required updating to inform people that although the Care Quality Commission (CQC) does not investigate complaints, we are interested in receiving people's views about information of concern.

The provider supported people with a range of complex needs, including those with visual and hearing impairments. The service user guide explained that information would be provided in an accessible format to meet their needs. However, we found this information was not available as stipulated in the provider's service user guide. We recommend that the provider seek advice from a reputable source about providing

information that meets people's diverse needs.

Requires Improvement

Is the service well-led?

Our findings

The previous Care Quality Commission (CQC) inspection report and rating was not displayed on the provider's website and we advised the management team this must be shown on their website, to help people make an informed decision about using the provider's service. The registered manager agreed to update the website to meet this requirement.

At our last inspection we found that the service was not organised in a way that always promoted safe care through effective quality monitoring. During this inspection we found that systems were in place to ensure the quality of care that was delivered to people was effective. An audits checklist was in place to assess the consistency of care in relation to people's care plans, their capacity, medicines and peoples' home environment. For instance, one person's hoist was difficult to manoeuvre as flooring in the home was found to be uneven making the equipment difficult to use. Subsequently, this was raised with the occupational therapist to reassess the safe use of the equipment in the home.

Spot checks were carried out in people homes to observe how staff supported them. The registered manger made phone calls to people to check on their well-being and seek their opinions to clarify if staff were delivering consistent care to the required standard.

As part of the quality assurance process people and their relatives were able to provide feedback about the care they received. An annual survey had been sent to people and the overall results of these were mainly positive, apart from two relatives who had concerns about staff timekeeping and we found this had been addressed.

The staff we spoke with told us the registered manager was always readily available to guide and support them with any queries or concerns they may have. Team meetings were held to brief staff about their roles and responsibilities, training, the cultural needs of people they supported and other matters that affected the service. The registered manager commented, "I communicate well with the service users, I provide caring skills and work alongside staff to provide training." Relatives agreed with this and spoke very positively about the assistance and the support provided by the registered manager and told us they felt the service was well led due to this. They explained she prioritised people's needs, treated everyone equally and was confident in her ability to resolve any concerns they raised.

Relatives comments about the registered manager included, "The manager is brilliant, she is very hands on, she would never send a carer unless she knows they could do the job. She will shadow the carer to make sure I'm comfortable. Once the carer starts she will do a review early to see if there is anything I'm not happy with", "The manager sees to her workers and sees to her clients. I know from talking to her she takes each person as they are" and "The manager is a very nice person and a good person, she is always checking on [my family member]. She will call to find out what's going on."

The provider kept their skills and knowledge of best practice up to date in the health care sector by attendance at forums held by Skills for Care and the local authority. They had signed up to the Social Care

Commitment which is where providers pledge to give the best care that they can. The local authority had conducted a visit and the provider was working to address the recommendations they had made.