

Summerhouse Limited

Eldercare

Inspection report

4 Newbiggin
Malton
North Yorkshire
YO17 7JF

Tel: 01653695549

Date of inspection visit:
27 July 2023

Date of publication:
31 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eldercare is a domiciliary care service providing regulated activity of personal care. At the time of the inspection 18 people received the service in their own homes. The service is registered to provide support to people who misuse drugs and alcohol, people with an eating disorder, and people with dementia, mental health, learning disabilities or autistic spectrum disorder.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support: 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 were safely recruited in line with the provider's policy and legislative requirements. Staff received supervision and appraisal along with spot checks to ensure they followed best practice guidance.

People received initial assessments of their needs with care plans in place to manage known risks. Regular reviews ensured information remained relevant and up to date as an accessible point of reference for staff. For example, policies and procedures had been updated to ensure the safe and secure management associated with people's finances, where this was required.

Right care: Care was person-centred and promoted people's dignity, privacy, and human rights; Staff were respectful, caring and understanding around people's emotional and physical needs.

Where people were assessed as requiring support to take their medicines this was completed by suitably skilled staff with information available for staff to follow to do this safely. Guidance to support staff in ensuring people received other medicines when they required them, for example, pain relief, and application of prescribed creams was available and will benefit from a required review to ensure guidance remained clear and always followed best practice protocols.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive, and empowered lives; The culture of the service was open and empowered individuals to express their views and be in control of their lives with the support of staff. People felt confident to approach staff and management and that their suggestions were listened to.

People were involved in planning their care and support and delivered following a robust assessment of needs to ensure people's wishes, preferences, and any personal characteristics were recorded and supported.

A range of quality assurance checks including regular audits were completed to manage and improve the service and to maintain compliance with required regulations.

Staff followed latest guidance to maintain effective infection prevention and control and had good access to any required protective equipment which helped to reduce the spread of any infections.

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

Rating at last inspection and update

The last rating for this service was Good (published 30 October 2018).

Recommendations

We have made a recommendation for the provider to review information to manage 'as and when required' medicines to ensure the implementation of best practice protocols and guidance for staff to follow.

Why we inspected

The inspection was prompted in part by a CQC notification of allegations of financial abuse against a person in receipt of regulated activity. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk associated with supporting people where their money was involved.

We undertook a focused inspection to review the key questions of safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eldercare on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eldercare

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

The inspection was completed by an inspector and an Expert by Experience. 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 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 a short period 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with 3 staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a variety of records used to manage the service and associated risks and safety. We looked at 4 care plans, 3 staff files, and records used to manage people's medicines and daily health needs.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Guidance to support staff in ensuring people received other medicines when they required them, for example, pain relief, and application of prescribed creams was available and will benefit from a required review to ensure guidance remained clear and always followed best practice protocols. We recommend the provider consider current guidance on giving medicines as and when required to people and take action to update their practice accordingly.
- Medicines were received, stored, administered, and disposed of safely.
- Staff involved in handling medicines had received recent training around medicines and observations were carried out to ensure they continued to follow best practice guidance.
- Where people received support with their medicines, guidance was in place to manage any known risks

Staffing and recruitment

- Appropriate pre-employment checks were carried out to ensure suitable staff were employed. This included Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported safely by staff who knew them well. One person said, "We get the same carer, and she is very good, and they do turn up on time."
- Processes in place ensured enough suitably trained staff were recruited and on duty to safely meet people's needs.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed and well managed. One person said, "Oh yes I feel very safe, the service is fantastic."
- People's care plans were reviewed and included risk assessments about current individual care needs. Control measures to reduce known risks were set out in care plans for staff to refer to.
- Staff knew people well and were knowledgeable about people's individual needs and what to do to provide safe care and support.
- Staff told us communication about people's needs was completed in a timely way with verbal feedback prompting reviews of people's care records to ensure information remained up to date. One staff member said, "The manager is always available and acts quickly to any changing needs. Records are updated and we always have the information we need to keep people safe."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe from the risks of abuse and avoidable harm. One person said, "Yes I feel safe, I am comfortable". A relative said, "Absolutely, [name is safe], the service is second to none."
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.
- All incidents were documented with systems and oversight to record outcomes and take actions to help prevent similar events as part of lessons learnt. For example, where people required support which involved their finances policy and process had been updated to ensure associated record keeping and checks remained safe and secure.
- Information was shared with staff to support learning and promote good practice

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. One person said, "They do wear their gloves and face mask."
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans included information to ensure care and support reflected people's needs, aspirations, and objectives. This information was regularly reviewed with people to ensure outcomes remained achievable and any identified risks managed.
- Staff had a good understanding of people's needs and supported an inclusive, safe environment where people could thrive.
- People spoke openly, with enthusiasm about the support they received which helped to support their daily living.
- The registered manager was supported by the provider with regular oversight visits. They said, "I receive great support and input, we work together in partnership, for the benefit of and improvement to the service."

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; Continuous learning and improving care

- The registered manager completed a range of checks and audits with good provider oversight. Information was reviewed for any trends and outcomes used as part of continuous improvement and learning.
- Care plans were regularly reviewed and evaluated with people's input to ensure support in place was in line with their changing needs and information helped to keep them safe from known risks.
- The registered manager was passionate about empowering staff and provided good support to help carers meet their aspirations. A staffing structure was in place with staff clear about their roles and responsibilities.
- Processes were in place to ensure robust recording, evaluation and analysis of any accident's incidents and complaints in a timely manner.
- Everyone told us how approachable the registered manager was and that they would not hesitate to raise any concerns for investigation and action. One person said, "There is nothing to complain about." 'A relative said, "No [complaints], we have the office number."
- The registered manager was experienced and clear about their role and responsibilities. This included recorded evidence to support any required apologies where things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were routinely consulted with and that their wishes, plans for their care and feedback about the service were listened to and respected.
- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independent living arrangements. One staff member said, "We are a small service, it's like a family but with professional boundaries. People are at the centre of everything we do."
- Ongoing assessments of people's need ensured care was planned to meet any personal characteristics and preferences. People's views were recorded and where required adjustments made to ensure care was tailored to meet their needs.
- The provider had established working partnerships in place for the benefit of people and the service. People benefitted from regular external input from a range of health professionals to support them with their daily living, health, and well-being.