

Ella's Homecare Ltd

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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

Ella's Homecare Ltd is a small domiciliary care service, currently providing support to four people. The service also provides 24 hours live in care and support.

Not everyone that used the service received personal care. The Care Quality Commission (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

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 and the policies and systems in the service supported this practice.

People's safety was promoted because the service assessed, monitored and managed their safety well. Potential risks that people may face had been identified, assessed and were regularly reviewed. The assessments provided information about steps that care staff should take to support people to ensure that any potential risks were minimised.

The service had enough staff to cater for the needs of the people currently using the service. Pre-employment checks had been carried out for care staff. These checks helped to safeguard people using the service by ensuring that only suitable applicants were offered work with the service.

The provider had ensured that all staff were trained during their induction to provide assistance with medicines for people who required this support.

People were protected from the risks associated with poor infection control because the service used effective infection, prevention and control measures. Personal protective equipment, for example face masks, gloves and hand sanitiser, was provided in suitable quantities to staff. Guidance for staff and training was provided.

The service completed an assessment of each person's needs and personal wishes about how they were cared for, and care plans included guidance about meeting these needs.

There was a process in place to report, monitor and learn from accidents and incidents. Significant events had not taken place although the provider told us if any events did occur these would be documented and reviewed in line with the service's policy and guidance.

There was an effective training system in place. People were supported by staff who had received relevant induction training in evidence-based practice.

People's nutritional needs were met. Care staff did support some people to prepare meals on occasions although no-one currently required help to eat or drink. The service had taken steps to make sure people's nutrition and hydration needs were assessed.

People's health needs were met. Care staff were able to assist people to attend healthcare appointments if necessary. Most people managed these appointments independently, or with the assistance of a family member.

Staff respected people's choices, including those relevant to protected characteristics, for example, due to disability, cultural or religious preferences.

Governance processes were effective and helped to assess, monitor and check the quality of the service provided to people.

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

Rating at last inspection

This is the first inspection of the service. This service was registered with us on 3 March 2022.

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 ●

Ella's homecare 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 Health and Social Care Act 2008.

Inspection team.

This inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post who is also the registered nominated individual.

Notice of inspection.

This inspection was announced. We gave the service 48 hours' notice of the inspection. We give short notice of inspections as this was a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 9 May 2023 and ended on 28 June 2023. We visited the location's office on 24 May 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed other information we had received about the service since it was registered with the CQC. 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 the director of the company who was also the nominated individual and registered manager. This person had legal responsibility for supervising the management of the service. We also spoke with the office manager.

We looked at all 4 people's assessment and care planning records as well as recruitment, supervision and training information for 5 care staff. Not all care staff were currently working at the service but had been recruited by the provider to be able to provide care staff when the service grew.

We received feedback from 3 relatives of people using the service about how safe they, and their relatives, felt and how the service supported them in the care they or their relative needed. We also received feedback from 5 members of the care staff team about what it was like to work for the service and how well they thought the service trained and supported them.

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 kept safe from avoidable harm because staff knew what the potential risks of harm were and acted to minimise any untoward events.
- A relative told us, "The system in place manages the safety risks of [relative] falling pretty well and I have a high level of confidence in Ella's Homecare to look after both my [relatives]."
- Another relative told us, "They provide a safe environment by watching my relative carefully to make sure, as much as possible, that they are safe from falls."
- No serious concerns had arisen since the service began providing personal care. We looked at further information and the provider was able to show us evidence of records of complaints and incidents and nothing of concern about people's safety or wellbeing had been reported.
- Induction records showed that care staff had completed safeguarding training and had access to guidance about what to do if they had concerns about a person's safety and wellbeing.

Assessing risk, safety monitoring and management

- The provider ensured potential risks for people using the service were assessed and action was taken to minimise the risk of harm.
- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as nutrition, assistance with medicines, moving and handling and environmental risks.
- People's risk assessments included guidance for care staff on how to manage and minimise any risks that were identified.
- We asked the nominated individual about a small number of anomalies we had identified about updating risk assessments across different records. They were able to explain, and show evidence of, risk assessment updates although recent IT system issues had delayed this taking place on the electronic risk assessment records.

Staffing and recruitment

- The recruitment procedures ensured that care staff were suitable for the work they were undertaking. Disclosure and Barring Service (DBS) checks had been undertaken for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. References had been obtained from previous employers or educational facilities before staff started work.
- We looked at the recruitment records for 5 care staff currently employed by the service. The records

showed that the provider took all necessary steps to verify information provided by new recruits, for example, checking the validity of references and employment history as well as identity and checks that applicants had the right to work in the UK.

Using medicines safely

- The provider ensured that care staff were trained to ensure that anyone requiring help to take their medicines was provided with support from care staff who received training and guidance to do this safely.
- The medicines policy was detailed and described what action the service would take if medicines support was required.
- Consent to support people with medicines, or that no support was required, was included on care records.

Preventing and controlling infection

- People were protected from the risk of infections. Care staff received infection control training. Disposable personal protective clothing including gloves and face masks were available.
- The provider told us that since the service had been operating, they had not so far encountered any difficulties caused by the COVID-19 pandemic.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. The provider told us these were analysed to identify potential emerging themes for any improvements that may be needed. However, to date, nothing seriously untoward had happened for anyone using the service.

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

- The provider ensured that detailed assessments of people's needs had been carried out before they started to receive care and support from the service. Care plans were kept under regular review to ensure they remained up to date and reflected people's current care and support needs.
- A relative told us, "They are extremely effective in my relative's care, and they keep a calm environment in which my relative is clearly well fed, well dressed, clean and comfortable."
- The assessments considered a range of areas such as people's physical care needs, their day to day life and activities as well their heritage, religion, family support and other support networks that each person had.

Staff support: induction, training, skills and experience

- The provider ensured that care staff were inducted and trained to support people using the service and the care staff currently working for the service had either completed an induction or were in the process of doing so. The care staff induction included working towards 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 15 minimum standards that should form part of a robust induction plan.
- A member of care staff told us, "The recruitment process was very thorough. Although I was already trained from my previous employment, Ella's Homecare enrolled me on refresher courses before I took my first assignment with them. The training included practical classroom-based training which involved competency assessments."
- Another member of care staff told us, "Induction to the company was very thorough. All certificates were obtained and checked. Spot checks and supervision whilst with client was done without prior notification so that they could be observed effectively."
- A programme of refresher training had been established and the manager had a system in place for monitoring when this would be necessary.
- A staff supervision programme was in place as well as a system for staff appraisal of performance.

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

- The provider ensured that people's nutrition, hydration and dietary needs were assessed and support was provided where this was necessary..
- Information about people's eating and drinking needs and preferences was included in their care plans. No one using the service currently had any significant issues about nutrition or hydration and this was in any case assessed as people started to use the service. Care staff were required to report any changes to

nutrition and fluid intake if these occurred.

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

- Care staff liaised with other professionals to ensure that people's needs were identified and were then met.
- People's care plans included information about other health and, if necessary, social care professionals involved with their support.

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

- The provider and care staff team were not routinely supporting people to access healthcare services, as people managed this themselves or with the support of their relatives as needed. However, we were told by the provider that this support was available when required. Information about people's health and wellbeing was included in their care plans and risk assessments.
- People were registered with their own GPs and received support from other community health services when they needed this.
- If concerns arose about people's health, care staff were provided with guidance about what to do to ensure the appropriate action was taken.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- People's care needs assessments included information about their ability to make independent decisions. Care plans included guidance for care staff about the decisions that people could make for themselves. Care staff received training about the MCA and had clear guidelines to follow to ensure that they worked in adherence to the act.
- People using the service that lacked some capacity to make decisions for themselves had this information included in their care plan. This information also included details of who had authority under lasting power of attorney to make decisions on a person's behalf.

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 using the service were supported by care staff who recognised their right to be treated with fairness and to have their diverse needs acknowledged and respected. All factors about them had been considered when planning and delivering care, including age, disability, cultural and religious beliefs.
- A relative told us, "[The member of care staff] has always treated my [relative] with respect and carried out the task that we request."
- Two other relative's told us, "The care staff take [relative] on outings in the day and this contributes to [relative's] mood and overall well-being, " and "They genuinely care about [relative], which I have felt whenever I have any interaction with any of the members of staff, and if they do ever have any concerns, they communicate swiftly and effectively with me."
- Care staff had received equality and diversity training. This training was designed to ensure care staff understood the importance of treating people fairly, regardless of differences, and to acknowledge people as individuals and complying with equalities and human rights legislation.

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

- There were systems and processes to support people to make decisions. People were encouraged to be involved as much as they could be in sharing their views and making decisions about their care.
- Care staff supported people to express their views using their preferred method of communication. This was recorded in people's care records.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People's care plans described how care staff should support people in a way that respected their privacy and dignity and encouraged people to maintain their independence.
- Care staff supported people to manage as many aspects of their care as they could.
- Privacy was upheld in the way people's information was handled and who this information could be shared with, consent to share information with external professionals was obtained.
- The nominated individual recognised people's rights to privacy and confidentiality. Confidentiality policies complied with the General Data Protection Regulation (GDPR) legislation. The provider demonstrated a sound knowledge of how this legislation was relevant in the day to day operation of the service. People's care records were stored securely both in writing and mostly on a secure computer system. People could be assured that the provider was taking the necessary measures to comply with keeping information secure and confidential as they are required to by law.

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 received person centred care. People's care records contained meaningful information that identified their abilities and support needs. This ensured care staff were knowledgeable about people's individual needs and preferences.
- A relative told us, "[Relative] has been rehabilitated as far as that is possible in their own home and efforts continue to help with mobility."
- A member of care staff told us, "Any changes for a client that needs liaising with other healthcare professionals are raised and acted upon immediately." Another told us, "Clients are effectively catered to, and all queries or concerns are dealt with promptly and solutions provided."
- There were arrangements to make sure care staff were informed about any changes in people's needs. Care staff could access these and record care notes from each visit. Care plans were reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage.

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 provider was aware of the importance of making information accessible to people. People's communication needs were described in their care plans so that staff knew how to best communicate with them.

Improving care quality in response to complaints or concerns

- The complaints policy and information provided to people gave a clear description of how complaints, concerns or other feedback would be responded to. This explained that the service took complaints seriously and were committed to responding and resolving any concerns raised.
- This is still a relatively new service. The provider had not received any formal complaints although people had provided positive feedback and thanks to the service and care staff team.

End of life care and support

- None of the people receiving care at the moment was on an end-of-life care pathway. The provider explained that end of life care training is undertaken by care staff in readiness for any end-of-life care

support that might be received.

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

- There were systems to ensure people had choice and control over their care. The nominated individual and a staff member who was both care staff and a trainer visited people to check on the quality of care provided and to ask people about their needs, if there are any changes to support that people want to discuss and for their views about the staff supporting them.
- A relative told us, "They [care staff are extremely well-led by [nominated individual] who manages a very tight team, ensuring that there is consistency of care with a specific group of carers."
- A member of care staff told us, "Care staff are also effectively managed, and issues raised regarding client's, or our care duties are dealt with promptly." Another told us, "I am happy and proud to work for Ella's Homecare as I feel that it is a well led service providing safe, effective, caring and responsive service to its clients and employees."
- The provider demonstrated through our conversations with them, and written information we obtained, that an open and inclusive approach to the running of the service was promoted.

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 leadership of the service complied with the duty of candour.
- The provider had not been required to date to supply CQC with notifications of any untoward events as they reported that none had occurred. They were able to assure us that they knew the events that they were legally required to notify the CQC about.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The service had a clear management structure consisting of the provider, who was also the nominated individual and registered manager. The provider / nominated individual was knowledgeable about regulatory requirements and matters relating to the quality of the service.
- There was a process for ongoing oversight and governance.

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

- The service sought feedback from people and those important to them and used the feedback to inform service quality and development. People and relatives thought that overall, the service was well run. The

provider told us that requests for written quality assurance survey feedback were just about to be issued again soon.

- The provider was knowledgeable about the characteristics that are protected by the Equality Act 2010.

Working in partnership with others

- There was evidence the service maintained a good working relationship with people using the service and families. The provider demonstrated during their discussions with us that they knew when to seek professional health and social care input and how to obtain it.