

Elmar Home Care Limited

Elmar Home Care Manchester

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elmar Home Care Manchester (previously known as Rectory Gardens) is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 56 people at the time of the inspection, including older people, those living with dementia, people with a physical disability and younger adults.

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

At this inspection we found the service had taken positive steps and implemented systems to improve the quality and safety of the service provided. However further improvements were still required.

We were not assured people always received their medicines as prescribed. The new electronic medicines system did not always provide sufficient detail in respect of people's medicines. We found not all staff had completed essential training.

The provider had systems in place to monitor the quality of the service and make improvements. However, while there had been some improvements since our last inspection, these systems had not enabled the provider to identify and address the issues 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. However, further work was required in this area. Decision specific mental capacity assessments had not always been carried out to establish if people had the ability to make informed decisions.

Electronic systems were used to record people's care and to monitor risk and ensure scheduled visits took place. Call monitoring of people's support had vastly improved. Further improvements in this area were taking place to ensure staff travel time was appropriate for each visit.

Risks to individuals were assessed and monitored, further work was still needed to ensure this process remained personalised for the person. There were systems in place to ensure lessons were learned and shared with staff when things went wrong.

The service was responsive to people's needs, preferences, interests, and communication needs. People felt involved in the planning and delivery of their care.

Complaints were responded to appropriately. People told us they were aware of how to make a complaint

and were confident they could express any concerns which would be addressed.

Staff were aware of how to safeguard people from abuse. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with people.

We found the management team receptive to feedback and keen to improve the service. The registered manager and provider worked with us in a positive manner and the information we requested were received in a timely manner.

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

Rating at last inspection

The last rating for this service was inadequate (published 06 April 2023).

This service has been in Special Measures since 7 March 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating of inadequate. As part of this inspection we also assessed whether the provider had taken the actions necessary to meet the breaches of regulation identified at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Enforcement

We have identified breaches in relation to need for consent, staffing and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Elmar Home Care Manchester

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 2 inspectors, a medicines 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 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 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.

Notice of inspection

This inspection was announced. We gave 48 hours' notice of the inspection as we needed to make sure the right people were available to answer our questions.

Inspection activity started on 4 October and ended on 13 October 2023.

What we did before inspection

We used information we had received through our ongoing monitoring of the service and feedback we received from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 5 people who used the service and 12 relatives about their experience of the care provided. We spoke with 10 members of staff including the provider, registered manager, care manager and 7 care workers. We looked at 9 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data and medicines audits were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection we found the providers approach to managing people's medicines was not safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Not enough improvement had been made at this inspection.

- Medicines were not always managed safely. Electronic medication administration records (eMARs) were written by the service, however the information recorded was not always accurate or corresponded with the person's medicines recorded in their care plan.
- The eMARs viewed did not always record how and when to take medication, including frequency of medicines. For example, for 1 person's eye drops the eMAR failed to record how many drops and frequency. This meant the person may not receive their prescribed treatment due to the way the eMAR was recorded.
- For 1 person we found their pain relief was not being administered safely. This person was administered paracetamol too closely together. A gap of at least 4 hours should be left between doses, however we found occasions when this didn't happen.
- Information about how to give PRN (when required) medicines was in place, however these were not person centred about how and when the person needed to take their medicine.
- Medicine documentation was not always in place to help inform safe administration. For example, people did not always have topical cream charts in place to show staff where on the body prescribed creams should be applied.

The provider had failed to ensure the safe and proper management of medicines. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At the last inspection we found the provider failed to deploy sufficient numbers of staff to make sure they could meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Enough staff were employed to meet people's care needs.
- The provider had reviewed their staffing levels to ensure there was a sufficient number of care staff to meet the needs of the people using the service. This was helped in part by the service reducing in size and the provider changing the culture in respect of how the service previously operated.
- Since our last inspection an electronic call monitoring software was now fully embedded at the service, known as ECM. This supported the management team to improve consistency of call timings and remove call cramming. All call timings were regularly monitored, and it was clear the service was managing any call time discrepancies under performance reviews.
- The rota scheduling system accounted for travel time between calls. Although there were improvements in this area, we identified some staff rotas only provided minimal travel time. However, we found this had not impacted the allocated time people received. The staff we spoke with told us they had enough time to travel between calls and enough time at each call to deliver the required care and support. One staff member commented, "Travel time is much better organised now."
- People and their relatives were much more positive about call times at this inspection. Comments from people's relatives included, "Timing is good now, we have had no missed calls," and "Most of the time the calls are better now and we haven't had any missed calls."

At the last inspection we found safe recruitment of staff was not followed, and this placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Safe recruitment processes were in place. The registered manager completed a review of all staff recruitment to ensure safe recruitment checks had been undertaken. The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Staff recruitment files showed Disclosure and Barring Service (DBS) checks and references had been obtained before staff started work.

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

At the last inspection there was a failure to provide safe care and treatment by not managing known risks to people which put them at an increased level of risk. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The service was better organised and had introduced effective systems to identify risks associated with the service.
- A risk framework was in place, that clearly identified the people who were at greater risk due to health conditions or physical disabilities, this meant their risk assessments were given greater priority during the provider's programme of updating all risk assessments and care plans.
- People's support plans contained a detailed section regarding any medical conditions. This enabled staff to provide the appropriate support. Although this was a positive step introduced by the service, further work was still required to ensure documented guidance for staff was personalised in respect to how the condition affected the person. The registered manager assured us these changes would take place.
- The provider routinely completed environmental risk assessments to minimise the risk of accidents within people's home environments.

- Improvements were made to the providers approach when accidents and incidents had been recorded. The provider introduced a service monitoring database, which ensured any type of incident was reviewed and signed off by the registered manager for greater oversight

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems and processes in place to safeguard people from the risk of abuse.
- At this inspection we found there had been a reduction in the number of safeguarding allegations. Staff and the management team provided examples of instances when they had been pro-active in identifying and escalating potential safeguarding concerns to the local authority safeguarding team. People told us they felt safe using the service.
- Care workers received annual training in safeguarding adults from abuse and had a good understanding of their responsibilities of the risks of abuse as well as how they should act to minimise these.

Preventing and controlling infection

- Staff understood their responsibilities in relation to infection control and hygiene.
- People confirmed staff washed their hands and wore disposable gloves and aprons when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we the provider had not sought the appropriate consent from people, nor that they clearly recorded how to best support people to make decisions. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- People were not supported in line with the principles of the MCA. The service had made some improvements to their approach around the MCA, but further improvements were required.
- During our inspection we found consent to care were signed by relatives even if the person had a capacity. In 1 person's care plan it said, "I have full capacity", however, the consent to care was signed by a relative. The registered manager confirmed shortly after our inspection they identified 11 occasions consent to care had been inappropriately signed by people who didn't hold the legal authority to sign on the person's behalf.
- The provider did not carry out mental capacity assessments when they were required to do so. Where there were doubts about people's decision-making capacity, mental capacity assessments were not always in place to determine people's level of capacity to make decisions. This meant people may not be supported to make decisions in an effective way.

- There was no evidence that relatives signing consent to care were holding power of attorney for people so we could not be sure they had the legal right to make decisions on behalf of people. Lasting Power of Attorney (LPA) gives someone legal authority to be able to act on behalf of a person if there comes a time when they do not have the mental capacity to make their own decisions.

We were not assured that the provider had sought appropriate consent from people. This was a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

- Following our inspection, we received assurances from the registered manager that all consent forms would be reviewed, and all management staff would be retrained on the mental capacity act.

At the last inspection the provider had failed to ensure that staff were suitably competent, skilled and experienced to support people effectively. This was a breach of Regulation 18(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

Staff support: induction, training, skills and experience

- Since our last inspection the provider has revamped the training staff received, to staff to ensure staff completed key training over a number of days. We found previously staff training was a rushed process, with many staff completing multiple training courses in 1 day.
- Although aspects of the training staff received had improved, we were not assured all staff were sufficiently competent or skilled to carry out their roles.
- Staff didn't always receive appropriate training to provide support to people with complex needs. For example, 2 staff members delivered support to a person with Percutaneous Endoscopic Gastrostomy (PEG) 6 times in 1 month without having appropriate training in place. PEG is a percutaneous endoscopic gastrostomy which allows you to receive nutrition through your stomach. You may need a PEG tube if you have difficulty swallowing or can't get all the nutrition you need by mouth. Another staff member provided support to a person with dementia and there was no evidence that staff completed dementia training.
- There wasn't always evidence in place to ensure staff have been trained by a competent person. For example, a person who delivered stoma and catheter training did not have the appropriate trainer's qualifications in place to deliver this training.
- The Provider uses a training matrix to record completed training. However, it was unclear when training was completed or when it was due or outstanding. Not all of the training was recorded on the training matrix. For example, there was no records regarding PEG, stoma or catheter training. This meant it was difficult for the provider to identify gaps in staff members learning and development.

The provider had failed to ensure that staff were suitably competent, skilled and experienced to support people effectively. This was a continued breach of Regulation 18(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence in place that staff had undertaken 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.

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

- The service revamped their care planning process, which meant essential information such as people's

physical, mental and social needs were fully considered prior to accepting any care packages.

- The service had not taken on any new packages of care following our last inspection, but the provider felt the service was now in a good position to take on new care packages. A phased approach would be adopted at the service to ensure they could safely meet new people's needs and ensure existing packages still ran smoothly. We will review the progress of this at our next inspection.

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

- Staff supported people to eat and drink enough and maintain a balanced diet.
- Staff helped people prepare meals and made sure people ate food they liked in line with their cultural and personal preferences.

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

- Staff and management worked with GPs, district nurses, hospitals, occupational therapists and local authorities to provide effective, consistent and timely care.
- People tended to be able to manage their own healthcare appointments or were supported by their relatives. The registered manager confirmed staff were able to support people to attend appointments, if required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection this key question was rated requires improvement. At this inspection the rating has changed to 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 and their relatives spoke positively about their care and described staff as kind and friendly. Comments from people included, "I think they [care workers] are great - they are brilliant people" and "The care is good and it's helping me maintain my independence." One person's relative also commented, "Yes, it's very good. [Person's name] is very happy, I don't think they could do any more for [person's name]."
- People's religious and cultural needs were recorded in their care plans and staff knew how to meet those needs. A staff member said, "I feel we now have time to get to know our clients needs well. In the past we would have to rush due to all the calls we needed to do."
- People's privacy and dignity was encouraged and promoted. Staff gave examples of how they would support people with this. One person told us, "When I get into the shower, I will leave the door slightly open just in case anything happens and they [care workers] will call out to see if I am ok. So, they don't open the door they check on me from the outside which is great."

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

- People and their relatives told us they now felt involved in their care.
- There were now regular reviews taking place of people's care. The provider asked for the views of people using the service and those involved in their care. One person told us, "At first it was not great. Now I speak to [manager's name] who is very nice and understanding. The manager told me to call if I have any problems and that was very reassuring."

Is the service responsive?

Our findings

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

At our last inspection this key question was rated requires improvement. At this inspection the rating has changed to 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

At the last inspection we found people did not always receive person-centred care. This was a breach of Regulation 9 (Person-centred) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Improvements were made to the care planning process at the service. Care plans were written in a personalised way and included information about what and who was important to the person.
- Care plans captured information such as people's backgrounds, medical history, contact details of relatives and health professionals, dietary requirements, mobility and continence needs. Although we found significant process in the way care plans were written, further work was still required to ensure people's long-term conditions provided person centred detail on how their condition impacted them, rather than generic statements on the condition.
- People's needs and wishes were updated in a timely manner in their care plan.

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 ensured people's communication needs were met.
- Care plans covered people's communication needs from a person-centred perspective. They highlighted how staff were able to communicate with people, including what their sensory impairments.

Improving care quality in response to complaints or concerns

- There was a system in place for responding to complaints and concerns about the service.
- At the last inspection we found a high number of complaints. At this inspection we could see the number of complaints had significantly reduced. The registered manager felt this was due to the improved culture at the service.
- Monthly trends analysis took place to establish what lessons needed to be learned and if improvements to the service needed to be made.

End of life care and support

- The service was not providing support to anyone at the end of their lives.
- The registered manager told us they would work closely with health professionals to ensure people received a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection, there was a lack of proper oversight of the service, auditing and checking processes were not sufficiently robust. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had systems and processes in place to assess, monitor and improve the quality and safety of the service. However, this system of checks had not been consistently effective as it had not identified and addressed the issues we found during this inspection.
- The provider had not identified and addressed through their governance arrangements, that some people's consent to care forms had not adhered to the Mental Capacity Act 2005. Medicines management had improved in areas, but we found shortfalls in the newly implemented electronic systems around people's medicines that had not been identified in audits. Further work was also required to ensure key training was completed by all staff.

We found no evidence that people had been harmed however, these issues indicated systems were not consistently robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider invested in additional resources into the service following the last inspection. There had recently been a number of changes in management resulting in better oversight and the way the service was led. This including implementing a new quality assurance framework and ensuring senior management roles and responsibilities were clear within the organisation.
- At the last inspection we were not assured the registered manager had the appropriate level of oversight at the service, due to also working at the providers other location. At this inspection we found the registered manager committed a significant amount of time to manage this service on a weekly basis.

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

outcomes for people

- At the last inspection the service did not promote a culture of continuous improvement and learning. Since our last inspection the management team worked to improve the culture within the service. For example, records showed the management team introduced more observational spot checks and staff were retrained when any shortfalls in care were highlighted.
- People and their relatives were satisfied with the quality of care they received from the service. One person's relative said, "Some time ago we complained about lateness of calls and now its improved."
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.

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

- There were effective systems to keep people and their relatives updated and informed. People were supported to communicate in a way which suited them.
- People were asked to share their views about the service through care review meetings, regular phone calls and the use of satisfaction surveys. We requested the recent survey results, but these were still being analysed at the time of inspection.
- The provider was keen to ensure people and their relatives were kept informed on changes at the service, regular newsletters were sent out.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open, transparent and receptive to feedback. The provider responded to concerns identified at the inspection. However, we found areas which required improvement in relation to medicines, training and the providers approach to the mental capacity act, which were also found at the previous inspection.
- Assistive technology around call monitoring was a key driver to improve call scheduling and remove the previous culture of call cramming. We could see this approach was driving improvements at the service.
- The provider and registered manager understood their responsibilities under the duty of candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent We were not assured that the provider had sought appropriate consent from people.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found no evidence that people had been harmed however, these issues indicated systems were not consistently robust enough to demonstrate safety and quality was effectively managed.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that staff were suitably competent, skilled and experienced to support people effectively.