

Elgar Care Ltd

Elgar Care Ltd

Inspection report

41A Bridge Street
Hereford
HR4 9DG

Tel: 01432507560
Website: www.elgarcare.co.uk

Date of inspection visit:
23 August 2019

Date of publication:
18 September 2019

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

Elgar Care is located in Hereford, Herefordshire. It is a domiciliary care agency which provides support to people in their own homes. It supports people with mental health difficulties, older people and people living with dementia. On the day of our inspection, there were 55 people using the service.

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 cared for by staff who understood how to protect them from abuse and harm and keep them safe. Knowledgeable, skilled staff were available to meet people's needs. People's risks were assessed and plans in place to guide staff. People were supported with their medicines by staff using safe practice. Staff understood and followed infection control and prevention procedures. Incidents and accidents were investigated, and actions were taken to prevent recurrence.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's needs and wishes. 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.

People were supported by staff who were caring and kind towards them, who people considered friends. People felt involved and supported in decision making and encouraged to have a say about any potential improvements. People's privacy was respected, and their dignity maintained.

People received personalised care from staff who knew their needs and wishes. Suggestions and ideas were acted upon from people, families and staff. Staff and the management team were responsive to people's individual needs and flexed the service where possible to support people. People's concerns were listened to and action was taken to improve the service as a result. Where improvements were identified, there were plans in place to ensure these were made.

The management team were open, approachable and focussed on providing person centred care. They completed checks to monitor and improve the quality of the service provided. The management team and staff engaged well with other organisations and had developed positive relationships. The registered manager strived to continuously improve their own skills and knowledge.

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

Rating at last inspection

The last rating for this service was good (published)

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Elgar 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector

Service and service type

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

Notice of inspection

We gave the service 48 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 23 August 2019 and ended on 28 August 2019. We visited the office location on 23 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, client manager, carer manager, co-ordinator and care staff.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of how to protect people from abuse and what actions to take if they needed to report any concerns. They told us they had received training and updates in regular team meetings.
- The provider had procedures in place to ensure they met their responsibilities to report any concerns.

Assessing risk, safety monitoring and management

- People said staff supported them safely and people felt safer with staff support. One person said, "I wouldn't manage on my own, they are really good at keeping me safe."
- Risk assessments gave clear guidance to staff, they were reviewed regularly and amended when required. Staff had a good understanding of people's risks and knew how to help them remain safe. For example, one person told us how their shower had been checked to ensure they were safe to use it and staff always followed safe practice when supporting them in the shower.

Staffing and recruitment

- People were supported by staff they knew, and they had confidence in. People said they had regular staff that didn't rush them and stayed for the full time. One person said, "I don't mind who comes they are all absolutely brilliant, and I prefer to have different staff so I have fresh people to talk with."
- Relatives told us sometimes there was a lack of consistent staff to support their family member, however they were working with the registered manager to improve this.
- The management team kept consistent staff where possible and were constantly recruiting to ensure they had sufficient staff available. The registered manager acknowledged they sometimes struggled for staff availability, however there were new staff following the recruitment pathway.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. The management team had robust systems in place to ensure safe recruitment practice.

Using medicines safely

- Where possible people managed their own medicines with minimal support from staff. When people did need support there were procedures in place to provide this safely. One relative told us how staff always ensured their family member had their medicine as prescribed.
- When staff administered medicines, they followed appropriate guidance and used an effective system to

ensure people had their medicines. Staff were trained and had competency checks to ensure they followed safe practice. Medication records were checked thoroughly by the management team and errors found were actioned straight away.

Preventing and controlling infection

- People and their relatives said staff always followed safe practice and wore protective equipment when needed.
- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. Staff told us they always wore appropriate gloves and aprons when they should do.

Learning lessons when things go wrong

- The management team and the provider reviewed any accidents and incidents to look at trends and implemented any learning from the incident. For example, the registered manager had a daily meeting to review any incidents with the management team to ensure actions were followed up and completed.
- Staff knew how to report accidents and incidents and told us they knew any changes to peoples care and support as a result.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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 told us the management team had assessed their needs and preferences in relation to their care and planned their support based on this. We saw these were recorded to inform staff.
- People and their relatives were involved in decisions about their care.
- People told us their lives had improved since receiving support from this service. One person said they really enjoyed the care staff that visited them regularly and benefitted from their support.
- We saw tools and information on best practice guidance were available for staff. For example, we saw staff had easy access to the main principles of the Mental Capacity Act to support them with their understanding included in people's care plans.

Staff support: induction, training, skills and experience

- All the people and relatives we spoke with said staff had good knowledge and skills to support them. One person told us how new staff always visited with an experienced staff member to learn what support they needed.
- Staff told us they had completed training as part as their induction, then had regular refreshers. They said they shadowed experienced staff as part of their induction who shared best practice knowledge. One staff member told us how they were able to shadow experienced staff until they were confident, and if they were going to provide support with more complex care they could always ask for a refresher if they wanted one. Staff were well supported and had all the information to support people as they wanted. They also said there were regular competency checks, so they were reassured they were providing effective care.
- We saw ongoing training updates were arranged for staff, and staff told us they had the skills to meet people's needs. For example, Sepsis training was arranged for staff in the office and care staff to ensure they were familiar with how to recognise any concerns.
- Staff were encouraged to further develop their knowledge and skills through vocational training.
- One person told us they had complex care needs and new staff always came out with the trainer, so they were taught consistently the same practice.

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

- The support offered to people varied dependant on people's individual needs. People were promoted to be as independent as possible in meal planning, shopping and meal preparation. People told us this could be varied depending on how they felt on the day.
- Staff were knowledgeable about how to meet people's nutritional needs. For example, staff understood

any risks for people eating and prepared food safely.

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

- People and their relatives gave us examples of when staff had helped them to access healthcare services, so people were supported to meet their health needs.
- We saw appropriate professionals were involved when needed to ensure people health and well-being improved.

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 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

- People said staff listened to them and respected their wishes. They told us staff checked they were happy with what they were doing.
- Staff understood the Mental Capacity Act principles and knew who would be involved to support people with decisions when needed.
- The provider was reviewing their systems to ensure they complied with the principles of the MCA. They understood their responsibility and were updating paperwork when they needed to.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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

- People said staff were kind and empathetic to them. One person told us about staff, "They are all brilliant, I can't fault them." People said they mattered to staff.
- Staff had a good rapport with their family members. One relative told us a particular member of staff was so good with their family member, it was a pleasure to watch how happy their family member was when they spent time with this staff member.
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people they supported. The ethos of the management team was inclusion, to ensure all the people they supported felt included and important when staff supported them.
- All the people we spoke with said staff really made a difference to the quality of their lives.
- We heard good news stories from staff and the management team, for example where the management team had presented flowers for people's birthdays.

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

- People we spoke with explained they made decisions about their day to day support. Families told us staff listened to their family member's wishes.
- People and their families were regularly asked for feedback to ensure they were happy with the support staff provided. We saw results from satisfaction surveys were shared with people and their families and there were on-going action plans to make improvements. For example, we saw there was improvement identified in communication and the continuity of care staff. The registered manager had a plan in place and was working on the improvements needed.
- Relatives confirmed there were regular reviews and they were encouraged to share their views about the service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and supported them to be as independent as possible. One person said staff encouraged them to be more independent and helped them to consider new ways to do tasks. Another person said staff always closed their blinds before helping them with their personal care.
- Staff were respectful of people's needs. All the staff we spoke with were passionate about the people they supported and spoke of respecting their wishes and constantly looking at how they can improve people's

well-being.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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

- Information had been gathered from people and their families to build a detailed picture about each person's support needs, preferences and history. Staff told us they were able to provide personalised support tailored to the needs and wishes of each person.
- Records contained detailed information for staff on how best to support people with all aspects of their life. They also included detailed information about their health needs and the care people required to manage their long-term health conditions.
- Staff got to know and develop excellent knowledge about the people they supported.
- People told us their support was flexible and adaptable. For example, one person said that changes were easily made depending on what support they needed, and this could be adapted at short notice where possible. People said their care arrangements were regularly reviewed to ensure they were happy with them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers'.

- Staff knew how to communicate with people to understand their wishes. Staff found different ways to ensure they understood people's needs, for example, understanding facial expressions and body language.
- The management team were aware of the accessible information standards and ensured people had access to their information in different formats when it was needed.

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 access the community when agreed as part of their assessed care needs. People told us staff supported them with arrangements when they needed help.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns if they needed to. One person told us they were confident they could speak with the management team if they needed to. People told us if they made suggestions these were actioned by the management team, and they felt listened to. Two relatives told us there were ongoing

concerns they were working through with the management team. They said they were in regular contact with the client managers and were looking forward to the improvements.

- The management team had a complaints policy and reviewed their complaints to ensure they acted on concerns raised appropriately.

End of life care and support

- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes.
- The management team explained they would involve other agencies to support people who chose to remain in their own homes at the end of their life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant 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; 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

- People and their families said they had confidence in and a good relationship with the management team. One person said about the management team, "I can't fault them."
- The management team completed a range of quality audits on a regular basis and we saw actions were identified and addressed to bring about improvements.
- All the staff we spoke with said there was an open and positive culture, led by the management team. One member of staff said, "We all communicate well and are a strong team."
- The management team were open and honest and understood their responsibility to meet the duty of candour. When improvements were needed these were investigated and shared with people, their families, and staff.
- Staff told us the management team valued them. For example, birthdays and special celebrations were acknowledged by the management team. Other initiatives such as "Thank Crunchy its Friday", where all staff received a Crunchy bar. The provider had started a reward system to support staff feeling valued by people voting for an employee of the month.

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

- People gave positive feedback about the care they received. They said they were happy with the flexible, caring support provided.
- The service was led by a supportive management team. Staff were clear about their roles and the leadership structure with clear lines of responsibility. There were positive initiatives to break down the divide between staff groups. For example, through office staff attending training with care staff.
- The management team were clear about their responsibilities for reporting to the Care Quality Commission [CQC] and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- The registered manager constantly reviewed their practice to ensure they were up to date and following best practice guidance. There were regular initiatives to focus on specific learning, for example, hydration month where the management team provided water and information about keeping people hydrated.

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

- People told us the management team were flexible and adaptable and listened to their views. Relatives were confident to discuss any areas for improvement.
- The provider used different systems to seek feedback to ensure people's voice was heard. People and their relatives were encouraged to contribute their views through questionnaires and review meetings. Where improvements were identified there was an action plan in place to ensure improvements were completed.
- There was a culture that people and staff were valued and listened to and had access to the support they wanted. For example, the care manager had completed a counselling course to ensure there was support for staff when they needed it.

Continuous learning and improving care

- There were daily meetings to follow up concerns and issues to ensure they were actioned and continued to be monitored.
- The management team regularly audited all aspects of their care delivery to constantly keep the support provided under review.
- Accidents and incidents were reviewed, and learning used to improve the quality of care provided.

Working in partnership with others

- The management team had established good links in the community to support them to provide quality care. For example, they were arranging a community event to bring people together and improve their well-being.
- Other professionals told us that staff and the management team had good relationships with them to support positive outcomes.