

Saynorcare Ltd

Elderflower Homecare

Inspection report

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Date of inspection visit:

10 May 2018

15 May 2018

17 May 2018

Date of publication:

25 July 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

Elderflower Homecare is a domiciliary care agency which provides support to people living in their own homes in and around the area of Boroughbridge. The provider is registered to support people with a wide range of needs including people who have dementia, physical disabilities, sensory impairments and older and younger adults. The service supported 57 people at the time of our inspection.

We inspected the service on 10, 15 and 17 May 2018. We gave 48 hours' notice of our inspection as we needed to be sure somebody would be in the office.

There was a registered manager in post who was also the owner of the company.

Checks to monitor the safety and quality of the service had been carried out. Whilst these checks highlighted and addressed some issues they had not consistently noted and addressed the issues we found with documentation during our inspection.

People who used the service told us they felt safe. Staff received safeguarding training and understood the signs of abuse and how to report any concerns. Overall people received support with their medicines as needed, although protocols to describe when 'as and when needed' medicines were required were not always in place. Risk assessments were completed however they were not always updated when people's needs changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Capacity assessments had not always been completed when there were concerns about a person's ability to understand and consent to the way support was provided. The registered manager agreed to ensure these were completed. Staff sought people's consent and promoted their choice. The staff maintained contact with healthcare professionals and sought their input and guidance when needed. The staff team were supported through one to one supervisions and an annual appraisal of their performance.

Without exception, we received positive feedback from people and their families about the staff team. They were described as kind and caring and that they had built good relationships with the people they supported. People's dignity was upheld and staff treated them with respect. Information about advocacy support was available when needed.

People received support in accordance with their individual needs and their needs, likes and preferences were recorded. People received support to attend activities of their choosing. People received end of life support and staff responded to their changing needs. However, end of life care plans were not in place for staff to understand people's preferences and wishes.

Staff attended team meetings which were an opportunity for further learning. The registered manager and

management team were keen to ensure their knowledge was up-to-date and maintained links with community organisations. The registered manager sought people's views on the support and organisation by way of a feedback form. The feedback provided was positive.

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? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? Well-led requires improvement.	Requires Improvement ●

Elderflower Homecare

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 site visits took place on 10, 15 and 17 May and were announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in. The inspection was completed by one inspector.

Before our inspection we reviewed information we held about the service, which included any information shared with the CQC. We contacted the local authority and Healthwatch for feedback. Healthwatch is a consumer group who share the views and experiences of people using health and social care services in England. This information contributed to our understanding of the service and planning of the inspection.

A Provider Information Return (PIR) is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Our inspection commenced prior to the PIR submission closing date. The provider sent this information following our inspection and this was reviewed.

During the inspection we spoke with six members of staff which included the registered manager, training and quality assurance managers and care workers. We also spoke with four people who used the service and three people's relatives. A healthcare professional shared their views about the service with us.

We looked at three people's care plans and risk assessments and a selection of medication administration records. We reviewed recruitment, training, supervision and appraisal records for four members of staff. We considered records relating to the running of the service which included meeting minutes, quality assurance and policies and procedures.

Is the service safe?

Our findings

A relative said, "[The person] is 100% safe with the carers." Another relative stated, "The staff are honest and reliable. I can leave them alone with [the person] and know they will look after them."

Risk assessments were completed in areas such as the home environment, moving and handling and eating and drinking. However, these were not consistently updated when there had been a change in a person's needs. We discussed this with the registered manager who agreed to ensure updated risk assessments were in place. On the second day of our inspection the registered manager was in the process of updating these and had added further details to ensure these were sufficiently robust. This demonstrated to us the registered manager was proactive and responsive to addressing the points we had raised with them.

For people who needed support with their medicines they received this as required. Protocols for 'as and when needed' medicines were not consistently in place to guide staff on when to administer them. On the second day of our inspection these had been completed. Medicine audits were completed and any issues were explored and discussed with the care workers involved. Care workers undertook medicine administration training and their competency was assessed.

We looked at staff rotas which showed us there was sufficient staff available to meet people's needs. Rotas were sent to people on a weekly basis, and in large print if required, so people knew which care workers were coming. People told us they were supported by a regular team who were familiar with their needs. The care workers used their mobile phones to confirm when they had arrived and left a person's house and the shift lead monitored this. The registered manager told us, "We pride ourselves on not missing visits." The people we spoke with confirmed this. There was an emergency on-call system covered 24 hours a day to ensure staff and people who used the service were supported in an urgent situation.

Staff continued to be recruited in a safe manner with the necessary pre-employment checks completed to ensure they were suitable to work in a care service. The registered manager advised new members of staff shadowed more experienced workers before working alone, which was evidenced on the rotas. This meant people who used the service were familiar with the care workers who supported them.

Staff received safeguarding training and understood the signs of abuse and how to report concerns about somebody's welfare. The staff team worked with the local authority where there were concerns about a person. This demonstrated to us that people were protected from the risk of harm.

Accidents and incidents were monitored. When an accident form was completed the system would automatically alert the shift lead and registered manager. This ensured the team were immediately aware of any concerns and could ensure appropriate actions have been taken. The registered manager was in the process of developing a new system to monitor accident and incidents.

Is the service effective?

Our findings

People told us staff were sufficiently skilled. A person who used the service said, "They (the care workers) know what they're talking about." A relative told us, "They (the care workers) are always on training. They know what they're doing and understand things like health and safety."

Staff completed training in areas considered to be mandatory by the provider. This included training in relation to safeguarding adults, moving and handling, first aid and dignity in care. Staff also completed refresher training to ensure their knowledge and skills were up-to-date. Specialist training was completed when required in areas such as specialist feeding regimes, end of life care and support to manage people's skin. This was sometimes delivered by external professionals.

New staff completed a probationary period. This included completing training and workbooks to test their knowledge and a series of observations to ensure they had the skills, knowledge and manner for their job role. The observations were detailed and considered whether the care worker treated the person with respect and approached them in a kind manner. For example, '[The care worker] engaged through eye contact and touch' and continued 'They had a lovely, gentle rapport with [the person] that presented as being very respectful and caring'.

The quality and training manager also completed spot checks of care workers and would sometimes work alongside them. A care worker confirmed these were completed and stated, "They [the management team] really keep an eye on you."

Staff told us they were well supported. They had received one to one support and guidance and had annual appraisals. Appraisals focused on the previous 12 months performance, training needs and any areas for further development.

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 discussions we had with the staff team about the MCA showed us they understood this. The majority of people supported by the service were considered to have capacity. However, we found MCA assessments and best interest decisions had not been recorded for people when it was considered they lacked capacity to understand how their care was provided. We highlighted the importance of maintaining records in relation to assessment of people's understanding

People who were able had signed consent forms and confirmed to us that staff sought their consent prior to commencing with personal care. A care worker explained to us how they sought consent from people, "I will

ask, am I okay to do this now? Then explain what you're doing and always make sure the person's ready."

People confirmed they received support with eating and drinking if required. Staff supported people when they had specialist feeding regimes, such as when people required food through a feeding tube.

Staff liaised with other professionals, including GP's and district nurses, as required. A relative told us how their family member was showing signs of having a chest infection, the care workers immediately made an appointment with the doctors and discussed with them an increase in support to assist with taking medicines. This meant they were assured their relative was getting the support they needed.

Is the service caring?

Our findings

Everybody we spoke with told us the carers were kind and treated them with dignity and respect. A person who used the service described their care worker as pure gold and went on to explain, "They (the carers) all end up as friends and we have a laugh. They're part of the family when they're here." Other people who used the service stated, "They're very kind. What we need them to do, they do" and "The carers are brilliant. Each and every one of them." A relative said, "The staff are absolutely brilliant. Completely on the ball and genuinely caring." A healthcare professional told us, "They [the staff] are excellent at communicating and seem to have great relationships with their clients."

The staff team received this positive written feedback from a person who used the service, 'To sum up, they are professional, genuinely caring people who are, and quite rightly should be, proud of themselves and what they do. I would be happy to recommend Elderflower Homecare to anyone in need of this kind of service.'

The staff spoke about people in a respectful manner. They told us how they closed people's doors and curtains before providing personal care support to ensure they had privacy. People's documentation reminded staff about the importance of promoting people's privacy. For example, "Use a small towel to protect [the person's] modesty at all times."

A member of the management team told us promoting people's independence was an important part of the care provided and described it as a theme which ran throughout all the training with staff. They told us, "It's about not doing for, but doing with. Even when we support somebody with end of life care they can still do some things." People's documentation described their abilities alongside the support they required. For example, 'I need assistance with dressing but am able to move my legs and arms a little to help with this.' People who used the service had made steps towards increasing independence with the support of staff. A member of the management team told us of a person they supported who was not able to get up and down steps so couldn't leave their house. They explained, with the care workers' support, this person could now go outside and together they had set goals for the distances they would walk. This demonstrated to us the staff wanted to ensure people used the skills and abilities they had. A care worker told us "We try to keep people independent. We encourage people to do as much as they can."

People told us care workers offered them choices about what food they wanted to eat, places they wanted to visit and any other tasks they needed assistance to complete. This demonstrated to us that people were encouraged to take an active role in making the day to day decisions about how their care was provided.

The registered manager had a clear understanding of the role of advocacy and people who used the service had access to independent advocacy support. Advocacy organisations provide people with independent support and advice to assist them to make important decisions about their lives and to ensure their views are heard.

Is the service responsive?

Our findings

People were assessed prior to receiving support from Elderflower Homecare to ensure their needs could be met. Each person had a detailed daily routine document in place which described their needs and how their needs would be met. They also contained information about the person's likes, preferences and interests. For example, "[The person] likes to wear lip gloss and perfume daily, so offer this to them." This demonstrated to us that people were supported to meet their individual needs.

People's relatives told us they were involved in discussions about their family members support and that the management team and care workers ensured they were aware of any changes. A new electronic system had recently been introduced to store and record people's documentation. This could be accessed by people who used the service, their relatives and the care workers and was a 'live' system giving people access to up-to-date information. People's support had been reviewed annually and these were detailed and person-centred. Care workers and the management team knew the people they supported and were able to describe people's needs, any recent changes and actions taken.

The service provided people with end of life support and responded to their changing needs. We found, however, people's views in relation to their preferences and wishes about their end of life care had not been recorded. This is important as people need to be involved in decisions about their support and where this is provided and how to support them to manage their symptoms. This was discussed with the registered manager who agreed to implement these.

People received support to access activities of their choosing. People told us how they were supported and enjoyed visits to different places, going out for walks and having their nails done whilst they chatted with staff. We asked a care worker what kind of activities they supported people with and they told us activities varied and were based on people's preferences. They went on to explain how they supported somebody to go to the theatre or to watch concerts.

A compliments and complaints policy was in place. No formal complaints had been received within last twelve months. When informal complaints were received these were responded to. The people we spoke with told us they would have no hesitation in contacting the office staff if they had any concerns. Care workers and people who used the service expressed their confidence that if there were any issues these would be addressed. Written compliments had been received and when positive verbal feedback was given this was also recorded and shared with the team. For example, 'During my visit [the person] told me how wonderful all the staff team who visited from Elderflower are. They said they did not know how [the registered manager] managed to find such a good team of staff who without exception were so kind, caring and good at their job.'

Is the service well-led?

Our findings

Services that provide health and social care are required to inform the Care Quality Commission of important events that happen in the service in the form of a 'notification'. The provider's understanding of when to notify deaths to us is being further reviewed separately to the inspection process

We looked at the procedures in place for quality assurance and governance. These enable registered managers and providers to monitor the quality and safety of the service and to drive improvement.

The registered manager completed or delegated a series of audits for areas such as medicines, training and spot checks. Although audits had found some issues, such as medicine administration records not being completed in line with guidance, they had not consistently highlighted some of the issues we found during our inspection. This included risk assessments not being consistently updated and the absence of clear documentation around people's end of life wishes. This was in addition to protocols for 'as and when' needed medicines not always being in place and mental capacity assessments not being completed. The potential risks around documentation not being consistently in place was reduced because staff knew people well and supported them in a person-centred way. The registered manager also responded to all our feedback during the inspection to ensure improvements were made quickly.

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.

We received positive feedback about the registered manager. A member of the team told us, "They [the registered manager] are brilliant. So focused, passionate and driven. They think outside of the box and demonstrate they want to move the service forward". Another member of staff told us "[The registered manager] runs things well. They are very informative." A relative stated, "[the registered manager] is excellent."

The registered manager and other members of the management team were committed to ensuring their knowledge was up-to-date. To demonstrate this, they told us they attended conferences and received updates about best practice from organisations such as 'Skills for Care' and the National Institute for Clinical Excellence (NICE). The registered manager also maintained strong links with voluntary organisations within the community, such as Dementia Friends

Staff meetings had taken place. Guest speakers were invited to attend and share their specialist and up to date knowledge with staff. Records showed important information was communicated to the staff during the meetings which included changes to data protection laws and any outcomes and lessons learnt from medicine audits.

The management team actively supported staff and took an interest in their well-being. For example, a

member of the management team told us how they contacted a care worker after a person they had provided lots of support to passed away. They wanted to ensure the care worker was okay and took the opportunity to remind them how they had positively improved the person's life.

The registered manager sent people feedback cards to people after six weeks of starting with the service and an annual one thereafter to monitor the quality of the service. They explained they had a much better response rate to these as opposed to sending questionnaires to everybody. The feedback received was positive. A person who used the service stated, 'Brilliant. From office staff to carers no complaints at all. Everything was done to show total respect. I would recommend Elderflower to everyone.'

A member of staff told us, "Elderflower are the best company I have ever worked for" and a healthcare professional stated, "Of all the agencies I work with I feel this one probably comes out top."