ELMS Health Solutions Ltd

ELMS Health Solution

Inspection report

Regus House, 1010 Cambourne Business Park
Cambourne
Cambridge
Cambridgeshire
CB23 6DP

Tel: 01223751700
Website: www.elmshealthsolutions.co.uk

Date of inspection visit:
17 January 2019
18 January 2019

Date of publication:
21 February 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

ELMS Health Solution is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At this inspection it provided the regulated activity of personal care and support to five adults. The service also provided live-in care workers. This meant that there was a care worker present 24 hours' a day, seven days a week.

This inspection took place on 17 and 18 January 2019. The inspection was announced. This is the first Care Quality Commission (CQC) inspection since the service registered on 22 January 2018.

Not everyone using ELMS Health Solution received a regulated activity; CQC only inspects the service being received by people provided with 'personal care;' help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in place. 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.

Trained staff prompted people to take their prescribed medicines. However, people's medicines' administration records lacked guidance for staff on whose responsibility it was to order, collect and dispose of people's medicines. This increased the risk of people missing their regular prescription.

Staff understood their duty to report concerns to protect people from the risk of poor care and harm. People had risk management plans to provide guidance and information for staff on how to reduce and monitor assessed risks to their health and welfare. However, although staff knew people's risks and care support needs, people's documented risk assessments and care plans were not always up-to-date. Within the office, people's care records were held securely to ensure confidentiality.

Staff had recruitment checks completed on them prior to starting work at the service. However additional checks carried out to ensure a potential new staff members suitability were not always documented.

The registered manager responded to concerns and resolved these where possible. The registered manager led by example and encouraged an open and honest culture within their staff team. Audit and governance systems were in place so that they could drive forward any improvements required. However, we found that this oversight was not always as effective as it could have been. This is because areas found during this inspection requiring improvement, had not been identified. The registered manager and their staff team linked up and worked with other organisations to ensure people's well-being.

One notifiable incident had not been sent to the CQC promptly. The registered manager put actions in place to improve this for any further such occurrences. A notification is information about important events that

the law requires the provider to notify us about such as safeguarding concerns, deaths, and serious incidents.

People's care was consistently provided at a time and duration they expected. Staff treated people with compassion and kindness. Staff maintained people's privacy and dignity when supporting them with their personal care. Staff helped people, where needed, with their eating and drinking to promote well-being.

People had technology and equipment in place to help staff assist them to receive safe care and support. The registered manager, when things did not go as planned, took actions to prevent these events from happening again.

Staff had training to meet people's care and support needs. To develop staff, supervisions and competency 'spot checks' were in place.

Staff maintained good infection prevention and control practices when supporting people including wearing personal protective equipment such as aprons and gloves.

People and their families were involved in their or their family members care decisions. Staff promoted people's independence as far as practical. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Systems, policies and procedures were in place should any person need end of life care or support. This was planned to make sure people's care was dignified and comfortable.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Clearer records were needed to clarify staff responsibility around the ordering, collecting and disposal of people's prescribed medicines.

People's care plans regarding risks were not always up-to-date.

A process was in place and followed by staff, to protect people from harm or poor care.

People received their care visits at the agreed time.

Is the service effective?

Good

The service was effective.

The registered manager assessed people's care needs to make sure staff were provided with the training and support to meet these.

Staff were supported with spot checks and supervisions to make sure they were delivering effective care.

Staff supported people with their eating and drinking requirements.

People were helped to have access to external healthcare services when needed.

Is the service caring?

Good

The service was caring.

Staff treated people in a compassionate manner and with respect.

People and their relatives were supported to be involved in making decisions about their care and support needs.

Staff kept people's privacy and dignity when supporting them.

Is the service responsive?

Good

The service was responsive.

People's individual needs were assessed and staff used this information to deliver personalised care to people.

People's suggestions were listened to and implemented wherever possible.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Governance and monitoring in place was not always effective to oversee the quality of service provided. Notifications were not always submitted in a timely manner.

Staff were clear about the standard of care and support they were expected to deliver.

Governance and monitoring in place was mostly effective to oversee the quality of service provided.

People and their relatives were encouraged to feed back on the quality of care provided.

ELMS Health Solution

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.

The inspection took place on 17 and 18 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that the registered manager and staff would be available.

Inspection site visit activity started on 17 January 2019 and ended on 18 January 2019. It included visiting the office and speaking to staff and people who use the service relatives by telephone, to review care records and policies and procedures.

One inspector undertook the inspection.

Prior to the inspection we used information the provider sent us in the Provider Information Return on 8 October 2018. This is information we require providers to send us to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service to aid with our inspection planning.

We contacted other health and social care organisations such as representatives from local authority contracts team, the safeguarding team, and quality improvement team. We also asked for feedback from the clinical commissioning group and Healthwatch (an independent organisation for people who use health and social care services). This was to ask their views about the service provided. This helped us plan our inspection.

We spoke with four relatives of people who used the service. We spoke with the registered manager and two care staff.

We looked at care documentation for three people, three staff files, staff supervision, spot checks and

training records. We also looked at other records relating to the management of the service including audits and action plans, feedback forms, staff meeting minutes, complaint and compliment records. We also looked at the business contingency plan, the statement of purpose, the service user handbook and end-of-life policy.

Requires Improvement

Is the service safe?

Our findings

Risk assessments including those for people's home environment were in place as guidance for staff. Staff knew the people they were supporting and their needs and risks. However, people's documented risk assessments and care plans were not always up-to-date and reflect people's current needs.

Risks to people had been assessed such as self-medicating or the need for different levels of staff support, such as prompting, to remind people to take their medicines. A relative said, "Staff inform me as [family member's] medicine is running out… This takes a lot of weight off of our minds." However, clearer records for staff were needed about who, the person or the staff member, decided what medicines were taken and whose responsibility it was to order, collect and dispose of people's medicines. Clearer records would reduce the risk of any misinterpretations. The registered manager told us after the inspection they had made this improvement.

Relatives told us their family member felt safe because of the support and care they received from staff. One relative when asked if they had any concerns about their family member's safety said, "[Staff] are very forthcoming. They give you reports on how things have been."

Staff had completed training on how to safeguard people and knew their responsibility to protect people from poor care and harm. Staff would report any concerns both internally to the registered manager and to external agencies in line with the service's safeguarding process. Staff were aware of how to whistle-blow. This is a process where staff are given a safe arena to report any poor standards of care. A staff member said that they would not hesitate to report any poor care or care which was not acceptable by "Whistle-blowing."

Prior to this inspection, the CQC received concerns about cancelled care visits, missed care visits and late care visits. Relatives confirmed staff were punctual and that there had been no missed or late care visits. One relative told us, "[Staff's] timekeeping is excellent…They have never let us down and if we want to change a care [visit] they are very kind and help." Another relative said, "I have no concerns regarding care [visits] times, it is plus or minus 15 minutes [tolerance] and staff are always consistent. I am not aware of any missed care [visits]." This assured us there were enough staff with the right skills to meet people's need safely.

An on-call out of hours emergency telephone system was in place to provide staff with advice or guidance if they needed this. Staff said that if they contacted the office or on-call they would be supported as the office team and registered manager was, "Approachable." This meant that there was a member of staff available outside of normal office hours to support staff and people who used the service.

The registered manager carried out required checks, including a criminal record (Disclosure and Barring Service (DBS)) check on potential new staff before they could start work at the service. Staff said they had a DBS check before they started and they had previous employment and character references in place. These checks helped make sure the right staff were suitable for the role they were recruited for. However, the registered manager had not documented the additional checks taken place regarding gaps in employment

history and a reference received for one staff recruitment record looked at. This, the registered manager told us had been corrected since the inspection visit.

Processes were in place to prevent the risk of infection as staff had training in infection control and food hygiene. Staff confirmed that there was enough personal protective equipment (PPE) of aprons and gloves for them to use. They said that these were single-use items only. One staff member told us, "I change my gloves all of the time, personal care is carried out first, then I change my gloves and put on a new pair…I have always got enough gloves and aprons."

The registered manager gave us examples of shared learning that took place with staff about situations that had not gone to plan and actions taken to reduce the risk of recurrence. A staff member said, "I have raised the issue about the medicines administration records, it would be better if the times on them were highlighted. I spoke to the registered manager and they have done this [request] already."

Good

Is the service effective?

Our findings

The registered manager assessed each person's needs to ensure the service was able to meet their needs. From this assessment, support plans and risk assessments were developed and agreed with people. This helped to ensure staff were provided with the relevant to meet people's needs effectively.

Staff used guidance from external social and healthcare organisations to provide effective care based upon current practice to support people with their care needs. For example, the registered manager had worked in conjunction with a person's GP. This was because they were concerned about the person's mental capacity to be able to retain information about risks and their risk of self-neglect. This guidance from the GP following an assessment of the persons mental capacity, formed part of the persons care plan.

Staff received supervisions and had competency checks to support them in their day-to-day role. This helped identify any learning needs. Staff were also supported to maintain their current skills with regular training on mandatory core subject areas relevant to their role.

Staff were trained in food hygiene. If needed, staff supported people with their eating and drinking. Staff gave people choices in foods and drink. A relative said, "[Staff] make sure a cup of tea is made and that water is beside [family member]."

Relatives of people told us their family member did not need support from staff to set up or to help them attend health appointments. However, one relative said that staff had reason recently to request an on-call GP as staff had been concerned about their family member. Staff kept relatives informed of people's health status where this had been agreed which gave relatives reassurance.

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

The registered manager confirmed that they had contacted a person's doctor and social worker as they had become concerned about their mental capacity. However, no one using the service lacked mental capacity to make day-to-day decisions. Staff could demonstrate an adequate understanding in relation to the application of the MCA. They told us how they used visual and verbal prompts to aid people with their day-to-day choices. One staff member told us, "I would ask [them] if they wanted something and speak clearer if [they] did not hear. I would use visual prompts for example [showing] an orange or banana [to prompt choice]."

Good

Is the service caring?

Our findings

Relatives had very positive views about the support and care their family member received. Comments from different relatives about the care staff provided included, "We are very happy with the service, "[The care] has been very, very good" and "Finding [this service] has definitely made an improvement [to family member's] care."

Staff supported people to still be as independent as they could be at home. Care records showed that staff were reminded to respect people's choices and to respect how people chose to live their lives. Relatives told us that it was their family members wish to stay in their homes and the support from staff helped them to do so.

People's care records were held securely at the office to promote confidentiality and a copy was held within people's homes.

Staff promoted people's dignity and privacy. Staff told us that people's personal care was carried out in a dignified way behind closed doors and privacy was maintained. A staff member explained, "I close the door and blinds are pulled and I cover [people's] private areas." One relative said, "[Family members] personal care and hygiene has improved." Another relative said, "[There has been] a real improvement in [family members] personal hygiene and [they] are now eating!"

The registered manager made sure that people and their relatives were encouraged to express their views. Relatives said that they were involved in the decisions about their family members care and support. A relative said that communication from staff was two-way and they were involved in the planning of their family member's care. Another relative told us that they felt involved and that the registered manager kept in regular contact as well as visiting the family member to see how things are going. The relative said, "The [registered] manager is always looking for feedback."

No one at the time of the inspection was using advocacy services. The registered manager said that should people or their relatives require information about advocacy services, it would be made available on request. Advocates are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed prior to them using the service. People and their relatives were involved in the development of their, their family members individual and person-centred care records. One relative said, "[The care and support] is going really, really well now that the service has bedded in. They responded to the request [for a service] very, very quickly. They did an assessment with [family member] and us and the care [visit] was in place quickly." Another relative told us that the service had stepped in at quite short notice and they, "couldn't speak highly enough" of the service. The relative said, "I would recommend them." People's care records held relevant information about the individual and staff got to know the person they supported based on the person and their care records. Staff completed daily notes, as a documented record of how people were supported at each care visit.

Staff supported and promoted people's social inclusion and well-being when needed. One staff member said, "We [staff member and person being supported] do dancing to music in the house and we like to look at newspapers together."

Relatives told us that communication with the registered manager and staff about people' preferences and choices being respected was good. This meant that they felt comfortable about raising a concern or making suggestions if needed. A relative confirmed that, "The registered manager will pick up the phone and we will find solutions, we have open communication lines."

Three complaints had been identified since the service had registered with the CQC. These complaints were investigated in line with the providers complaints policy and resolved, where possible, to the complainants' satisfaction.

The registered manager said that in the event of a person becoming end-of-life, they would follow the provider's end-of-life policy. They would also work with external health care professionals' advice and guidance when it became clear that people's health had deteriorated. This would then enable staff to support people to have a comfortable, dignified, and pain-free a death as possible.

Requires Improvement

Is the service well-led?

Our findings

Organisational oversight was in place which had found some areas for improvement and other opportunities to drive improvements in the future. Checks were also made to monitor the quality and safety of the service provided. Actions taken because of these checks included a reminder to staff to use language in people's daily notes that promoted people's dignity. However, we found that this oversight was not always as effective as it could have been. This is because areas found during this inspection such as safe medicines management, robust staff recruitment records and care records guidance for staff being up-to-date had either not been identified or identified but no action taken to address it.

The registered manager told us of a safeguarding referral they had made as they were concerned about a person's well-being. This had not been notified to the CQC promptly. The registered manager corrected this during this inspection. A notification is information about important events that the law requires the provider to notify us about such as, safeguarding concerns.

There was a registered manager at the service. 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. They were supported day-to-day by the providers representative, care staff and office staff.

Staff understood the expectation to give a good quality service that met and supported people's individual needs. A relative said, "[Staff] will ring you about the smallest things [gave example] and this reminded us relatives…we would recommend the service." Another relative told us, "Absolutely wonderful, they have been excellent."

The registered manager and staff promoted equality and inclusion within the service. Staff told us that they felt supported by the registered manager who was approachable and listened to them. A staff member said, "We have a new client so we are getting to know [them]. So, we are learning things [about new client] and informing the [registered] manager so they can update the care plan."

Relatives of people were complimentary about the service provided, and how the service was run. Relatives said they could speak to the registered manager should they wish to do so and that the registered manager made themselves available for this. Monitoring visits were carried out to people's homes to gain feedback on the service provided. One relative said, "[We get] plenty of feedback about [family member] …plenty of communication."

Staff felt supported by the registered manager and other staff. One staff member said, "We try to have a staff meeting once a month as you are lone working and it's nice to catch up. We refresh ourselves with policies at the office. For example; the medication [policy]. We go through [learn] a policy at a time." This showed us that the service looked to improve the quality of service provided.

Staff at the service worked in partnership and shared information with other key organisations and agencies to give joined up care for people using the service. This included working and sharing information with health and social care providers such as people's doctors and representatives from the local authority safeguarding team. This was to ensure the support a person was receiving from the service continued to meet their needs.