

Elfcareuk Ltd

# Elfcareuk Ltd

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Elfcareuk is a domiciliary care agency providing personal care to both younger and older people in their own homes in Derbyshire.

Not everyone who used 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. At the time of our inspection one person was receiving personal care as part of their care package.

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

People were cared for in a safe manner. Risks to people's health and wellbeing were appropriately assessed, managed and recorded. Staff were safely recruited and sufficient in number to support the geographical area. There was good infection control practice embedded in the service. Systems were in place to ensure lessons were learnt when things went wrong.

People were supported to receive care in a person-centred manner and this was reflected in care planning. Staff acknowledged, and respected people's needs and choices. Staff were effectively trained in topics relevant to their role. Staff understood the importance of working with other healthcare professionals to ensure people were supported to live healthier and independent lives.

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 supported this practice.

People were supported by staff who were caring and kind. People were supported by a small team of staff who people knew well and they had supportive and meaningful relationships with staff. People's independence was promoted and their privacy and dignity were respected by staff.

The provider was responsive. People had personalised care plans that promoted independence. Staff identified people's information and communication needs by assessing them. People were supported to engage in hobbies and interests important to them. People and relatives knew how to make a complaint and felt confident they would be listened to.

The service was well-led. Systems had been developed to review how the service was managed and to review the quality of the care provision. The registered manager understood the importance of gaining people's views about the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 03/10/2018 and this is the first inspection

#### Why we inspected

This was a planned inspection based on the provider's registration date.

#### Follow up

We will continue to monitor information we receive about the service until we 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 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 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 well-led.

Details are in our well-led findings below.

Good ●

# Elfcareuk Ltd

## 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 completed by one inspector.

#### Service and service type

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

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 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection activity started on 17th October 2019 and ended on 18th October 2019. We visited the office location on 18th October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority who work with 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. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with the registered manager. We reviewed a range of records. This included one person's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including feedback comments, complaints folders and audit records.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risk of abuse.
- People told us they felt safe when being supported by staff. One person told us, "I feel really safe with [name of staff member]."
- Staff had received training in safeguarding and were able to tell us what constituted abuse.
- The registered manager knew how to raise a concern with the local authority under agreed safeguarding procedures.

Assessing risk, safety monitoring and management

- Risks to people and staff were assessed and mitigated to protect people from potential harm.
- There were systems in place to assess risks to people's health and wellbeing and where appropriate, individual assessments had taken place to thoroughly assess the risk. For example, when staff assisted people to move.
- People's properties were assessed for risk before any care started. This ensured staff were also protected from potential harm.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- People were supported by a small team of staff members familiar to them. This consistency and familiarity was a comfort to people. A relative told us, "Having consistency is important because the staff are coming into our home."
- The registered manager told us how they were waiting to have enough staff recruited to cover calls and any absences before taking on more service users. The registered manager wanted to ensure contingency plans were in place so people would not have late or missed calls due to possible staff absence.
- Safe recruitment processes were used to ensure staff suitable for their role were employed at the service.

Using medicines safely

- There were no people who used the service who needed support with medicines at the time of our inspection.
- Systems and documents had been developed to ensure where people needed support with their medicines, this could be completed safely. This included the potential for thorough training and competency assessment for staff if the provider did start to support people with medicines.

Preventing and controlling infection

- Practices were in place to ensure prevention and control of infection protected people.
- People confirmed staff wore gloves and aprons when supporting them with personal care.

#### Learning lessons when things go wrong

- The registered manager understood the importance of analysing incidents and complaints to be able to learn lessons. As the service was new and small at the time of the inspection, few incidents had occurred. However, when an incident had occurred, we saw appropriate action and analysis had taken place.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were met in line with national guidance and best practice.
- People and their relatives were involved in the process of assessment and review of their needs.
- Care plans demonstrated staff assessed people's needs and expected outcomes and regularly reviewed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- One relative told us, "The staff have definitely got a lot of training and experience."
- We saw training records which showed us all staff had accessed relevant training for the role.
- The registered manager told us how they sourced specialist training courses to enable person-centred care for people. For example, staff attended a specialist dementia course to support a number of service users more effectively.
- The registered manager had created an induction programme for new staff which included shadowing opportunities to meet all service users.

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

- People who used the service were currently not supported with meals.
- The registered manager told us how staff were trained to be able to safely provide meals if a care package required this.

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

- Processes were in place to provide people with consistent care.
- People's care records included information which would need to be shared with external agencies such as a GP or ambulance service.
- The registered manager told us how in the past, they had supported someone to access pharmacy support with their medicines.
- Care plans provided staff with guidance about the support required with a person's health conditions.

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.

- At the time of the inspection no person using the service had any restrictions placed on their liberty.
- People made decisions about how they wanted their care and could choose to have family members support them in any decision they wanted to make.
- People confirmed to us they were involved in decisions with their care and consent was gained when staff supported them.
- Staff demonstrated a good understanding of the principles of the MCA.

# 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

- People were supported by kind and caring staff.
- People spoke highly of the staff supporting them. One person told us, "[Name of staff member] is as good as gold. They really put a smile on my face." A relative told us, "The staff are a real help. They will do anything I ask. Their motto really is 'here to help'."
- Care records had details of people's personal histories and when we spoke with staff, it was clear they knew the people they were supporting well.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to be involved in their care.
- Staff understood how people communicated and this meant people were involved in making everyday decisions and choices about how they lived their lives. A relative told us, "The staff are very good and patient. [Name of staff member] really knows how to be with [name]."
- Families could have access to people's electronic care plans in a read only format once people had given their consent. This helped relatives who lived away to feel involved.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and treated as individuals.
- People told us they felt respected by staff. One person told us, "[Name of staff member] is very respectful to me and always asks for consent." A relative told us, "[Name of staff member] is a real treasure. The service provided has enabled us to stay at home and we cannot thank the staff enough."
- Care records had prompts to support people to be independent as possible.
- People's confidentiality and privacy was protected, and records were stored securely.

# 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 personalised care plans that promoted independence and with a focus on their likes and dislikes.
- People told us they received care that was personal to them and reflected their preferences and routines. A relative told us, "The staff will adapt them around us. It really helps."
- The registered manager told us when assessing for a care package, they try to work to people's routines as much as possible. They understood their role was to support people in their own homes and tried to work to this closely.

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.

- Staff identified people's information and communication needs by assessing them.
- The registered manager told us how communication aids were available to staff to support them with communication.
- The provider had ensured information about the service was available in other languages and large print if requested.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow interests and maintain relationships important to them.
- A relative told us, "When the staff come to sit with [name], they will play chess or if it is nice weather, they will take [name] out for a drive."
- We saw care records contained detail about people's interests and hobbies.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt they would be listened to.
- The registered manager showed us how complaints and concerns were gathered. There were processes in place to ensure people's concerns were investigated and followed-up in an appropriate manner.

End of life care and support

- At the time of our inspection, no person was receiving end of life care.
- The registered manager was aware of the importance of good end of life care and had developed a system and policy to be able to achieve this.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to creating a person-centred service that empowered people to live in the community.
- They told us how the recruitment process when growing the service would be centred around core values of providing good 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; 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

- When we inspected, the service had only been operating a few months and was in a time of growth. The registered manager understood the importance of good governance and spoke with us about building a foundation for a good service.
- The registered manager had sought ways to further develop their knowledge in best practice guidance and legislative requirements.
- The registered manager had a good understanding of their role and understood when we were to be notified of reportable incidents. They were able to demonstrate a good understanding of the duty of candour and when this would apply.
- The registered manager had developed systems and processes to check on the quality and safety of the service. They used this information to drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager understood the importance of gaining feedback from people to drive improvement of the service.
- They told us how, due to the small size of the team, they were using an external review company to gain impartial feedback.

Working in partnership with others

- The registered manager understood the importance of working collaboratively with other health and social care professionals to provide joined-up care. They understood the challenges they faced and were able to speak openly with health and social care professionals about these.

