Elmar Home Care Limited

# Elmar Home Care

## Inspection report

Backstone Business Centre, 201Blenwood Court
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Bradford
BD12 0NY

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

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.

About the service
Elmar Homecare is a domiciliary care service providing personal care to people living in their own houses and flats. At the time of our inspection there were 67 people using the service some of whom had a learning disability.

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

Right Support:
Although the provider had systems in place in relation to call monitoring, people raised a number of issues with us about the timing of their care calls and the consistency of staff supporting them. People generally received support in line with their assessed needs. Assessments of people's needs provided staff with guidance; however, some care plans would benefit from additional detail to improve the level of person-centred information for staff to follow. People's choices were generally promoted by staff who had a good understanding of how to promote people's independence although one person told us a member of care staff had commented the person was "too independent."

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.

Right Care:
Staff knew what to do to promote people's safety and protect them from avoidable harm. Medicines were managed safely although one person raised concerns with us about how issues with timing of their calls affected the administration of their time critical medicine. Care records needed some additional information to help staff get to know and understand the person they were supporting. People did not always feel as though they had been supported in making decisions about their care or being involved in the care planning process. Staff knew what to do to make sure people's privacy and dignity needs were met.

We have made a recommendation in relation to managing consistency of staff and monitoring call times.

Right Culture:
The providers governance systems required further development; audits were regularly completed; however, some improvements were needed to the audit system to make sure issues with care documentation, call times and other issues described to us by people who used the service, were addressed. The management team were proactive in addressing our feedback in relation to concerns people had raised with us and we acknowledge the disparity of feedback we received with feedback received by the service when they conducted their own telephone survey with people following our feedback to them. Further work was needed to make sure people felt empowered to have full involvement in their care. Staff received training in key areas before commencing employment. The provider evidenced oversight of staff's compliance with training. The providers recruitment systems were safe and the majority of staff felt well supported, valued and included in the service.

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
This service was registered with us on 22 September 2022 and this is the first inspection.

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?**

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

**Is the service effective?**

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

**Is the service caring?**

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

**Is the service responsive?**

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

**Is the service well-led?**

Requires Improvement

The service was not always well-led

Details are in our well-led findings below.

# Elmar Home Care

**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 carried out by 1 inspector, an assistant inspector who made calls to staff and an Expert by Experience who made calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

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

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

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

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 5 April 2023 and ended on 27 April 2023. We visited the location's office on 12 April 2023.

What we did before the inspection
We reviewed information we had received about the service since the date of registration. We sought feedback from the local authority and professionals who work with the service 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. 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.

During the inspection
We spoke with 5 people who used the service and 7 relatives about their experience of the care provided. We spoke with 8 members of 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 also received positive feedback about their role from a care-co-ordinator by email. We reviewed a range of records. This included 7 people's care records and multiple medication records. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

# 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 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.

Staffing and recruitment

- Recruitment of staff was managed safely. Recruitment and selection protocols, in line with the local authorities' policies, were in place.
- An electronic call monitoring system was in place which dedicated staff monitored in real time. The system showed if the calls were made on time, when the staff member left the call and when the staff member ticked the tasks as complete. Oversight of this was carried out daily so if any calls or planned care tasks were missed they could be followed up immediately.
- We were not fully assured of the efficacy of the call monitoring system as although some people said there had been a recent improvement in call times, most people we spoke with expressed concerns about call times. Their comments included, "I find myself constantly waiting, waiting for the carer to come, about 6 or 7 months ago I spoke to them (the office) about the timing, and it was ok for a few days and then slipped right back", "One came at 10.50pm one night and woke me up. They are all over the place. My (relative) sat with the lady and gave them convenient times but then it never happens."
- Several of the people we spoke with felt there was a lack of consistency of carers. One person said, "We do have some regular carers and a new carer always comes with someone who knows (person)" and a relative said, "In the morning we usually have two (person) knows." However, one person said, "I have all different people coming in and out and I find it very very worrying."
- We raised the issues about call times and consistency of carers with the registered manager who immediately took action to address this and shared with us results of calls they had made to people. People spoken with on this occasion did not report the issues people had told us about, but the registered manager was able to immediately resolve some minor issues.
- The provider had identified staffing difficulties due to staff not being drivers. To address this, the provider introduced a 'Driving scheme' where they paid for selected staff to learn to drive. They had also provided mopeds for staff to use and introduced a system where drivers were used to enable non-driving staff on particular routes.

We recommend the provider reviews the call planning and monitoring system to make sure consistency of care staff is promoted and reported issues with call times are addressed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and poor care.
- One relative told us the care their family member received made them feel safe.
- Staff had received safeguarding training and understood when and how to report abuse.

● Staff had access to safeguarding policies and procedures both provider and local authority specific through the App on their phones.

Assessing risk, safety monitoring and management
● Risks to people's health and safety were assessed as part of the initial assessment process. This included a risk assessment of the environment the care was to be provided in. Risks, and what actions staff needed to take to minimise them, were included in care plans.
● Care staff said they passed on any information about changes to risk so that risk assessments and care plans could be updated.
● Accidents and incidents were recorded, investigated, and followed up. A tracker was in place to give an overview of all incidents. The tracker detailed who the incident was reported to, if a safeguarding referral was made, outcomes, follow up and what could have been done to prevent the incident from happening.
● Appropriate action had been taken to address incidents. For example, following an incident, the member of staff concerned repeated the induction process to make sure they had the knowledge they needed to be confident in their role. On another occasion, the registered manager made a visit to the person concerned and introduced a new protocol for all staff to prevent a reoccurrence of the incident.

Using medicines safely
● Medicines were managed safely.
● Where medicines were administered from a dosette box, a list of the medicines included in the dosette box was available.
● Care plans included detail of where in the person's house they kept their medicine, what support the person needed and any specific times the person needed to take their medicine.
● Where topical medicines such as creams, were applied by staff, the name of the medicine and where to apply it was detailed on body maps.
● The registered manager told us they would take immediate action to address an issue raised by a person about recording of their time specific medicine.
● Staff competency in administering medicines was checked 6 monthly. Where staff were unable to demonstrate competence, further training was undertaken, or staff were removed from administering medicine.

Preventing and controlling infection
● People said carers always wore masks and they were not concerned about infection control. One person said, "They have always worn masks and are very careful of infection control like handwashing regularly."
● Two people raised concerns about hygiene standards of some staff when supporting with food preparation. We discussed these with the registered manager who took action to address the issue.

Learning lessons when things go wrong
● The service had recently been identified as needing enhanced monitoring by the local authority. The provider and registered manager took this opportunity to take advice, learn from local authority staff and take the action needed to improve the service to a level where the enhanced monitoring was no longer needed.
● The provider was being innovative in addressing the staffing issues facing the care at home sector.

Requires Improvement

# 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 requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans included a section relating to people's nutritional needs but sometimes lacked detail about people's preferences. One person's care plan gave good detail in relation to the support they needed to eat and drink.
- People raised some concerns about the support they received with meals. One said care staff did not stay long enough to cook their food properly and they had been served undercooked food. We raised this with the registered manager who said they would take action to address it.

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

- Detailed assessments of people's needs were completed by a member of the senior staff team prior to a package of care being agreed. The assessment included people's cultural needs and what their hopes and aspirations were. All but one of the staff we spoke with said the assessments were helpful in making sure they provided the care the person needed.
- Most staff said they would communicate any changes to people's needs to the senior staff team so that changes could be made to assessments and care plans.
- We received a mixed response from people about their involvement in the assessment of their needs. Some said they had been involved initially but others said they had not had any involvement.

Staff support: induction, training, skills and experience

- Staff followed a robust programme of induction on appointment to the service. Where staff were new to care, induction included the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff had the opportunity to complete an apprenticeship in care organised through a college.
- Staff received training appropriate to their role. Senior staff from within the provider's services had completed 'Train the trainer' courses in order to deliver training in such as moving and handling and medicines management.
- A training room at the agency's office was equipped with a bed, moving and handling and other medical equipment to enable effective training.
- Most staff said they received the training they needed and most felt well supported with regular supervision and spot checks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

● Care plans detailed people's health conditions but did not always explain how they affected them. For example, the care plan for a person living with dementia and other conditions did not give information about how staff could support them with this during care visits.

● Staff said they would call for medical attention such as GP or ambulance services if someone was ill.

● One of the care co-ordinators told us their duties included communicating with healthcare professionals if a person using the service had been in hospital. This ensured the service was prepared to be available to restart support and help the person to settle back into their home.

● Staff liaised with medical professionals such as district nurses involved in the care of people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

● The registered manager told us all of the people using the service at the time of our inspection current had capacity to make their own decisions. They said if they were concerned a person lacked capacity, they would request an assessment be completed by a social worker. The registered manager understood about the best interest decision process for people who lacked capacity.

● Staff had received training and understood the principles of the MCA.

● People signed consent to care plans when they started to receive care. Consent documents were kept at the agency's office. We discussed with the registered manager how consent to care plans needed to be obtained following any review or change how the consent needed to be recorded on the care plan.

Requires Improvement

# 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 requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People gave mixed responses when we asked if they thought staff were caring. One person said, "The carers are very kind and friendly and patient, very caring and (person) is happy with the regular ones." However, another said, "Some are lovely, a few are chatty and friendly and a lot of the others, you wonder why they've come and why they are doing the job."
- We noted some of the comments made to the provider during their own telephone calls described the care staff as "Smashing", "Very good", and "Perfect."
- The registered manager and staff told us diversity among the people who used the service and staff was respected and supported and we saw good examples of this. However, the 'All about me' section of care plans sometimes lacked information about this.

Respecting and promoting people's privacy, dignity and independence

- Two of the people we spoke with felt staff did not always respect their independence. One person told us "One carer said, 'you're too independent' but I've been independent all my life" and another said, "They treat me as if I am about 3 years old."
- None of the people we spoke with raised any concerns about how staff maintained their privacy and dignity. Staff gave us examples of how they did this, for example, closing windows, doors and curtains and making sure people were covered during personal care interventions.

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

- People did not always feel supported in making decisions about their care or being involved in the care planning process. One person said, "Someone from the agency came out and a social worker and my (relative) and the agency did an assessment, and we agreed the care package." This person did not think they were yet due for a review of care. However, other people felt they had not had regular reviews of their care needs.
- One person told us they did not feel as if they had a say in their care. They told us, "It worries me a lot, it keeps worrying me, there are so many different ones." This person did go on to praise the support they had received from some staff.

Requires Improvement

# 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 requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans we saw were person centred and gave staff instruction about the support the person needed on each visit. Some care plans were very detailed, but others needed more information to make sure staff knew exactly what to do to make sure they delivered the care safely and in the way the person preferred. An example of this was a care plan saying to provide continence care but did not detail how this should be done.
- Staff told us they read care plans and were made aware of any updates.
- Care plans were electronic, but the registered manager told us people could have a paper care plan of they wished. However, we couldn't be assured people understood this as one person told us, "I've never had a care plan, I came out of hospital and they came in, no one asked me what I wanted or needed. I've never seen a folder and they don't seem to have any book they write in; they just do it all on the phone."
- Records made by care staff varied in evidencing a person-centred approach to care. Some gave detail but others simply listed tasks undertaken.

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.

- One person's care plan gave good detail about how to communicate with the person and their family who did not have English as their first language. The person's care file included pictures of such as hoist and sling along with a list of familiar phrases in English and the person's own language to aid communication.
- Staff who were able to speak the first language of the person provided their care where possible.

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

- Care plans included an 'All about me' section to help care staff get to know and understand the person they were supporting. However, we found this section often lacked detail.

Improving care quality in response to complaints or concerns

- We saw examples of how complaints had been managed and followed up appropriately. The registered manager had often followed up complaints with a visit to the person to resolve the issue.

● People knew how to raise a complaint but were not always assured they were managed properly. One person said, "I don't like to complain and when I did so about the time, it didn't work so I haven't complained since"

End of life care and support

● A care plan for a person receiving end of life care did not include any specific detail about support staff may be providing in relation to the person's end of life needs.

● Care records informed staff of when a 'Do not resuscitate' (DNAR) was in place for a person but did not always give detail of where the DNAR was kept in the person's property. This is important for if care staff needed to communicate with health care professionals in an emergency.

Requires Improvement

# 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 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- We saw results of 6 monthly quality assurance surveys for people who used the service had been analysed with the outcomes developed into a report detailing what actions the provider had taken in response to people's comments. The registered manager said the report was sent to all people who used the service and all staff.
- Not all of the people we spoke to said they had been asked for their opinion of the service. One said, "We have never been asked for feedback" and another told us, "In 4 years I've never been asked for feedback."
- Several people told us they didn't know who the manager was. One said it didn't matter as they could always go through their care staff with any communication.
- Several people told us they had difficulty in contacting the office and the out of hours number. One person said, "The phone just rings and rings often, even the Out of Hours number. However, we observed staff taking calls from people throughout our visit to the office.
- The majority of staff we spoke with felt valued and involved in the service and said their opinions were listened to and acted on. Staff surveys were completed 6 monthly with results shared with all staff.

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 had a duty of candour policy in place and understood their responsibilities to be open and honest with people.
- We saw examples of how the registered manager had investigated issues and made apology to people who used the service when things had gone wrong.

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

- Members of the management team were clear about their roles and worked together effectively. Staff told us they knew what their roles were and could ask for support at any time.
- A system to audit quality and safety within the service was in place with all audits being checked by the nominated individual. However, some improvements were needed to the audit system to make sure issues with care documentation, call times and other issues described to us by people who used the service, were addressed.
- The registered manager was pro-active in understanding quality performance issues. When we informed

them of some of the issues people had reported to us, they took immediate action in conducting some telephone reviews with people. The provider shared the outcome of the reviews with us and we noted the feedback from people was positive. The provider may benefit from providing people who use the service more alternative ways of providing their feedback anonymously.

Working in partnership with others

- The provider had worked closely with the local authority enablement team to provide support for people waiting to return home from hospital. The introduction of their 'Moonboots' scheme entailed drivers, employed by the service, to take non-driving care staff on specific care runs.
- The provider was part of the local authority's improvement board for care at home services.