

Elm Tree Care Services Limited

Elm Tree Care Services

Inspection report

104 Blades Enterprise Centre
John Street
Sheffield
S2 4SW

Tel: 01143210259

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29 September 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elm Tree Care Limited is a service providing care and support to people in their own home. At the time of the inspection the service was providing support to three people. All the people using the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Relatives felt their family members were safe using the service. The assessment of people's risks required improvement to ensure they covered all areas of a person's activities. The service was not supporting anybody with their medicines at the time of the inspection. People were supported by a regular team of care workers. There were enough care workers to meet people's needs. However, the contingency plans in place to cover unexpected staff or registered manager absence needed to be more robust. The service's recruitment procedures required improvement. The registered manager assured us they would take immediate action to ensure safe recruitment procedures were always followed.

Relatives were confident care workers had received appropriate training to meet their family member's needs. However, there were no records to show staff had received appropriate induction training prior to supporting people. Staff had not received any formal supervisions since they started working at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice.

Relatives told us care workers were kind and caring and treated their family member with dignity and respect. People's independence was promoted by care staff.

People's needs were assessed, and people and relatives were fully involved in their care planning. The service liaised with professionals where required. We made a recommendation to the provider about Accessible Information Standard (AIS).

Relatives and staff made positive comments about management of the service. However, the provider had not ensured quality assurance systems were in place to systematically check the quality of the service and manage risks.

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

Rating at the last inspection

This service was registered with us on 23 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to provide the service with a rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to the recruitment of staff, the management of people's risks, staff training and supervision and quality assurance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Elm Tree Care Services

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

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out. Inspection activity started on 20 September 2021 and ended on 29 September 2021. We visited the office location on 29 September 2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three relatives about their experience of the care provided. One relative told us their family member had recently stopped using the service as their family member now required full time care. We spoke with the registered manager, care co-ordinator and administrator at our office visit. We also obtained feedback from one of the healthcare assistants.

We reviewed a range of records. This included two people's care records and two staff files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk was not consistently addressed and managed. Some people's risk assessments did not cover all aspects of the person's care. For example, one person did not have a risk assessment in place for their bath lift. Another person was supported to have a shower, clear guidance was not in place to prevent exposing the person to risk of harm from hot water temperatures.
- Risk assessments for one person who at times, may display increasing anxiety and/or behaviour that challenged required improvement. There was insufficient guidance provided to staff, so they managed situations in a positive way.

We found no evidence that people had been harmed however, risk assessments were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager assured us they would take immediate action to review these risk assessments.

Staffing and recruitment

- Staff were not always recruited safely. The provider had not ensured the service was following their recruitment policy.
- We reviewed two care staff recruitment records. We found all the required checks had not been completed to ensure staff were suitable to work with vulnerable people.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager assured us they would take immediate action to complete these checks.

- There were enough staff employed to meet people's needs. However, the contingency plans in place to cover unexpected staff absence including the registered manager needed to be more robust.
- Relatives told us their family member's calls were delivered on time and they consistently received care from the same staff.

Preventing and controlling infection

- Relatives did not share any concerns about infection control.
- Personal protective equipment (PPE) was available for staff. However, staff had not received any donning

and doffing PPE training to ensure they were using it appropriately. We shared this feedback with the registered manager so they could take immediate action.

Systems and processes to safeguard people from the risk of abuse

- Relatives did not raise any concerns about their family member's safety. They told us care staff kept them fully informed about their family member's wellbeing.
- The service had not reported any safeguarding concerns since their registration. The registered manager understood their responsibility to report safeguarding incidents as required.

Using medicines safely

- At the time of the inspection the service was not supporting anyone with their medicines.
- The registered manager assured us staff would receive training in medicines and their competency checked if the service started supporting people with their medicine.

Learning lessons when things go wrong

- Staff reported any concerns directly to the registered manager.
- The registered manager told us there had been one incident since registration. This had been recorded in the services incident log.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured the service was following their policies relating to staff induction training and supervision. Staff had not received any formal supervisions since they started working at the service. There were no records to show they had been spot checked on visits to ensure they were working safely and effectively.
- The registered manager told us they delivered all the training to staff and checked their competency. They told us they would be introducing a two-day induction for new staff.
- Although relatives told us the care workers were well trained, there were no records to show that staff had completed any induction training prior to supporting people.

We found no evidence that people had been harmed however, systems were not in place to ensure staff received appropriate support and training that is necessary for their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service completed an assessment of people need's and choices before they started using the service. This information was used to develop written care plans and risk assessments. We found some people's assessment of risk required improvement.
- People and their families were involved in developing their care plans. This included identifying their needs on the grounds of equality characteristics and looking at how those needs are met.
- Relatives made positive comments about the quality of care provided. Comments included, "Since carers have come in [family member] has been better in herself. It has also taken away a lot of the pressure, the worries and concerns" and "You do worry about a stranger coming into your home, but it was a really positive experience and I would definitely recommend the service."

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

- People were supported with their health and dietary needs, where this was part of their plan of care.
- People's nutritional needs and preferences were documented on their care records and guidance was available to staff on how to support people to eat and drink.

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

- The registered manager had ensured positive relationships had been made with other healthcare

agencies involved with people's care, to ensure they received effective care, support and treatment.

- Professional's contact details were included in people's care records.
- The service had processes for referring people to other services, where needed.
- People were supported to access on-going health and social care support services such as GPs and social workers.

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.

- The service was working within good practice guidelines. At the time of the inspection none of the people supported by the service had a Court of Protection order.
- Care plans held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan.
- Care plans contained information for staff on how people expressed their views and how to support them to be involved in making decisions about their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us the care workers were kind and caring. Comments included, "[Care worker] is lovely, so caring. A lovely lady," "My [family member] wasn't too keen at first having care, but now she looks forward to their visits. She says they have a good laugh," "[Care worker] is our regular care worker, very good. A very nice young fella" and "[Care worker] was absolutely amazing, professional, loving and caring. She was really knowledgeable and well trained."
- The registered manager promoted equality and diversity. People's care records had information about their preferences which included their preferred name, race, religion and sexual orientation.
- The provider's policies and procedures, statement of purpose and service user guide made references to respecting and meeting people's cultural needs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views and make decisions about their care. Relatives told us their family member were fully involved in making decisions about their care.
- Relatives told us their family member was treated with dignity and respect. Their family member's privacy was respected, and they were supported to be as independent as possible.
- One relative described how their family member was promoted to be as independent as possible and this had helped them to remain in their own home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a person-centred care plan. Their personal preferences were reflected throughout their plan of care.
- Relatives and representatives had been involved in the planning of people's care. One relative said, "[Registered manager] is very good, listens to [family member] and what they want."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Relatives told us staff were very good at understanding people, listening and communicating effectively.
- Care records detailed people's preferred methods of communication and if needed, how staff were to support them. However, the registered manager did not demonstrate a good understanding of the AIS standard.

We recommend the provider reviews the AIS standard and take action to update their practice accordingly.

Improving care quality in response to complaints or concerns

- The service had not received any complaints or concerns at the time of the inspection.
- Relatives knew who the registered manager was and knew they could ask to speak with them if they had any concerns.
- There was a complaints process in place to respond to concerns or complaints by people who used the service, their representative or by staff.

End of life care and support

- At the time of the inspection no one at the home was receiving end of life care.
- People's end of life care was explored as part of their initial assessment. However, the service had not confirmed whether people had completed 'Do not attempt cardiopulmonary resuscitation' (DNACPR). We shared this feedback with the registered manager so they could take immediate action.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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;

- We received positive feedback about the quality of care provided by the service. However, the registered manager's understanding of monitoring quality performance required improvement.
- Quality assurance systems were not in place to check the quality of the service and manage risks. For example, there were no formal audits undertaken at the service.
- The service had a range of policies and procedures in place. However, the registered manager had not ensured they were always being followed. For example, the recruitment policy and procedures were not being followed. The policies relating to the induction and training of staff were not being followed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager assured us they would put systems in place to monitor the quality performance and the safety of the service.

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

- The registered manager required a more consistent understanding of the duty of candour. We shared this feedback with the registered manager.
- The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

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

- Relatives told us the service was well managed and made positive comments about the registered manager and staff. The registered manager was described as friendly and approachable. All the relatives spoken with told us they would recommend the service.
- We received positive comments about the manager from staff. One staff member told us, "I enjoy working with them [registered manager], because they are always ready to listen and support their staff when

needed." The staff member also told us they would recommend the service to family and friends.

Working in partnership with others

- The registered manager had developed a relationship with other healthcare professionals since registering the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured people's individual risk assessment contained enough guidance for staff to follow to mitigate those risks.</p> <p>Regulation 12 (1) (a).</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured systems and processes were established to assess, monitor the quality and safety of the service provided.</p> <p>Regulation 17 (1) (2) (a) (b).</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured recruitment procedures were operated effectively to ensure fit and proper persons were employed.</p> <p>Regulation 19 (1) (2) (3).</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured staff received appropriate training and support to enable</p>

them to carry out their duties.

Regulation 18 (2) (a).