

Elmes Homecare UK Ltd

Elmes Homecare

Inspection report

Flat 3
36 Bromley Road
Beckenham
BR3 5JD

Tel: 08000096926
Website: www.elmeshomecare.com

Date of inspection visit:
10 May 2021
17 May 2021

Date of publication:
03 June 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Elmes Homecare is a domiciliary care agency. It provides care and support to adults and older people living in their own homes within the community. Not everyone using the service receives a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 23 people using the service that were in receipt of the regulated activity of personal care.

People's experience of using this service and what we found

People told us they felt safe. People were safeguarded against the risk of abuse and harm. Risks to people's physical and mental health needs were assessed, monitored and reviewed to ensure their safety and well-being. People were supported to manage their medicines safely. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care needs. Staff followed government guidance in relation to infection prevention and control. Staff had received training on Covid 19 and the use of personal protective equipment (PPE).

Assessments of people's care needs were carried out before they started using the service. Staff had received training and support relevant to people's needs. Where required people received support to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

There were systems in place to regularly assess and monitor the quality of service that people received. Staff told us they received good support from the registered manager. The provider sought people's feedback through satisfaction surveys and reviews to help improve the service. The registered manager and staff worked with health and social care professionals to plan and deliver an effective service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good report published (13 February 2020).

Why we inspected

We received concerns in relation to safeguarding incidents and the care and welfare of people using the service. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains 'Good'. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from these concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elmes Homecare on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Elmes Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors who visited the office location and a pharmacist specialist who supported the inspection remotely.

Service and service type

Elmes Homecare is a domiciliary care agency. It provides personal care and support to adults and older people with varying needs living within their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection site visit took place on 10 May 2021 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone was present at the office.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. We spoke with the local authority safeguarding and commissioning teams about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We met and spoke with the registered manager, deputy manager and two care staff. Following the office visit we spoke with a further four members of staff and seven people and or their relatives by telephone to seek their feedback on the service they receive.

We reviewed a range of care records, including four people's care plans and records. We also looked at records relating to staffing, staff training and records used in managing the service, including policies and procedures, medicines management, safeguarding, accidents and incidents and monitoring records.

After the inspection

Following our inspection, we asked for records to be sent to us for review. We continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- This inspection was prompted due to concerns received about staffing, staff deployment and the punctuality of visits.
- People and their relatives confirmed the punctuality of staff and actions they take if there are unforeseen delays. Comments included, "They [staff] come on time and stay their time. If they are late, they call me", and, "I have regular carers that usually come on time, they always call if they are late", and, "They [staff] normally arrive on time, they are the best we have had." A member of staff told us, "Travel time, there are no real issues, if staff have problems, we juggle things around. People understand that some calls can over run but generally carers are on time. I think the call times are managed well."
- We looked at the staff rotas and found that in some instances there was no travel time allowed for staff between care visits. For example, one staff rota recorded that one person received a care visit between 16.00 and 16:30, and another person received a care visit between 16:30 and 18:00 meaning no time was allowed for the member of staff to travel from one person to another. We drew these omissions to the registered managers attention. They told us that some people lived very close together so travelling between care visits was minimal. They stated travel time was factored [could be up to 15 minutes] in between care visits and this was agreed with people using the service. The registered manager agreed that the staff rota was not always an accurate reflection of the timings of care visits. However, they told us the service was looking to move onto a new electronic system which would monitor care visits and their timings. We will check on the progress of this at our next inspection of the service.
- Staff were recruited safely, and employment checks were completed before staff started working with people.

Systems and processes to safeguard people from the risk of abuse

- This inspection was prompted due to concerns received about the management of safeguarding people and responding to concerns.
- People and their relatives told us they felt safe with the staff that supported them and with the care and support they provided. One person commented, "They [staff] are very nice, I have no concerns." A relative said, "They [staff] are kind, considerate and caring."
- Records showed that when concerns were reported, these were investigated appropriately. The registered manager and staff knew how to identify safeguarding concerns, how to act appropriately to address them and reduce any risk of harm and how to refer to local authority safeguarding teams to ensure people were safe. The registered manager was aware of their responsibilities under the Duty of Candour and when to notify CQC of significant events and safeguarding concerns.
- There were systems and processes in place to safeguard people from the risk of abuse. Policies, procedures and audits were monitored and reviewed on a regular basis to help keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's physical and mental health were assessed, monitored and reviewed to ensure their safety and well-being. Assessments included identified levels of risk for people in areas such as moving and handling, mobility, catheter care and medicines amongst others.
- Risk assessments included information and guidance for staff on the actions to take to minimise the risks. For example, where a person had been assessed as being at risk of falls, guidance was provided on how best to support the person to mobilise safely and if required guidance was available on the safe use of equipment such as walking frames and hoists.

Using medicines safely

- People were supported safely with their medicines. Medicines risks were assessed, and the level of support people required to manage their medicines was recorded. Medicines risks were reviewed regularly and kept up to date with any changes in medicines or people's personal circumstances.
- Staff recorded when medicines support was provided. When staff administered medicines, records showed they were given as prescribed. Medicines records were checked to make sure they were accurate. Information on individuals prescribed medicines was available and staff could access guidance to ensure 'when required' medicines were to be administered. Additional guidance was in place for staff to safely and effectively apply external preparations, such as creams and lotions.
- Staff received training in the safe handling of medicines and were checked to make sure they were competent to give medicines safely. Medicines policies and procedures were available to staff. Any medicines incidents were followed up, and learning put in place to avoid any further issues. Medicines audits were completed to identified areas for improvement.

Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents. Staff knew how to report accidents, incidents and concerns and records showed they had taken appropriate actions in response when required.

Preventing and controlling infection

- During our inspection we observed there were good supplies of Personal Protective Equipment (PPE) within the office for staff use.
- During our inspection we observed staff compliance with PPE within the office environment and PPE was also monitored through spot checks of staff working in the field. People and their relatives told us that staff wore PPE when visiting and supporting them.
- Staff confirmed they had received training in relation to PPE and infection control and were given good supplies of PPE when required.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's consent had been sought in line with relevant legislation. One person told us, "They [staff] check all the time that I'm happy with everything."
- Care plans we looked at documented people's capacity to make decisions and showed that people were involved as much as possible with the assessment process and supported to do so. However, we noted that some mental capacity assessments were not always decision specific and sometimes lacked detail.

We recommend that the provider undertakes a review of MCA's to ensure they are completed, documented and reviewed in line with best practice, current guidance and legislation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. This ensured people's needs and choices would be appropriately and safely met and respected. One relative commented, "They [staff] came and met us at home. They gave us information and asked us what we would like. They were very helpful and provided lots of information."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs, and preferences were met and supported by staff where this was part of their plan of care.
- Care plans documented people's nutritional needs, support required with meal preparation, support with eating and drinking and any known allergies or dietary requirements.
- Staff received training on food hygiene and were aware of people's dietary needs, risks and preferences.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- People received support to access services when required to maintain good health and well-being.
- Care plans showed that where required staff worked in partnership with health and social care professionals to ensure people's physical and mental well-being, for example, GP's and community nurses.
- Staff documented the support provided to people at each visit to ensure others involved in people's care received up to date information about their wellbeing.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff had the knowledge and skills to meet their needs. One relative commented, "Very happy with the carers, they are skilled, and they always go the extra mile."
- Staff were supported through an induction programme, supervision and an on-going training programme. Where required staff completed an induction programme in line with the Care Certificate, this is a nationally recognised programme for health and social care workers.
- Staff we spoke with were knowledgeable about the people they supported and told us they received support and training to meet their needs. One staff member commented, "I did a 'train the trainer' course on medicines. I get regular supervision and feel well supported by the managers." Another member of staff told us, "I feel well trained. If someone had a specific care need the managers would make sure we were trained on the topic. For example, catheter care and some of us work with people living with dementia."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The service had a long-standing manager in post who was registered with CQC. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and for continuous learning and improvements within the service.
- Staff meetings were held to share information, best practice and to support staff. Staff told us meetings took place regularly and they felt able to discuss any areas of concern or suggest improvements. Comments included, "I get regular supervision done, some over video calls recently. I am definitely well supported by the managers", and, "I am very well supported and treated by the manager. They are always there when I need them. It feels like a big family working here."
- Audits and checks were in place to help support management oversight of the service and to ensure good service delivery. For example, audits and checks were carried out in areas such as, medicines management, care plans and records, staff training and recruitment, safeguarding and staff deployment and the punctuality of care visits amongst others. Although the provider did not have an electronic call monitoring system in place to monitor staff deployment within the community and the punctuality of care visits, manual checks were in place and conducted by staff to ensure people received the care and support they required. The registered manager told us they were looking to move to a new electronic system which would monitor care visits and their timings. We will check on the progress of this at our next inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- During our inspection the registered manager was open and receptive to feedback. They understood the duty of candour regulation and recognised the importance of being open and honest with people and their relatives.
- People and their relatives spoke positively about the service they received. They confirmed the service sought feedback from them and regular reviews of their care and support were conducted. One relative commented, "We have always been actively involved, communication is good. We have received surveys

before; we have no concerns at all." Another relative said, "We are very happy, they [staff] go the extra mile and always make [relative] laugh. They [staff] visit often to check everything is ok, we have absolutely no complaints."

- The provider had schemes in place designed to promote a positive culture within the staff team, including the recognition of staff achievements and in providing good care and support.
- The registered manager was proactive in ensuring leadership was visible within the service. They told us they had regular contact with people completing care visits and with their relatives during reviews and seeking feedback as well as visiting staff and conducting spot checks.

Working in partnership with others

- The registered manager and staff worked well to develop working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, district nurses, social workers and GPs.