

Elder Years Care Limited

Elder years care Ltd

Inspection report

Office 6, Acorn Centre
51 High Street, Grimethorpe
Barnsley
S72 7BB

Tel: 07925069369

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Elder years care Limited provides care and support for people living in their own homes. At the time of the inspection there was 25 people receiving personal care from the service.

People's experience of using this service: People and their relatives told us they were happy with the care and support they received from Elder Years Care Limited. One person said, "I think it is a well-run company. I would happily recommend it to others."

People received their care from a small consistent staff team who they could build trusting relationships with. Everyone told us staff were caring and patient. One person said, "The staff always turn up and I have never had a missed call. They stay the full time and there is never any rush. They are very tidy and respect my home. I have the same carers which is nice because you get to know them."

People were supported by staff who had the skills and experience to help them to maintain and develop their independence. Staff treated people as individuals and respected their privacy and lifestyle choices.

The provider ensured people received a safe service with systems and processes in place which helped to minimise risks. Staff effectively reported any safeguarding matters. The registered manager investigated and resolved any concerns. All incidents were critically analysed, lessons were learnt and embedded into practice.

People were involved in decisions about the care they received, and staff knew how to communicate with each person to help them to make choices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Medicines systems ensured people were receiving their medicines when they should. The provider was following national guidance for medication arrangements.

The provider was open and approachable which enabled people to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with a member of staff or the provider.

The management structure in the service ensured people and staff had access to, and support throughout the day and night.

The provider monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements.

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

Rating at last inspection: Good (Last report published 19 August 2016).

Why we inspected: We inspected the service as part of our inspection schedule for 'Good' rated services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

Elder years care Ltd

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector and one 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: Elder Years Care Limited provides a domiciliary care service for people living in their own homes. It provides a service to older adults.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit as we wanted to ensure someone was at the office location.

Inspection activity started on 27 March 2019 and ended on 2 April 2019.

What we did: We visited the site registered office on 27 March 2019 to meet with the registered manager and senior staff, we also undertook telephone interviews with people and their relatives. We reviewed care records, policies and procedures. We undertook further telephone interviews with staff on 2 April.

We asked the provider to complete a Provider Information Return (PIR). This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications received from the service. A notification is a record about important events, which the provider is required to send us by law.

We sought feedback from the local authority and professionals who worked with the service.

During the inspection we spoke with four people who used the service via telephone, two people's relatives, the registered manager, two senior support workers and one care worker.

We looked at a selection of records which included;

- Two care and support plans.
- Three people's medication administration records.
- Staff recruitment, training and supervision records for three staff.
- Records of accidents, incidents, complaints and compliments.
- Audits and quality assurance reports.
- Records of management and provider meetings.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment.

- People told us they felt safe with the services provided. One person said, "I definitely feel safe with staff and how they deal with my personal care. They supervise my mobility, and they always give me my medication on time and safely."
- One relative told us, "We have no worries or concerns at all. The staff are absolutely excellent. They make sure [relative's name] is safe and comfortable, they contact us immediately with any concerns."
- Staff would not hesitate to report any safeguarding concerns to the management team and were confident action would be taken to keep people safe.
- The provider worked closely with other relevant authorities to make sure people were protected from abuse and avoidable harm.
- The provider's robust recruitment process helped minimise risks to people. Appropriate recruitment checks had been made.
- There were sufficient staff to meet people's needs. Staff worked flexibly and were supported to respond to changes in people's needs. One person said, "They arrive on time and always turn up. If anything, they stay longer than their allotted time. I have the same people who come to me and that is really important, as we all get to know each other. I like the continuity."

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Care plans and risk assessments were up to date and regularly reviewed. Staff knew what they had to do to support with health conditions such as diabetes.
- Staff could explain how they minimised risks to people's health and well-being.
- Staff received training which ensured the safe use of equipment. This included the use of specialist equipment [hoists] to support people to live at home safely.
- The provider had contingency plans in place to support people in emergency situations for example, adverse weather conditions or electrical failures in the team office.
- People were protected from the risk of infection; staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.

Using medicines safely.

- People who required help to take medicines received support from trained staff.
- Medicines arrangements were safe and regularly reviewed by management.
- People were happy with how their medicines were managed. One person said, "They always give me my medication on time and safely."

Learning lessons when things go wrong.

- Effective arrangements were in place to learn when things went wrong.

- Where accidents and incidents occurred, the management team learned lessons from them and ensured any changes were shared with the whole staff team.

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.

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 fully assessed before they began to use the service.
- People's care and support plans clearly set out their needs and preferences for how they wished to be supported. Where possible, staff were matched to people's needs and preferences.

Staff support: induction, training, skills and experience.

- People were supported by staff who had the skills and knowledge to effectively and safely support them. One relative said, "[Person's name] has several specialised needs and their care is provided to a very good standard, its managed very well and all staff are well trained. They are thoughtful with privacy and dignity and always go the extra mile."
- New staff completed an induction programme and had opportunities to shadow more experienced staff. One staff member said, "I went out with a senior for two full weeks and worked alongside them until I felt confident and they were sure I was able to do the job well. They trained me in safeguarding and how to protect people's dignity and privacy and report any concerns."
- The management team were approachable and available if staff required advice or support. One member of said, "I feel very well supported, they support you not only professionally but also on a personal level too."
- Staff were supported through regular supervision and appraisal.

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 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 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 with appropriate legal authority. Where a person is living in their own home including supported living, it is still possible to deprive the person of their liberty in their best interests. Application for authorisation must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The majority of people could make decisions for themselves and staff respected their choices.
- Staff sought people's consent before undertaking any personal care. One relative said, "Staff always treat [relative's name] with courtesy and care and ask her what she would like. They seek her consent and are

really lovely with her."

- Where people lacked the mental capacity to make specific decisions staff worked with others to make sure decisions made were in the person's best interests. This included healthcare professionals and people's relatives.
- Staff worked in a way which respected people's wishes. People were supported to take positive risks which enhanced their independence.
- Care plans clearly set out how staff should support people to make choices.

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

- When people required support with their meals, staff provided this safely and ensured people's choices were given and with the level of support required. One person said, "When they do my meals they offer me a choice or ask what I would like. In fact, they ask what I would like in all respects."
- Staff worked with other health professionals to make sure people received food and drinks according to their needs. Care plans were updated following assessments by a speech and language therapist to reflect any recommendations and minimise risks for people.

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

- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people.
- People had regular access to healthcare services when they needed it. One relative said, "Staff took a urine sample for [relative's name] to the GP surgery and even collected the prescription too. They really go the extra mile for us."

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.

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.

- Staff received training in equality and diversity. People's cultural and spiritual needs were respected.
- The provider monitored staff practices to ensure they were kind and caring.
- People said staff were respectful and treated them with kindness. One person said, "I feel valued as a client and cared for as a friend. They show empathy and not sympathy which is important. They show consistent kindness."
- One relative said, "The staff are kind, caring, clean and consistent. They are streets ahead of the other care companies we have tried. We are all very happy with them as a whole family."
- The service had received many compliments about the support they provided.

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

- Staff used appropriate communication methods to support people to be involved in their care planning and reviews.
- People and their representatives were involved in all decisions about their support. One relative said, "There is a care plan and Elder Years do regular reviews, we discuss things with them as a family."

Respecting and promoting people's privacy, dignity and independence.

- Staff respected people's rights to have their privacy and dignity promoted. One staff member said, "When I'm supporting [person's name] I always make sure I keep them covered over, curtains and doors closed. If there are any family visiting I ask them to leave the room to make sure [person's name] keeps their dignity."
- Staff helped people to develop their independence. Care plans reflected the steps staff should take to encourage people.
- People received care and support from a consistent staff team. One person said, "The staff have got to know me really well and everything they do is to a very high standard. They always ask if I need anything before they go and make sure I have everything I need. They treat me with respect and are very encouraging in what I can do for myself."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff had a good understanding of people's lifestyle, preferences and needs
- Care was planned around people's preferred routines and staff were always flexible to accommodate people's wishes.
- The provider worked in partnership with a range of other professionals and made sure people were supported to access local services and activities to prevent isolation. One person said, "I have a care plan and they record everything accurately in it. I have contact numbers for everyone and that means I have no sense of isolation. There is someone there if I need them."
- Care plans showed people and their relatives were fully involved in planning their care and changes were made when needs or wishes changed. One relative said, "There are regular reviews of the care which we are invited to as a family."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- People felt able to share any concerns with staff who supported them. People knew how to make a complaint and felt they would be listened to by the management team. One person said, "It is a well-run company and I have no complaints at all about my care. [Manager's name] is always very helpful and polite."
- The provider encouraged an open culture where people and their relatives felt able to raise issues.
- The service had received no complaints since the last inspection.

End of life care and support.

- Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- When required, people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People received personalised care. Staff were committed to providing care which was individual to the person and their needs.
- The provider had a good knowledge of the staff team and promoted their values through meetings, supervisions and formal staff appraisals. One staff member said, "Its very person centred and all bespoke packages to the individual person. I love the way they are with us as staff as well as the people we provide care to."
- The provider understood their responsibilities under the duty of candour. They were open and honest about any lessons that needed to be learnt after any incident which placed a person at risk of harm.

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

- The management team carried out observational visits to monitor quality and individual staff performance. One staff member said, "The seniors come out unannounced, they work alongside us watching what we are doing and tell us what's good, what needs improving or where we need more confidence. It's great because it means we have continuous learning."
- Communication within the service was good. One relative said, "They are approachable, helpful, honest and open and I have trust and faith in all of them. They are very friendly and will do anything they can to help."
- People benefited from a management team who were committed to on-going improvements. There were regular management meetings where service improvements were discussed and planned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- The management team spent time with people and staff. This allowed them to gain people's views and involve people in any changes being made to the service.
- People could share their views through regular reviews of their care and support. The service used feedback from people and staff to continually develop and improve the service.

Working in partnership with others.

- The management team had developed and maintained good links with healthcare professionals and the local community which people benefitted from.
- The staff worked in partnership with people and relatives. One relative said, "We are really happy with

them. It is nice they are family run and clearly everyone knows what they are doing."