

## Summerhouse Limited

# Eldercare

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection started on 13 August 2018 and ended on 4 September 2018. The inspection was given two days notice of our inspection.

At our last inspection the provider was found to be in breach of Regulation 17 Good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of: Is the service Safe? Is the service Effective? and Is the service Well-led? to at least good.

At this inspection we found that sufficient improvement had been made to show that the provider was no longer in breach of regulation.

Eldercare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, some of whom may be living with dementia. At the time of inspection 86 older people used the service. One of the directors, who was also the registered manager, was present throughout the inspection.

There was a manager in post who had registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Since the last inspection, quality assurance processes had been introduced to monitor and improve the service. These had checks been conducted on a regular basis but had not always been effective in identifying when documentation had not been returned to the office for monitoring. We have made a recommendation about this.

Safe recruitment processes continued to be followed although references did not always record dates to evidence when they had been received. The registered manager took action to correct this during the inspection.

Risk assessments were in place where required. There was a safeguarding policy and procedure in place and staff had been provided with safeguarding training. The management team were fully aware of the process to follow if any concerns were raised.

There were enough staff available to meet people's needs and attend planned care visits. People were supported by a consistent team of staff and pre-admission assessments had been completed to ensure the service could meet people's needs before a package of care was accepted.

Since the last inspection staff had been provided with additional training to ensure they had the skills and

knowledge to carry out their roles. A training plan was in place to ensure all training was delivered and refreshed within required timescales. Supervisions had begun to take place although this was not yet in line with the frequency outlined in the provider's supervision policy.

Improvements had been made to the management of medicines. Medicines had been administered and recorded appropriately. An auditing system was now in place to highlight and respond to any shortfalls.

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. People had signed their care plans to consent to the support they were receiving.

People were encouraged to remain as independent as possible and their choices were respected by staff. Support with meals was provided where required.

Care was delivered in accordance with people's wishes and needs and care plans contained person-centred information. Relatives told us they were kept informed if any changes occurred.

People knew how to make a complaint and were confident any issues would be promptly addressed. The provider had a complaints policy and procedure in place and this was included in the service user guide.

The registered manager requested feedback from people who used the service and relatives. The results of these surveys had been analysed and action taken when shortfalls were identified. People, relatives and staff spoke positively about the management team and their approach.

Regular staff and management meetings took place to ensure all employees were kept up to date with changes and developments within the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Risk assessments were in place to help minimise risks to people.

Staff understood and followed the safeguarding procedures in place.

Safe recruitment processes had been followed and people were supported by a consistent team of staff.

### Is the service effective?

Good 

The service was effective.

Supervisions had started taking place. Appraisals had been completed and staff told us they felt supported within their role.

People received support to maintain a balanced diet, where assistance was required with this.

The principles of the Mental Capacity Act 2005 had been followed.

### Is the service caring?

Good 

The service was caring.

People told us staff were kind, caring and professional.

Staff were able to describe how they ensured people's privacy and dignity was respected.

Care records evidenced people's independence was promoted.

### Is the service responsive?

Good 

The service was responsive.

Care plans contained person-centred information that focussed on what was important to the person.

Reviews of people's care and support needs took place on a regular basis to ensure their needs were being met.

A complaints policy and procedure was in place. People knew how to raise a complaint.

### **Is the service well-led?**

The service was not always well-led.

Quality assurance processes were now in place to monitor and improve the service, although action taken as a result was not clearly recorded.

Staff and management meetings took place.

Feedback from people had been requested by the provider and action was taken to address any areas of concern raised.

**Requires Improvement** ●

# Eldercare

## Detailed findings

### Background to this inspection

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

Inspection site activity started on 13 August 2018 and ended on 4 September 2018. The inspection was announced. The provider was given 48 hours' notice because the location provides personal care support to people living in the community and we needed to be sure someone would be available at the office location. The inspection was carried out by one adult social care inspector. Following the inspection site visit, an Expert by Experience contacted people who used the service and relatives to gain their views on the service provided. The inspector contacted staff by telephone on 4 September 2018 to gain their views.

As part of planning our inspection, we contacted the local Healthwatch and the local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. These included five people's care records containing care planning documentation, daily records and medicine records. We looked at five staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with seventeen people who used the service and two relatives to gain their views on the service provided. We also spoke with six members of staff including the registered manager

who is also the provider and two care managers who had responsibility for the day to day management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel well looked after. It is good to know I can be looked after in my own home and not have to go into residential care." A relative we spoke with said, "It is good to know [person's name] is getting such good support and care. Staff always let us know if there is a problem. I think they are very safe."

At the last inspection in July 2017 we made a recommendation that the provider considered current NICE guidance in medicine support and took action to improve their practice accordingly. This was because topical medicines, such as creams, had not been recorded by staff when they had been administered and systems were not in place to ensure medicine administration records (MARs) were returned to the office for auditing purposes in a timely manner. At this inspection we found the required improvements had been made.

Body maps and topical MARs were now in place and completed by staff. These clearly recorded when and where topical medicines had been applied. The provider had developed a system to ensure all MARs were returned to the office at the end of a monthly cycle and we found this had been effective in identifying any concerns or shortfalls.

A medicine champion was also now in place who took responsibility for collecting and checking MARs. We viewed seven MARs and found these contained sufficient information and had been completed appropriately by staff. When people were prescribed 'as and when required' medicines (PRN), protocols were in place to provide staff with information on when they should be administered. We found some staff had received refresher medicines training to ensure they were kept up to date with current best practice, although this had not been consistent for everyone. We discussed this with the registered manager. They told us a training plan was in place and further medicines training was planned to ensure all staff received up to date training.

Safe recruitment processes continued to be followed. We looked at three staff recruitment files and found these contained the required information and pre-employment checks. We identified that references had not always been dated when they had been received. We discussed this with the registered manager who implemented changes immediately to address this.

The provider had a safeguarding policy and procedure in place which had been followed. Management had a clear understanding of their responsibilities to report any concerns to the local authority safeguarding team. At the last inspection we found that not all staff had completed safeguarding training. At this inspection we found training had been provided. Staff we spoke with were able to list different types of abuse and were clear of the processes they should follow if they had any concerns. They told us they were confident management would deal with any concerns appropriately.

The registered manager told us management had spent a considerable amount of time ensuring people's care records contained person-centred information and clearly identified any risks and how these should be

managed. Records we looked at confirmed this. Risk assessments were in place for areas such as moving and handling, skin integrity, medication and external environment. Although the information contained within the risk assessments was basic it provided enough guidance for staff to follow.

The registered manager had a system in place to record any accidents or incidents that occurred. These forms had been completed by staff and showed that appropriate action had been taken following each accident. It was not always clear that management had been made aware of each accident or incident that had occurred as the management section of the accident form had not always been completed. We discussed this with the registered manager who assured us they were fully aware and would ensure better recording in the future.

Rotas we looked at during the inspection demonstrated that people received support from a consistent team of staff, at regular times. People we spoke with confirmed this. Comments included, "I never have any issues with times or staff who visit. It has all been very good" and "They are usually on time and if they are late it is usually never more than a few minutes."

We found there was enough staff available to provide the support that people required. Rotas were produced one week in advance and staff annual leave was managed to ensure service delivery would not be affected. A care manager told us, "We manage annual leave to ensure we only have one staff member off who works in a particular area. That way we know we have enough staff to cover their leave."

The registered manager was keen to explain improvements that had been made to the service since the last inspection and any lessons learnt. They demonstrated they had taken action to address shortfalls in relation to medicine management and improve the level of detail contained within risk assessments. The registered manager said, "We understood the shortfalls and the potential impact and took action. We have tightened everything up and we are proud of the service we are now providing. It has been a learning journey and we have learnt lessons. We are now moving forward in a positive direction."

## Is the service effective?

### Our findings

At the last inspection in July 2017 we found that staff had not always been provided with an annual appraisal to discuss their performance and personal development. We also found that appropriate training had not always been provided to ensure staff had the skills and knowledge to carry out their roles. At this inspection we found some improvements had been

Training records clearly evidenced that training in the areas the provider considered mandatory had now been provided. Staff were given the opportunity to attend refresher training to ensure their skills and knowledge remained in line with best practice guidance. A training plan was also in place to evidence when future training was planned. We identified that Mental Capacity training had not been delivered. The registered manager agreed to source appropriate training in this area.

Staff we spoke with told us they received sufficient training. Comments included, "The training has improved. I still have a few courses to do but they are booked" and "Training is much better now."

Staff had received an annual appraisal which gave them the opportunity to discuss their performance and any areas for further development. We found these had been clearly recorded. Supervisions had been conducted although we found this was inconsistent and not in line with the provider's policy which stated, 'Each supervision session should take place every six to eight weeks.' For example, one member of staff had received a supervision in January 2018 but no further supervisions had taken place.

We asked staff if they felt they received enough support. One member of staff told us, "I feel supported because I know I can always pick up the phone and speak to management. Someone is always available and if I want a chat I can pop to the office. It is never a problem and management always make time to speak with me."

We discussed the frequency of supervisions with management who told us they had a new supervision matrix in place which would help to highlight when supervisions were due.

At the last inspection we found the provider had no formal process in place to ensure staff were competent within their role, as they did not observe staff practice. At this inspection we found observations of staff practice had been introduced and covered areas such as moving and handling, infection control and medicine management. These were in the early stages of development and not all staff had received an observation of practice but a plan was in place to ensure all were completed in 2018.

An induction process was in place and staff new to care completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected and is completed over a 12-week period. New staff also completed 'shadowing.' This meant new staff worked alongside experienced staff to allow them to build relationships with people and fully understand their role, responsibilities and the service's requirements before working alone in the community. New staff were subject to a probationary period where their performance was closely monitored to highlight any concerns. Records we looked at

confirmed probationary meetings had taken place at monthly intervals. Observations of practice had also been conducted.

The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised via an application to the Court of Protection.

Staff we spoke with understood the requirements of the MCA. We found that the service was working within the principles of the Act, although staff had not received training on this.

People usually consented to care by verbally agreeing to it. Staff told us they asked people if they were happy and understood before support was provided. Care plans evidenced that people had been involved in making decisions around the care and support that was provided.

People's support needs in relation to nutrition were clearly documented in their care files. For example, one person's care plan detailed that staff were to prepare all meals but gave clear detail about what the person preferred to eat, such as porridge, toast and marmalade and a cup of tea with one sugar on a morning, when they preferred their main meal and that they should be asked what food they would like. People we spoke with told us staff supported them with meals and ensured they maintained a healthy diet. One person said, "They made sure I am eating well. They often encourage me to have fruit and veg and to keep eating, even if it is little and often."

Staff we spoke with were aware of action they would take if they had any concerns regarding a person's weight or eating habits. One member of staff said, "I would report my concerns to the office. We do have some people who we try and monitor food and fluid intake but it can be difficult as we are not with them all the time." Records we looked at confirmed that when concerns had been raised, appropriate action had been taken such as notifying the person's relatives and GP and implementing food and fluid monitoring charts.

The service had good working relationships with local GP practices, district nurses and other professionals. People told us, "Staff ring the doctor if I am unwell or contact the pharmacy if I have any issues with my medication. They are good like that." A care manager told us, "We do have really good working relationships with the local GP's and pharmacies. We all work together to ensure people get the best support." Information regarding people's GP's and other professionals involved in their care was recorded in people's care records.

## Is the service caring?

### Our findings

At the last inspection in July 2017 we found the service was caring and awarded a rating of good. At this inspection we found the service remained good.

People told us staff were kind and caring. Comments included, "I love the fact carers know me so well", "They are all kind, caring and professional. I couldn't wish for better" and "I am glad I found them. I often get the same carers which is great."

Staff we spoke with were able to describe how they ensured people's privacy and dignity was maintained. One member of staff said, "I love that I visit people that I have built relationships with. I know what they like and how they like it. I always keep people covered during personal care and try my best to make people as comfortable as possible." People we spoke with told us staff respected their privacy and dignity. One person said, "The staff are lovely and they understand the need for privacy. There are never any awkward moments." A relative we spoke with said, "When we are visiting the staff always make sure [person's name] isn't embarrassed or uncomfortable. They have such a caring nature about them."

Staff were provided with information to enable them to provide the level of support that was needed whilst promoting people's independence. For example, one care plan stated areas of the body the person was able to wash independently and another care plan detailed how much support a person required with meal preparation. One person told us, "I like that the staff don't take over. They always ask before doing and they encourage me. They understand my needs and where I need the most support."

Staff we spoke with were able to demonstrate detailed knowledge about people they cared for, such as their personalities, likes, dislikes and hobbies. It was clear that staff had good relationships with the people they cared for. Consistent rotas meant that staff were able to build relationships with people and develop trust. One person said, "Having a regular staff team is important to me and that is respected. I see the staff as friends and I look forward to them visiting. The regulars know me inside out."

Staff understood the importance of identifying people's diverse needs and wishes and were mindful of meeting them. We were told about several people that used the service who had diverse needs in relation to their culture, disability, age, religion and belief. These included people who needed to have their hearing aids and glasses maintained to enable them to communicate well and people who wished to continue worshipping in their chosen faith.

Documents evidenced that calls times were adapted to meet people's needs. For example, one person enjoyed attending church each Sunday but required their lunch call to be at a later time. This had been accommodated.

People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known. People told us staff sat and spoke with them about their care and what they

wanted and support was delivered to help to achieve this.

When people were asked if they felt staff respected their choices everyone considered this to be the case. Records showed that people were able to request specific staff and specific visit times and, wherever possible, these requests were accommodated.

## Is the service responsive?

### Our findings

At the last inspection in July 2017 we found the service was responsive and awarded a rating of good. At this inspection we found the service remained good.

People and relatives we spoke with told us the service was responsive to their needs. Comments included from people included, "Staff do everything I ask of them" and "When I have been unwell they have put in extra support. I would say that means they are responsive." A relative told us, "I know [person's name] has a care folder and they update that if there are any changes. We are always informed."

The service continued to ensure they could meet people's needs before accepting a new package of care. Initial discussion took place with a social worker to obtain details such as the length and number of calls required, the support required, the person's medical history and if the person had specific times they wished for their visits to take place. A care manager told us, "We only accept packages that we can manage. There is no point accepting packages that we know we will struggle with or can't meet people's needs. We have to think about location and travel time too as well as people's preferences." Following these initial discussions, arrangements were made for one of the care managers to visit the person in their own home to conduct a more detailed assessment of need.

During the inspection we looked at five care files. Care plans had been further developed since our last inspection and contained much more person-centred information. For example, one care plan detailed what items were to be left with the person to ensure they could mobilise independently when staff were not present. Another detailed what area of the person's home they liked to be washed, dressed and eat meals in. This level of information helped to ensure person centred support could be provided.

Care plans also now contained information about people's life history, likes, dislikes and preferences, hobbies and interests, along with details of people that were of importance to the person. Staff used this information to stimulate conversations and to get to know the person they were supporting. One member of staff said, "It is good to get to know as much as you can about a person. I enjoy sitting and having a good chat with people about their families or where they grew up." Another said, "Some people can be reluctant when they first start receiving care. The life history information can help break the ice."

Regular reviews of people's care and support had taken place and these were now recorded although they did not always evidence who had been involved in these discussions. People we spoke with told us their relatives were involved in discussions, knew where their care plan was stored and had access to it if they wished. One person said, "I have a file that the staff fill in every time they visit. They go through it once in a while to check everything is ok. My son goes through it too just to check everything is ok." Another person said, "I was asked about my care and what I wanted. They wrote it down and the staff come and stick to it. They pick things up really quickly."

We found evidence that the service responded when people's needs changed. For example, one person's health had deteriorated and they required additional support. The service had contacted the local funding

authority and additional visits were put in place to support the person. One person said, "Staff are in the ball. Once I was unwell so they put an extra call in place to check on me later in the day. I was fine but it was nice to know they cared."

People's preferences in relation to end of life support had not always been considered or recorded. We discussed this with the registered manager who agreed they would improve this area of their care records. Although staff had not received training in end of life care, staff we spoke with were knowledgeable in this area. At the time of this inspection the service was not supporting anyone with end of life care. A care manager explained that most people who they had supported at the end stages of their life had started to receive support when they were extremely ill and end of life care plans had already been developed by other professionals involved in their care. We discussed the benefit of ensuring advanced decision with regards to people's wishes were considered and recorded for all people who used the service.

Staff completed daily visit reports after each visit which detailed what assistance had been provided to people. We saw these had been completed consistently and contained sufficient information. Staff told us they reviewed this information at each visit to ensure there had been no changes or concerns that required action.

There had been no formal complaints made to the service in the past 12 months. However, people and relatives we spoke with told us they knew how to raise any concerns. One relative said, "We know how to complain. It was one of the first things we found out about but we have never had to complain." Another said, "I know how to complain. I have rung the office a few times about minor things and it has always been dealt with and they have rung me back to let me know the outcome. They are good like that and lovely to speak to on the phone."

# Is the service well-led?

## Our findings

At the last inspection in July 2017 we found the service was not consistently well-led and awarded a rating of requires improvement. This was because the providers quality assurance checks had not been conducted on a regular basis and had not been effective in identifying and rectifying shortfalls.

The manager was registered with CQC in December 2016 and was also the manager for the provider's other location in Malton. The registered manager was also the nominated individual and company director. They were supported by two office managers who had worked at the service for a number of years. At the last inspection we expressed concern in relation to the registered manager and the care managers' understanding of the importance of effective and regular quality assurance processes to monitor the service. At this inspection we found some improvements had been made but further improvements were needed to achieve a rating of good.

Quality assurance processes had been introduced for areas such as medicine administration records and daily visit reports. We could see these had been effective in identifying any shortfalls. However, we found examples where some MARs and daily visits reports had not been returned for several months and it was not clear what action the registered manager had taken. For example, MARs for one person were last returned in April 2018. This person was still receiving medicine support but the medicine audit had failed to identify that recent MARs had not been returned. We discussed this with the registered manager. They told us they would ensure the quality assurance process for returning MARs was more robust.

We found the quality assurance processes in place did not always clearly record action taken by management. For example, an audit conducted in May 2018 highlighted that staff were using MAR codes incorrectly. It was not clear what action had been taken to address this concern with staff. We discussed this with the registered manager who told us they would ensure actions were clearly recorded moving forward.

Systems had been introduced to enable management to record and identify when supervisions, appraisals and training were due. Although we found some shortfalls in relation to supervision delivery and some areas of training provided, overall improvements had been made since the last inspection. The registered manager told us, "Improvements are ongoing and we are aware of the areas we need to further develop. Improvements will continue."

People, relatives and staff told us they felt the service was well-led. Comments included, "Everyone is really helpful. They take my calls and get back to me quickly", "They do what they say they will do and that makes me feel safe. They are very good and it is a well-run service" and "I think the service is very well managed and I have no hesitation approaching them. Very open and honest I have found."

Regular management meetings had been introduced. These had been conducted monthly since our last inspection in July 2017. The purpose of these meeting was to ensure the management team kept the registered manager fully up to date with what was happening in the service. Areas such as recruitment, staffing concerns, new care packages and any issues with current service users were discussed. The

registered manager told us these had been an effective communication tool. Staff told us they were invited to and attended regular staff meetings. Records we looked at confirmed this.

Following the last inspection, the registered manager had taken action to request feedback from people who used the service. This was completed in October 2017. We found each feedback questionnaire had been analysed and action had been taken to improve practice where concerns had been raised. For example, people had expressed they were unsure who to approach if they wanted to change their package of care. As a result, staff were instructed to remind people of the process to follow. Each person was also provided with another copy of the provider's service user guide which contained clear guidance and information in relation to this.

The company director was a member of the Independent Care Group (ICG). The ICG are a group of providers who work within the health and social care profession within the North Yorkshire area. Regular meetings take place to allow providers to share best practice and knowledge. The provider regularly attended these meetings and had an active role within the group. They told us this helped them keep up to date with good practice and any issues that health and social care providers were facing, such as difficulties with recruitment. This demonstrated that they were keen to keep up to date with good practice.

Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. At the last inspection we identified that the registered manager was not fully aware of their responsibilities with regards to notifications. At this inspection we found improvements had been made and notifications had been submitted to CQC as required.