

ELMS Health Solutions Ltd

ELMS Health Solution

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

ELMS Health Solution is a domiciliary care agency providing support to seven people of which five were receiving personal care. This service is provided to older people, those living with dementia, learning disability or autism, physical disability or people with mental health needs.

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.

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

Staff used their knowledge about keeping people safe from harm people to good effect. There were proactive procedures and systems in place to help prevent incidents occurring. The provider recruited and deployed sufficient suitable staff in a safe way. There were effective systems and policies in place to promote good standards of infection prevention and control. Risks were identified and managed well. Medicines were administered and managed safely. One relative told us, "Staff use the [equipment] very carefully and safely to reposition my [family member]. I trust staff implicitly."

People's assessed needs were met by staff with appropriate skills and whose induction, supervision and training was kept up-to-date. The registered manager engaged well with others involved in people's care. People were supported to eat and drink enough. Staff used their knowledge about health conditions by seeking timely support from health professionals.

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.

Staff supported people with kindness, compassion and tenderness. Staff promoted people's independence and upheld their privacy and confidentiality. Advocacy support was provided for people. People had a say in developing their care, how it was provided and by whom.

People's care was person centred and based on areas of people's lives important to them. One relative said, "Staff are meticulous in everything they do, even down to the finer points [of care]. I could not manage a single day without them." Concerns were resolved before they became a complaint. Compliments were used to identify what worked well. People were supported with end of life care in a dignified and compassionate way.

The registered manager used effective audits and oversight of the service and made improvements. A team of staff who upheld the provider's values worked well together with others. People, relatives, health professionals and staff had a say in how the service was run. The provider was displaying their previous

inspection rating correctly, and we had been told about incidents such as when people had passed away.

Rating at last inspection.

The last rating for this service was requires improvement (published 21 February 2019).

Why we inspected

This was a planned inspection based on the previous inspection rating.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

ELMS Health Solution

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 undertaken by one inspector and an inspection manager.

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

This inspection was announced. We gave four days' notice of the inspection because some of the people using it could not consent to a home visit or telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 30 January 2020 and ended on 3 February 2020. We visited the office location on 3 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications about various incidents the provider must tell us about. We sought feedback from the local safeguarding authority and professionals who work with the service. The provider sent us their 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. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person, four relatives of people who used the service and one health professional about their experience of the care provided. We spoke with the registered manager and five staff including office-based staff and care staff.

We reviewed a range of records. This included two people's care records. We looked at one new staff recruitment file and records relating to training and supervision. A variety of records relating to the management of the service, including compliments, audits and feedback from health professionals were also reviewed.

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 requires improvement. At this inspection this key question had improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff training updates, knowledge and skills about safeguarding, helped keep people safe. The provider told us in their PIR, "Our interview questions include safeguarding scenarios, this helps us identify any gaps and also increases candidates' awareness of safeguarding." Staff told us this was very useful.
- People were given information about what keeping safe meant to them. This was in a format they could understand should they need to report any concerns. One relative said, "I put my [family member] in the total trust of staff. I can now go out without any worries. That says it all."
- People were supported in a safe way. Staff knew how to identify any potential abuse or risks to people, and who they could report this to. A staff member told us, "If I suspected or saw any signs of harm such as bruising or less obvious signs, including a person acting in a strange way or being tearful. I would report this to the [registered] manager. I can call the local safeguarding team and if needed, the CQC."

Assessing risk, safety monitoring and management

- The provider had up-to-date risk assessments in place to identify and help manage risks. For example, detailed guidance about how staff would manage each risk including pressure sore prevention and evacuating the home or staying in a safe place in an emergency such as a fire.
- Staff were able to tell us in detail how people were assisted to be hoisted or check their skin for any redness. This included checking precisely the attachment of sling and the loops to a hoist. One relative said, "[Staff] are very diligent. They check and double check everything before they use the hoist."
- People's care plans included guidance from other health professionals and this helped keep people safe. For instance, where people were administered medicines through a tube into their stomach. This is known as a Percutaneous Endoscopic Gastrostomy (PEG). Another relative told us, "[Staff] are always careful with the PEG and sticking to the guidance. It is always flushed and kept clean."

Staffing and recruitment

- The process for recruiting new staff had been improved.
- The registered manager followed a robust process to check staff's employment history, any potential criminal records (DBS), photographic identity and validated references from previous employers. One staff member told us they had provided evidence of their qualifications, photographic identity, a check for any criminal records and evidence of recent employment history.
- People and relatives told us staff completed their stay at the person's home until all their needs were met. Cover was provided when regular staff took holidays. One relative said, "I couldn't ask for anything else from [staff]. They even help outside the planned care hours in an emergency."
- The registered manager used staff with effective and appropriate skills most suited to people's needs,

identified through the recruitment process. One staff member said they had been matched to people they cared for and this helped them use their skills well. The deployment of staff meant people received timely care that was safe and effective.

Using medicines safely

- Staff supported people safely to have their medicines as prescribed, such as in liquid format or as and when needed. For example, for pain relief. One person had complimented the staff for only giving medicine as prescribed every day.
- Staff applied their medicines' administration training in line with current guidance and had their competence to do this assessed regularly. One person said, "[Staff] get all the tablets out for me and give me a drink of water. They sign the [records] only after I have taken all my medicines."
- Audits of medicines' administration records helped prevent staff from making mistakes. Effective actions had been taken for the ordering of people's medicines and who had the responsibility for this.

Preventing and controlling infection

- People were supported by staff who applied good practise in maintaining hygiene standards. One person told us, "[Staff] always wash their hands, they wear aprons and gloves too."
- Staff undertook regular training on infection prevention and control. Staff had sufficient protective clothing and wore this. One relative told us that before staff provided any care or support, staff used good infection control practises including the use of clean towels.

Learning lessons when things go wrong

- The provider had proactive and effective systems in place to help prevent things from going wrong. They shared learning with the staff and others involved in people's care. For example, staff who had not accurately recorded a person's skin condition. One staff member said, "We hold meetings about anything that could possibly cause an accident, using [on line] system. This means we can act immediately rather than attending a meeting in the office."

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.

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

- People's needs were assessed, staff learned and retained the skills to effectively support people.
- The registered manager regularly sought and implemented the latest guidance for people's health conditions. One relative told us that staff were amazing, as they knew every minute detail around the person's health condition which changed almost daily, so staff had to constantly adapt their approaches.
- Feedback from a health professional stated, "Both of the care staff involved with [person] have been exceptional learners. They wanted to know everything about maintaining a PEG and this can be quite scary at first. There hasn't been a time when I have been concerned." This showed staff followed good practise guidelines.

Staff support: induction, training, skills and experience

- The registered manager told us, staff had a comprehensive induction with experienced staff and regular supervision. Staff were also contacted at least once a week to see if they needed any further support or if there had been any changes to people's care.
- A positive and consistent theme was how much people, relatives and health professionals praised staff for their skills. Staff put knowledge gained through various means of support into practise. One relative had fed back to the provider by saying, "A great deal of care is taken in staff's training."
- Staff all told us that their training was very good. One said, "As well as all the usual mandatory training, if we need any specific training including that associated with the use of a PEG and [other health conditions], we get it."

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

- People received the support they needed to eat and drink enough. For example, a soft food diet or food without any salt.
- One person said, "I like being helped to eat. I do as much as I can myself. A relative told us that staff never rushed a meal time even if it took a long time.
- People went out with staff or a relative for a meal or drink. Staff also made freshly prepared meals and drinks. One relative said, "I get the meals ready and [staff] are so careful with support to eat and drink. They use an adapted mug which my [family member] can help to hold."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff team worked well with other professionals involved in people's care, such as the fire service and healthcare staff. The fire service's guidance was used to implement safe care practises for people who could not be easily moved but who would still need care in an emergency.

- The registered manager had instigated a meeting with a group of professionals involved in people's care. They had been praised for this forward thinking. This had resulted in a more coordinated approach to people's care, enabling better outcomes in people's wellbeing and health.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people and enabled them to access healthcare services, including hospital appointments and being seen by healthcare professionals regarding the person's health condition.
- One relative told us how exceptional staff were in their knowledge of the family member's health condition and, when to request support from professionals including a speech and language therapist and community nurse. The relative said, "It is reassuring to know that as well as all the personal care, there is good healthcare too."
- Staff were well informed about each person's health care needs knowing what to do to ensure they adhered to any health guidance such as, for repositioning and catheter care.

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 and whether relatives who acted on people's behalf, did this in a lawful way.

- Staff had a good understanding of the MCA and put its code of practise into good effect. For example, giving people a choice of meals by showing some items on a plate or food preparation in the kitchen.
- One staff member told us, "I can hold up a few items of clothing. People can point or tell you what they want. It is better than just saying, do you want to get dressed? Giving some choices works much better."
- One relative said, "Staff always offer [family member] a choice of breakfast, even if it is always the same choice. They always ask my [family member's] permission about whatever it is they might need doing."

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

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 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 consistently received care that was compassionate and that respected any disability. One relative described in detail how staff would take as long as it took to allow their family member to communicate in the person's preferred way.
- One person told us, "[Staff] have exceptional [care] skills and provide efficient loving care and great companionship. They do everything so thoughtfully."
- The registered manager told us how they used the latest technology to give people equally positive experiences. For example, one person liked to listen to audio books using a virtual assistant, where they could choose their favourite book just by asking the device.

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

- People or their representative told us they had a say in when and how care was provided as well as by whom. One relative told us the amount of detail the registered manager had asked before agreeing to the person's support. The relative said, "It was a very thorough process."
- People were given many opportunities to be involved in their care including alternative means to communicate such as, pointing to an item.

Respecting and promoting people's privacy, dignity and independence

- Staff upheld people's dignity, privacy, promoted independence and respected privacy.
- Relatives spoke positively about how well staff had become almost a part of the family. One relative told us, "The staff have their own room but help with all the personal care. They do this in the bedroom and close the door." One staff member said, "Living in someone else's home means we have to respect boundaries to give people their own space and privacy. I let people do as much as they can for themselves, that's important."
- Information was held securely such as in an electronic format, accessible only to those person's with authority. Staff respected people's confidential information.

Is the service responsive?

Our findings

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

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 needs were met through good organisation and delivery.

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's care plans were detailed and an accurate reflection of the person and their care needs. People were well supported and cared for and this reduced the risk of social isolation. For example, watching a favourite TV soap with staff or other family members, helping prepare meals or listening to an audiobook.
- People's live in support enabled them to have as much freedom as possible to take part in social activities. This helped maintain or improve people's independence and gave them opportunities they would not otherwise have. For example, by staff preparing meals, assisting with personal care and having medicines administered. As a result, people lived a better life in their own home.
- One relative told us, "The difference is incredible. I couldn't imagine life without [staff]. They are there to do the things we can't. They are all so good."

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

- All people and relatives told us that they were involved in choosing precisely what support they needed. For example, one person needed to be helped to eat and drink a diet that met their needs.
- Another person had to be given medicines in a liquid format. A relative told us, "[Staff] are very meticulous in everything they do. We have so much laughter and that means a lot. It makes the day for my [family member]."

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.

- The registered manager and all the staff team had a very good understanding of what accessible communications were. A staff member told us how they promoted people's use of technology, pictures and also by giving people longer to say what they wanted to say. This gave people a voice they were entitled to.
- Another staff member told us, "I treat each person as a person. If they need help I give it but always in a respectful way. Some people need more help to tell us what they want. It could be a facial expression of pain if they can't speak. Knowing people well is key to successful communication."

Improving care quality in response to complaints or concerns

- The provider and registered manager identified and responded to concerns before they became a complaint.

- People's care plan gave guidance about the various organisations people could contact if they had any concerns.
- The provider used compliments to identify what they did well. One relative said the registered manager would contact them long before there was any need to ring the office. The relative told us, "[Registered manager] is very, very proactive. They are so conscientious and keen to make changes before it is any problem to us."
- People had provided compliments following changes made to their care and the improvements made. One person had complemented the provider by saying, 'Just continue what you are already doing well.' A relative had told the provider, 'I have different [care] staff but they are all polite and kind'.

End of life care and support

- People received compassionate, dignified and thoughtful end of life care. The registered manager liaised and implemented advice from various palliative care teams and hospices associated with end of life care.
- People or their representative had been offered choices and options whether people were to be resuscitated. Staff received regular and specific training for end of life care, including about religious cultures. One relative had complimented the service by thanking all the staff for their "care, consideration and respect" staff gave their family member.
- In addition, staff were aware of plans such as when any medication needed to be administered. This was as well as being there to hold a hand or share a few special moments. People could die in a dignified way.

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 requires improvement. At this inspection this key question had improved to good. This meant the service was consistently well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their responsibilities in reporting incidents to us as well as taking effective action if things do not always go quite so well. They were correctly displaying their previous inspection rating. They told us that where improvements had been required, including ordering medicines and oversight of the service, staff had been accepting of these and issues had not reoccurred.
- The provider was looking to expand their business, but only where there were staff and capacity to do this safely. People came first and foremost in decisions about the quality of their care.
- People and relatives knew the registered manager by name. All relatives told us that the registered manager would contact them, long before there was any need to highlight a concern. This meant the registered manager understood their role in managing risks.
- A health professional had praised the registered manager for seeking their support and also gaining a clear understanding of what staff needed to do. This was for people's complex health support needs. The health professional said, "[Registered manager] is very thorough. They want to teach their staff, and new staff always get trained exactly what they need to do. ELMS is the only service we use who go to these lengths. They are fantastic."

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

- A staff team and a director of the service supported the registered manager. Staff were committed to their roles providing high-quality care and support and being open and honest. This helped identify changes in people's needs and any potential for learning across the staff team. One staff member told us the use of mobile phone technology helped ensure they were fully informed about changes and sharing good practise.
- Staff were also supported using face to face meetings. One staff member had suggested a change to a person's health care support equipment. This change resulted in the provision of consistently good quality care. All relatives spoke highly of the service and its quality. One relative told us, "I wouldn't change ELMS for the world, they are our world."
- The registered manager rewarded staff who had performed well in their role. This could be in the form of thanks, and appreciation for what staff had done as well as other incentives.
- Staff were unanimous in praising the registered manager who was approachable, including outside working hours. One staff member said, "If I need some help or guidance, I can call the [registered] manager at any time. They get back to me quickly. If necessary, they come to the person's house. I feel completely

supported."

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

- People, relatives and staff had a say in how the service was run, including face to face meetings, during care reviews and completing a quality assurance survey questionnaire.
- People's feedback was also obtained through alternative means such as computer tablets or with a relative's assistance.

Continuous learning and improving care

- The provider's governance, oversight and quality assurance systems were effective.
- Oversight of the service included, ensuring they had the latest guidance for, administering medicines in the community, a range of health conditions and people's care records.
- The registered manager used compliments and positive feedback to identify good practise. For example, providing training to relatives to aid their understanding of health conditions and repositioning. One relative said, I am impressed with [the provider]. They keep a close eye on everything and it is very harmonious and supportive."
- We found that improvements identified had been acted on and sustained. One relative told us, "[Registered] manager took the initiative to get extra training and they now train staff to a very high standard.

Working in partnership with others

- The registered manager and staff team had a good relationship with others involved in people's care, such as healthcare professionals and the local safeguarding team. One health professional fed back to the registered manager saying, 'how beneficial it had been to hold a multi-disciplinary team meeting around a person's needs.' This helped provide more joined up care.
- The registered manager told us that as a result of this meeting, more were planned, as it had been so effective.
- One relative told us that as a result of this joint working their family member was able to remain living at home.