

Elm Home Care Limited

Elm Home Care

Inspection report

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Date of inspection visit: 09 December 2015
Date of publication: 28/01/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Elm Home Care is registered to provide personal care to people in their own homes. At the time of our inspection 31 people were receiving support. Our inspection was unannounced and took place on 09 December 2015. This was the first inspection of this location.

The manager was registered with us as is required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe from harm. Staff we spoke with were clear about how they could access and utilise the provider's whistle blowing policy and that they knew how to keep people safe.

People received medicine appropriately.

There were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs.

Relatives told us that they were able to raise any concerns they had and felt confident they would be acted upon.

Summary of findings

Staff had knowledge on the Mental Capacity Act 2005. They obtained consent where possible and explained their actions to people.

People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration. People were supported to ensure their health needs were met.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People and their relatives were involved in the planning of care and staff delivered care in line with what was considered to be people's preferences and wishes.

The complaints procedure had been given to people in a clear and understandable way. People were confident that their concerns would be listened to and acted upon.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

Quality assurance audits were undertaken regularly. The registered manager had also ensured that checks on staff were undertaken periodically and at times out of normal working hours.

We received notifications regarding incidents and accidents.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Suitable numbers of staff were employed with the skills, experience and training in order to meet people's needs.

Medicines were administered safely.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Good



Is the service effective?

The service was effective

Staff had the appropriate level of knowledge and skills to meet people's individual needs.

Staff were knowledgeable on the Mental Capacity Act and the Deprivation of Liberty Safeguards.

People were supported to access healthcare and their nutritional and hydration needs were met.

Good



Is the service caring?

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

Information about the service was available for people to access easily.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People and their relatives were able to participate in planning their care.

Staff were aware of people's likes, dislikes and abilities.

People told us they knew how to make a complaint and felt confident that the registered manager would deal with any issues raised.

Good



Is the service well-led?

The service was well-led.

People, their relatives and staff spoke positively about the approachable nature of the registered manager.

The registered manager carried out quality assurance checks regularly.

Notifications of incidents were sent to us.

Good



Elm Home Care

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 09 December 2015 and the registered manager was given 48 hours' notice, because the location provides a domiciliary care service and we needed to be sure that staff would be available. The inspection was carried out by one Inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had

sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with two people who used the service, three relatives, two care staff members and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to five people by reviewing their care records. We reviewed four staff recruitment and/or disciplinary records, the staff training matrix, four medication records and a variety of quality assurance audits.

Is the service safe?

Our findings

People told us that they felt safe being cared for by staff from Elm Home Care and one person said that, “I feel very safe, the girls [staff] they sit and explain everything and that makes me feel safe”. Another shared with us that, “They keep me safe 100% I have no worries. A relative told us,

“We have no concerns about how safe [relative] is kept, we really like the staff”. A member of staff told us, “We make sure that people are completely safe before we leave their home. We check with them verbally that they are ok and look around the property”. We saw that details for key safes at properties were recorded securely at the office and given to staff when required.

We viewed that risks to individuals within the service were managed appropriately. Risk assessments were reviewed monthly and updated regularly. We saw that the Registered Manager signed off any changes, but that there was no audit trail to demonstrate that the staff working with people had been made aware of the changes. The registered manager said that they would put immediate changes in place and where staff had read any changes they would sign to say they had read and understood them and a copy would also be put in the file located at the person’s property. We saw that risk assessments detailed the precautions staff must take to help minimise falls for people and a general risk assessment for staff working within residential properties. Staff members were able to speak clearly about the risks posed to specific people and understood the need for risk assessments.

A member of staff told us, “We record everything, including any risks, any incidents and how they are dealt with and this helps us to safeguard people”. We saw that incidents and accidents were recorded and that the Registered Manager had an open line of communication to the local authority to inform them of any concerns. A local authority social worker told us, “The manager tells us of everything that happens”.

Staff told us that they had a good understanding of safeguarding and one member of staff said, “If someone were nervous I would see it in their body language and attitude they would flinch if they were scared or they may even have bruises if someone has abused them. We are trained to see the signs and our manager refers everything on to the local authority”.

People told us that they were confident that staff would react appropriately should they encounter and problems or concerns. We were told by staff that in the event of an emergency they would call 999 or seek support from the registered manager if the situation was not as serious. One staff member told us, “We know that people rely on us to keep them safe, so we know the procedures to put in place”.

We were told that staff levels were good with one person saying, “There are enough staff available and I have no late calls they stick to their times”. Another person said, “There are enough staff and they arrive on time”. A member of staff told us “Staffing levels are good, we always have enough people working, so we never have the strain of having to cover for others”.

One member of staff told us, “I had two references taken and a Police check before I started work, I also had to answer safeguarding questions as part of my interview”. We looked at staff recruitment records and saw that all staff had references taken and that their identity had been checked before they were employed. Prior to employment all staff also undertook checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern.

People told us that they received their medication as they should, with one person telling us, “My medicine is always given on time and I can see them writing down what they give me”. A staff member told us, “We are trained to give out medicines and we also audit medicine as we give it, so we know what has been taken”. We viewed records that showed that any medicine not taken was disposed of securely. We saw that during a one week period there were some gaps in signatures on medication administration record sheets, this could cause confusion in auditing what medicine people had received. The registered manager couldn’t explain why this had occurred during this specific period, but said that she would ensure that all staff were aware of the requirements on them to ensure that recording was kept up to date.

Is the service effective?

Our findings

People told us that staff had the knowledge and skills required to care for them appropriately. One person told us, “They are very experienced and I always feel confident in what they do”. Staff told us that they felt they were prepared for the job they carried out with one staff member saying, “I have been on lots of training, including first aid, moving and handling, mental health and safeguarding adults”. Another member of staff told us, “Our training is very comprehensive and covers all service user groups. The training that I have done allows me to support people with challenging behaviour and it also gives me knowledge on how to work with people who may not be able to consent to care and what I am able to do and not do for them”. We saw records that showed staff had a personal development plan and that their practice was observed on an ongoing basis to check for where additional training may be needed.

Staff told us that they had received a detailed induction and one staff member said, “During my induction I shadowed other staff for two weeks, then there were spot checks carried out when I was working alone and I had brilliant training from day one”. Staff told us that they received annual appraisals where their productivity and wellbeing was discussed and that ongoing supervision was regular. One staff member told us, “I have supervision with the manager, which is usually monthly”.

People told us that staff always asked for consent to carry out their personal care with one person telling us, “They ask me before doing things and they also tell me what they will be doing”. Staff told us that they understood the importance of gaining people’s consent and that they also had knowledge of the Mental Capacity Act and Deprivation

of Liberty Safeguards, although this did not apply to anyone using the service at the time. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The Deprivation of Liberty Safeguards (DoLS) set out that 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.

We were told that people were supported to maintain a balanced diet and that they received adequate food and drink. One person said, “We get more than enough food and drink”. Another person told us, “They go above and beyond in how much they provide for me”. A relative told us, “They make sure people have what they like, so that they will eat it, even if they are fussy eaters and they give my [relative] finger foods as that is their preference”. A staff member told us, “People’s dietary needs are recorded, so we know who requires a soft diet or whose intake needs monitoring”.

People told us that they were supported to maintain good health and one person told us, “I take my own tablets, but they [staff] remind me why I take them and they help me to take them with food”. Staff told us that they log any health concerns they have about people with their doctor from the person’s home. One staff member told us, “I will contact the medical centre and I have good relationship with medical staff, as they know that I know the service users well. I will refer onto medical professionals when I need to”. We saw that staff members completed fluid charts and monitored nutritional intake of people and that they contacted family or health professionals with any concerns.

Is the service caring?

Our findings

People told us that staff were caring and that they had developed positive relationships. One person told us, “They are wonderful, I would be lost without them”. Another person told us “They are very gentle with me when they wash me”. A relative told us, “They are very kind to my [relative] and we have never had a problem with them [staff]. They do little things like make sure she always has a bottle of milk in the fridge”. A staff member told us that they knew people’s routines well and one staff member told us, “We do things like remind people of arrangements they have such as attending lunch clubs and help them get ready”.

People told us that they felt listened to and that the communication between them and staff was open and effective. We were told us that daily records were kept and that communication in recording was clear. One person told us, “Staff record everything that they do and we can read it and check it and it’s always correct”.

People told us that staff knew their likes and dislikes, with one person telling us, “They know what I like, but they still offer me the chance to try something new”. A relative told us, “They know [person’s name] has specific mobility needs and they have familiarised themselves in ways to make life easier for her”.

People told us that they were able to make their own choices and decisions with one person saying, “I tell them what I want and can make my own choices”. Another person told us, “If I say no they listen”. A member of staff told us, “Most of the people we care for have strong opinions on how they want to be looked after and it is our job to listen, we work for them”.

We were told that people were encouraged to remain independent, with one person telling us, “They encourage me to get up and do things, so that I don’t become lazy”. A relative told us, “Staff prompt [person’s name] to do things for herself and they ask her to do little things to make her feel useful, it gives her a sense of still being worthy”. The registered manager told us that because people are assisted to remain independent, they are then able to stay in their own homes for longer.

A person told us, “They keep to the same carers all of the time, so I don’t have to worry about the indignity of having strange people caring for me”. Another person told us, “They always keep my dignity and respect me, they keep me covered up, ask my permission and are very nice and kind. A staff member said, “We think about what we would want ourselves from carers, is the door closed when we do personal care? Are people not stood in front of a window? It’s common sense”.

People told us that they felt respected by staff and one person shared, “They respect my home when they are in it and they look after things they use”. Another person said, “I am young to have carers come in and things could be awkward sometimes, but the girls [staff] understand and they put me at ease and make me feel comfortable”. A relative told us, “My [relative] loves to talk and the staff find it hard to leave her, as she doesn’t want them to go. I think this says everything about the relationship that they have formed”.

We saw that records and correspondence was kept as confidential as possible and that in the office no names of people who use the service were displayed. Staff told us that communication books in people’s homes were kept in a place agreed by everyone and not left out on display, to respect confidentiality.

Is the service responsive?

Our findings

People told us that the care they received reflected their needs, with one person telling us, “I have been included in all of the care plans that have been written about me and it includes care that supports me well”. A relative told us, “They ask the person for information on what they want, family are there but they still ask people too. They have the meetings whilst the client is there”.

We were told by people that their care needs were assessed on an ongoing basis and that a plan of care was reviewed monthly. It listed any changes, such as decline in health and helped to inform any changes to the care that staff gave to people. We saw a review planner, which timetabled when reviews were due, so that people received them in a timely manner.

We saw that feedback from people helped to shape the service and that people were asked for their opinions

regularly. We viewed records that showed the results of telephone interviews. We saw that in any instance where people had made comments a response was given immediately and changes were made, such as giving staff extra travel time, so that they were not late for their next appointment. Relatives also told us that they spoke to the registered manager regularly on the telephone for an update on their loved ones care and that the registered manager would ring them often for a chat. People told us that questionnaires seeking a response on the quality of the service were sent out bi-monthly with invoices.

People we spoke to told us that they had never had any cause to complain, but that the complaints procedure had been made clear to them, should they at any point need to use it. One person told us, “I haven’t made complaints, but I have made suggestions and they have been listened to”. A relative told us, “I have never had to complain but I think they would listen if I did”.

Is the service well-led?

Our findings

People told us that there was an open and inclusive culture within the service. One person told us, “I can talk openly to [registered manager] at any time and if I have any problems they are sorted out. Resolutions to minor issues have never been delayed”. A relative told us, “[registered manager] would always listen if we had a problem”. Staff told us that although they worked remotely, they were invited to bring in their weekly recording logs into the office every Friday, so that they had an opportunity to speak with the registered manager, just to keep lines of communication open.

Staff told us that they were encouraged to whistle-blow. One staff member told us, “We have been given the contact numbers we need and if we saw anything that concerned us we would whistle-blow”. The registered manager told us, “The reason we do this job, is because we care, so if you care, you cannot see people at any kind of risk”.

We saw records that confirmed that team meetings were carried out monthly and that all staff were expected to attend. There were no meetings held for people who used the service or their relatives, but people told us that they could call the registered manager at any time and that she also would call them regularly to enquire about their wellbeing. Where people were unable to communicate relatives would be contacted.

People told us that they liked the registered manager and knew her well. One person said, “This place is very well led, the manager knows everybody and I like that it is small enough to feel like a family, I hope it doesn’t get too big”. Another person said, “It is extremely well led, it is a brilliant team”. A member of staff told us, “It is well organised, we have a responsive manager who wants us to be well trained to deliver a great service”.

We saw that surveys were sent out to all staff in the form of a monthly monitoring questionnaire. This sought feedback around any problems or concerns staff members may have and asked if they were happy in their work and how could things be improved. We saw that this had been effective to supporting staff with rota changes and basing staff in preferred geographical areas.

The registered manager informed us how unannounced spot checks were carried out at regular intervals to assess staff productivity and that regular observations of practice were completed to ensure that people were being cared for appropriately. Staff confirmed this.

Regular quality assurance audits were carried out and the registered manager had a monthly checklist of files to scrutinise in order to find any patterns, both positive and negative to learn from regarding the care of people. Data was protected appropriately and files were maintained in a confidential manner, stored securely. Notifications of any incidents were sent to us in a timely manner.