

El Care Services Limited

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Inspection report

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30 March 2023

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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

EL Care Services Limited is a domiciliary care service providing personal care to adults with a range of support needs. The service provides support to people in their own houses and flats. At the time of our inspection 4 people were using the service. 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

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Staff managed people's medicines safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment.

Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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 told us they were well treated, and their equality and diversity respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

The registered manager responded to any concerns raised appropriately and used these to improve care provision. The provider was open and honest, in dealing with concerns raised. The registered manager was available for people and relatives to contact and undertook regular quality checks, to help ensure continued good standards of care.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

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

Rating at last inspection

This service was registered with us on 13 February 2019, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

EL Care Services Limited

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 Health and Social Care Act 2008.

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 March 2023 and ended on 30 March 2023. We visited the location's office on 29 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the date of registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed 4 people's care plans and associated records. We sought feedback from professionals who work with the service. We spoke with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 5 staff members, 1 person using the service and 2 other people's relatives.

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 of 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 safe and protected from the risk of abuse and avoidable harm. Staff were up to date with safeguarding training, and we found no unreported safeguarding concerns. A person told us, "I feel safe with them, [staff] they're all okay. I haven't needed to speak to the office, but I would." A relative said, "The staff have been very respectful and polite, so I've got no qualms about them. We're quite pleased. [Staff name] has given me the office number and said don't hesitate to get in touch."
- The provider had a safeguarding policy and staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed abuse or had an allegation of abuse reported to them. One staff member said, "A safeguard balances the rights to safety and a person's right to make informed decisions; supporting the rights of individuals, such as ensuring their security, nutrition, and hydration, while protecting their independence, wellbeing, and choice. I would share information at an early stage with the manager and then relevant agencies if required. Information will only be shared on a 'need to know' basis when it is in the interest of the person and shared confidentially."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were identified and managed well. Staff assessed risks to people's health, safety, and wellbeing. Risk assessments were in place which included any factors that might affect the person, with actions for staff to take.
- Staff understood where people required support to reduce the risk of avoidable harm.
- We found no evidence of any serious injuries having occurred. A relative told us, "There haven't been any incidents or falls, although [person] has deteriorated since staff began to care for [them]. The staff are very careful with [person] when they assist [them] into the wheel chair and make sure [person] is comfortable."
- The provider had a system in place to have an overview of any accidents, incidents or near misses. Staff knew how to report accidents and incidents.
- There was an appropriate up to date accident and incident policy and procedure in place. Since registering with the Commission, no accidents or incidents had occurred at the service.

Staffing and recruitment

- Staff were recruited safely. Staff had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were required to complete a period induction, shadowing other staff, and getting to know people before starting to work alone; staff confirmed this.

- There were enough staff employed to meet people's assessed needs

Using medicines safely

- Medicines were managed safely by staff who received relevant training and had their competency levels regularly checked.
- Appropriate risk assessments had been completed for people who managed their own prescribed medication to ensure this was done safely.
- Where people were prescribed 'as required' medicines, appropriate plans were in place to ensure staff only administered these medicines when needed.
- At the time of inspection, 1 person was being supported with medicines and there had been no concerns. A relative told us, "We've had no problems, staff are very careful with medicines and very thorough; they take care not to touch the tablets and always use a clean tissue or a spoon. If they have to put them in [person's] mouth they wear clean gloves."

Preventing and controlling infection

- We were assured the provider was effectively managing the prevention and control of infection. The provider had policies for infection control.
- Supplies of personal protective equipment (PPE) were available to all care staff, and people and relatives told us staff wore it appropriately. A relative told us, "Staff are clean, tidy, and very smart, all dressed in the same uniform. They put on masks, aprons, and gloves. I've provided them with soap and towels, so they wash their hands. They always tidy up; I've got little bin bags for them which they put everything in, then tie up and put in the main household bin."

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

- Staff completed assessments of people's needs before they began to receive care and used these assessments to develop care plans. A relative told us, "[Staff name] came initially and discussed everything and asked what we wanted them to do. The notes were put in a folder which is left with me, so everyone can read them; I can, the district nurses and anyone who needs to. The care was all booked by the district nurses, from what I can gather. They decided that [person] needed 2 carers, 4 times daily and they're trying to arrange night cover for 2 nights a week. Age UK come in for an hour a week, sitting service, so I can go out and get some fresh air."
- Staff documented people's assessed needs. Records showed the registered manager monitored care to ensure care provision adhered to current guidance.
- Care plans included relevant health and personal information to help inform care provision. Staff monitored people's health care needs and worked in partnership with other relevant health care professionals, as required.

Staff support: induction, training, skills and experience; Supporting people to eat and drink enough to maintain a balanced diet

- Staff completed a period induction so they could get to know people before starting to work alone. A relative told us, "[Staff name] came with the carers for the first 2 weeks to make sure we were all singing from the same hymn sheet; everyone is different and they [staff] had to get to know us. They were being very gentle, for example when washing [person] as they didn't know [person] at first, but they've been trained now in how we want things and they're very mindful to observe that. They are good in moving and handling [person] with care and always make sure they leave [person] comfortable and they put the wheelchair away carefully."
- Managers monitored staff training and maintained a record of staff training.
- Care and support was provided which met individual needs. Staff had the skills and training to meet individual needs. Training was aligned with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- At the time of the inspection, staff were not involved in the preparation or serving of meals or drinks and did not support anyone with eating and drinking.

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

- Staff worked collaboratively and liaised with other health and social care professionals to achieve better outcomes for people. People felt staff took notice of changes in their condition and communicated about these appropriately. A person told us, "Staff do ask me how I am and if I'm alright. The district nurses are in every week, so they'd let them know if I wasn't alright."
- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. A relative told us, "Staff communicate with me if they're not sure about anything and if they notice anything different, they'll record it on the notes and I'll let the district nurses know, as they're in every other day now."
- Staff kept detailed records of the support provided each day.

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 MCA 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.

- Staff followed MCA principles and encouraged people to make decisions for themselves. Staff provided people with sufficient information to enable this, in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible. A person told us, "Staff do listen and will ask me if there's anything else we want them to do; they do explain if they're doing something, and they'll ask if it's alright."
- People were involved in developing their care plans and had signed to agree with the content. A relative said, "Staff tell [person] what they're going to do, for example, give a full body wash. If [person] refuses and only wants their face washed, staff accept their views and wishes. If it's really necessary to do something [person] doesn't want them to do, they explain why it's needed and get [person's] consent first."

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; Respecting and promoting people's privacy, dignity and independence

- People were well treated and supported by staff. A relative told us "The staff are very kind, gentle and very polite. While they're here in the morning, I can take time to get showered and sort myself out, because I'm confident while they're around and looking after [person]."
- Staff were aware of protected characteristics for example, age, disability, and race. Staff promoted respect when providing support. A person said, "Staff are all alright, kind enough and they're very pleasant and polite." A staff member told us, "You must make people feel comfortable and assure them their opinion counts. Make your care services participatory, address people with dignity and respect and involve people in decisions relating to their care."
- Records showed other relevant professionals were involved in discussions about the care provided to people.
- The provider had an equal opportunities policy in place and equality and diversity formed part of the staff induction process.
- Staff knew about the importance of maintaining people's independence by encouraging them to do what they could for themselves. A staff member told us, "Giving people as much opportunity for input and control over their lives and the decisions that affect them as possible describes independent care; identifying what people can do and allowing them to do it, whilst supporting the with what they can't do."

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

- The provider ensured people and their relatives were fully involved in making decisions about their care and support. The ethos of the service was to put people at the heart of their care provision and people and relatives told us about regular reviews, either in-person or by telephone. A relative told us, "The written care plan is on the front pages of the folder, along with the consent to care form. I discussed it all with [staff name] and agreed that it covered what I wanted them to do. [Staff name] regularly pops in every other week to check that everything is alright."
- In the assessment and care planning process, people were asked about their desired outcomes and what they needed staff to do to support them. This meant people's views and opinions were understood and acted on. The registered manager regularly contacted people and relatives to ask them for their feedback about care.
- We received positive comments about the quality of support provided. A person told us, "When I have a wash, they [staff] don't take over; they get a hot soapy flannel and hand it to me, I wash my face and front and arms and then they do my back and bottom half. They do keep me covered over." A relative said, "We've got a big poncho thing which goes over [person's] head and it keeps some modesty while the staff

are washing [them]. Staff respect that and it's helped [person] to accept the care."

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; Improving care quality in response to complaints or concerns

- People received care and support which reflected their needs. Personalised care plans identified the person's likes, dislikes, what was important to them and how staff should best support them. A person told us, "I can keep my own routine, I go to bed when I want and watch television until I go to sleep. When I get up, I go in to see [partner] and we make tea. The carers come in time to help me wash, which suits me fine and, in the evening, they come and do my bag and help me into my pyjamas, but I don't go to bed. The times are fine because I can still do what I want at the moment."
- People and their relatives were involved in care planning and reviews of care. A relative told us, "I've asked [person] and [they're] very satisfied with the care. I didn't know anything about having care beforehand, but I'm very happy and satisfied that they [staff] do everything we want them to do."
- A process was in place to ensure effective oversight of any complaints or concerns raised. No complaints had been received since EL Care Services Limited first started providing personal care to people in December 2022, after being 'dormant' up until that point, since the date of first registering with CQC.
- People and relatives told us they had no complaints about the care provided. A relative told us, "I haven't raised any complaints or concerns. I feel confident that I could raise something, as they've [staff] made it clear I can call any time." A person said, "If I needed to, I'd just call the office." Details of how to make a complaint were clearly identified in the service user guide, including contact details for the service provider, local authority, NHS Integrated Care board, Local Government Ombudsman and CQC.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- At the time of the inspection, the service did not support anyone with information or communication needs relating to a disability or sensory loss. Staff received training and support in communication. Care plans documented any support required with communication needs.
- Information could be produced in different formats if required.

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 received care which was personalised and met their needs and wishes. People and relatives told

us they were satisfied with the care provided and the extent to which staff understood and met their personal preferences.

- At the time of the inspection the service did not support anyone to take part in any particular activity or access the community; all people receiving care had relatives who supported them with any activity needs.

End of life care and support

- People and their relatives were involved in discussions about end of life care and support needs, although some people told us they found these discussions difficult. Care plans identified how support could be provided at this stage of life and any subsequent arrangements to be carried out.

- End of life care plans identified where it had been assessed and confirmed by a medical professional that the person was entering the last weeks and days of their life. These plans were individualised, person-centred, designed with the person with whom they were intended for and were specific to their individual health conditions and needs.

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

- People spoke positively about the registered manager and staff and told us they were happy with the service they received. One person said, "All in all, I'd recommend them. They couldn't do much better generally, they're doing what they're supposed to do, and they are all pleasant people." A relative told us, "I can't think of any improvements they could make; the best thing is that they're very kind and polite, they listen to us and they're doing their job, I would recommend them."
- People's equality characteristics were identified and recorded.
- Staff told us they had regular contact with the registered manager and found them to be supportive if assistance was required. The provider communicated regularly with staff, people, and their relatives. One staff member told us, "The management are approachable and welcome staff input. I also love the fact that the company is excellence driven." A second staff member said, "The service aims to provide a high standard of care; providing friendly, flexible, and person-centred services to the people we care about. It's focus is on love and care. It is a good place to work. What I enjoy the most about the job is being able to give a person a smile, love, and making their day better." A relative commented, "I can't see that anyone could do a better job, I'm very happy and I would recommend them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was knowledgeable in their role and showed evidence they knew people well and how best to support them.
- Staff spoke positively about working for the service and told us there was good morale amongst the staff team.
- The registered manager notified CQC of incidents as required by law.
- The registered manager was aware of their responsibilities to be open and honest when things went wrong.

Continuous learning and improving care; Working in partnership with others

- There was evidence of joined-up work between the provider and other professionals.
- The provider worked well with other organisations to ensure people's needs were met. This included liaison with statutory health and social care bodies.

- There were systems in place in relation to the monitoring of complaints, accidents, incidents and near misses.
- Staff performance was closely monitored by the registered manager who worked in collaboration with the staff team and completed regular spot checks of the service.