

Esteemed Life Ltd

Esteemed Life Care (Preston)

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

Esteemed Life Care is a domiciliary care agency providing personal care in Preston and the surrounding areas of South Ribble, Ribble Valley, Garstang and Wheeton. At the time of this inspection, the service supported 65 people.

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

People were supported by staff that knew them well and were trained to do their jobs. People's needs and risks were assessed and supported to take their medicines safely. People were protected from the risk of abuse and the risk of mistakes being repeated was minimised due to incident recording processes.

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. Consent to care and treatment had been obtained and where people lacked capacity relevant others had been involved in supporting people's decision making.

Staff took account of people's wider holistic needs and people were supported to lead healthy lives and received support to eat and drink healthily. Staff were well trained and could work alongside other health professionals to provide effective care.

People were supported by caring and attentive staff. A relative said, "The main carers have bonded really well with [relative] and are friendly." All the people we spoke with had positive feedback about staff. People said they felt very respected and comfortable in their presence.

Electronic care planning and rota systems were used. Plans were in place so that people and relatives could access care plans and rotas remotely. People told us concerns were addressed and resolved quickly. People were supported to take part in activities in their local community.

We observed a positive culture within the service and people spoke highly of their care and staff. Staff enjoyed their jobs and told us managers were supportive. Managers had a good understanding of risk and monitored outcomes.

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

Why we inspected

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

Rating at last inspection

This service was registered with us on 29 April 2020 and this is the first inspection.

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 ●

Esteemed Life Care (Preston)

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 undertaken by 1 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 and specialist housing.

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 not a registered manager in post. The current manager was in the process of applying.

Notice of inspection

We gave the service 24 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 3 October 2023 and ended on 4 October 2023. We visited the location's office/service on 3 October 2023.

What we did before the inspection

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 reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan the inspection.

During the inspection

We spoke with 9 service users and relatives. We spoke with the branch manager and 2 deputy managers who were responsible for the day to day running of the service. We spoke with 7 members of care staff.

We looked at a range of records including 3 people's risk assessments, care plans and medicine records. We looked at policies and procedures, audits and rotas. We looked at 3 sets of staff recruitment records.

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.

Assessing risk, safety monitoring and management

- People's risks to their health and safety were assessed however some improvements were required.
- We saw recent risk assessments in people's care plans, however not everyone had the same risk assessments completed. The manager planned to streamline the risk assessments to improve consistency and make sure all areas were covered for everyone they supported.
- The manager considered risks to staff such as environmental and lone working.

Using medicines safely

- People were supported to take their medicines safely.
- The manager delivered medicines training to staff and checked their competencies.
- There was a medicines policy and staff signed to say they had administered medicines according to the care plan.
- The manager completed medicine audits monthly and identified any areas for improvement.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was a safeguarding policy and staff knew what to do if they had any concerns.
- People and relatives told us they felt safe. One person said, "The carers are wonderful that I've got at the moment, and they keep me very safe." Another person said, "They are very attentive, and I always feel safe."

Staffing and recruitment

- Staff were recruited safely and there were enough staff to provide support to people.
- Feedback was mixed regarding consistency of care staff. Some people and staff said they had regular staff and others told us consistency could be better. One relative said, "My [relative] likes the carers because he gets the same ones, so the continuity is good." One person said, "In school holidays there are different carers, but the continuity is acceptable."
- The manager monitored staff lateness and duration of calls through an easily accessible electronic system.
- The manager recruited staff safely and necessary checks such as references, and Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- The manager delivered appropriate training and staff wore appropriate PPE.
- The manager undertook spot checks of staff including hand hygiene.

Learning lessons when things go wrong

- People were protected from the risk of mistakes being repeated.
- There was an incident recording process and staff completed incident record forms. These were flagged on the electronic system to the managers for consideration. Plans were in place to ensure themes were captured on an electronic matrix so that any lessons could be learned.

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

- People's needs were assessed in line with guidance.
- The manager completed initial assessments and risk assessments covering their physical health, mental health and social needs. These were reviewed regularly.
- Staff could access people's care plans on their electronic devices and changes to people's health and wellbeing were recorded promptly.

Staff support: induction, training, skills and experience

- The manager provided new staff with an induction and staff could shadow more experienced staff.
- Staff were up to date with their training and the manager told us specific training could be arranged to help people's wider needs.
- The manager conducted spot checks of staff competency.
- Some staff felt that training for specific types of equipment for moving and handling could be better.

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

- People were supported to eat and drink healthily.
- Care plans took account of people's nutritional needs, choices and preferences.
- Staff worked alongside dieticians.
- The manager assessed people who were at risk of choking and made referrals to wider health teams when required.

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

- Staff worked with other agencies to provide effective care. This including district nurses, occupational therapists, community mental health teams and social workers.
- Staff supported people to live healthier lives. Staff accompanied people to see the GP and helped them organise healthcare appointments.

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. The service was not supporting anyone who had a Court of Protection authorisation.

We checked whether the service was working within the principles of the MCA.

- The manager completed MCA assessments for all people, and we saw these completed to a good standard in people's care plans.
- The service provided MCA training to staff, and this was up to date.
- Staff considered capacity and consent throughout their caring interventions and always took time to talk to people about what they were doing.

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

- Staff treated people with respect and were kind and caring. One person said, "I'm very particular about my personal care and the staff really meet my needs well." Another person said, "The carers have a good personality and usually introduce themselves by name if they are new. It's been very rare lately I've had new carers."
- Staff supported people to be independent. People said staff anticipated their needs and knew them well.

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

- People were supported to express their wishes. One person said, "I have full involvement with my care and staff follow the contents."

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's care was planned, and people were supported to have choice and control over their support. Care was tailored to people's needs and wishes. One person told us, "My care plan accurately reflects my needs."
- People and where appropriate relatives were involved in their care and support plans. One relative said, "We have a care plan, and I can access it easily."

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.

- People's communication needs were considered within their care plans.
- The manager could arrange for specific training for staff to help them meet people's needs.
- The service arranged for staff to support people who could communicate if English was not their first language.

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 were supported to take part in activities and interests that were important to them.
- Staff supported people to attend church, cafes, shopping, restaurants and the local pub.

Improving care quality in response to complaints or concerns

- There was a complaints process and complaints were responded to appropriately and timely.
- People told us that any concerns or issues were dealt with quickly and effectively.

One person said, "When I raised a complaint in the past it was resolved quickly."

End of life care and support

- The service was not supporting anyone who was at the end of their life.
- Care plans had a section to record wishes and needs of people if applicable.
- The manager was trained in end-of-life care and could re-visit this and cascade to staff should this be

required.

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.

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

- Managers understood their roles, quality performance and risk. The manager acknowledged the need to become more familiar with some of the regulatory requirements.
- Although some statutory notifications had been made, there was a delay to the submission of others as the manager did not have the correct access. This was addressed immediately, and notifications made retrospectively.
- Although care plans were accessible via electronic devices, there was no contingency in case there was no signal, for example in rural areas. The manager had plans to address this in the near future.
- The manager completed regular audits of the service and identified areas for improvement.
- Performance issues were dealt with in line with provider policies.
- Managers were open and honest with people if anything went wrong.

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

- Feedback from people supported reflected a positive culture. One person said, "I would have no hesitation in recommending Esteemed Life Care based on my observations so far." Another person said, "I would recommend Esteemed Life Care positively based on my experience and the high standard."
- Staff mostly enjoyed their jobs and said the management was supportive. One member of staff said, "If I need advice, the managers are more than happy to explain."

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

- The manager engaged well with people and staff.
- Although people said they had never been formally asked for feedback they said they had regular contact with managers. One person said, "The management is very approachable. I've not had to contact them, but they have contacted me to see if everything is alright."
- Staff told us managers were easy to contact and on-call was available 24 hours per day.
- Staff received 1-1 support and team meetings were arranged when needed.

Continuous learning and improving care; Working in partnership with others

- The service was committed to continuous learning to improve care.
- The manager had 'train the trainer' which meant they were competent to deliver training in certain areas, and could cascade relevant training to staff.
- The managers had access to online forums and networks to keep up to date with guidance.
- Staff worked in partnership with others such as the local authority and commissioners.