Elmar Home Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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: Elmar Home Care Limited is a domiciliary care agency, providing services to older adults and people with physical disabilities and complex health needs. At the time of our inspection 61 people received personal care from the service.

Not everyone using the service receives the regulated service of personal care. CQC only inspects the personal care service provided to people, that is help with tasks related to personal hygiene and eating. Where personal care is provided to people, we also take account of any wider social care provided.

People's experience of using this service:
At our last inspection in May 2018, we rated the service Requires Improvement overall with two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation. This was in relation to medicines management and good governance. Since this inspection, a new provider has recently taken over the service and a new management team put in place. At this inspection, we found sufficient improvements had been made and the service is no longer in breach of Regulations.

Although we saw some good practice in relation to medicines management, we have made a recommendation about further review of systems in line with good practice, to bring this to a consistently good level.

Safe recruitment procedures were in place. Sufficient staff were employed to make sure people's care and support needs were met. People told us staff completed all required tasks, but they were not always informed if their visit was going to be late.

People's nutritional and healthcare needs were being met. The service liaised with healthcare professionals to ensure people's care and support needs were met.

Staff knew people well, including their likes, dislikes and care needs. People were generally complimentary about staff. They told us staff were caring, gave them choices about their daily lives and supported their independence as much as possible.

People's needs and risks to their safety were assessed, and detailed plans of care drawn up. People told us they felt safe and staff had been trained to recognise and report suspected abuse. A complaints procedure was in place and any complaints were taken seriously and investigated appropriately.

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 and/or their relatives were involved in the planning and review of their care.

Staff were receiving appropriate training and updates. Staff told us the training was good and relevant to

their role. Staff were supported by the management team and had the opportunity to discuss any concerns and their ongoing development needs.

Some systems were in place to monitor the quality of care provided and further areas were being developed. People were positive about the new care provider and management team and said they were approachable and supportive.

The service met the characteristics of Good in most areas; more information is in the full report.
Rating at last inspection: At our last inspection, published in May 2018, we rated the service Requires Improvement, with breaches in relation to medicines management and quality assurance.

Why we inspected: This was a planned inspection based on the rating at our last inspection. At this inspection we found improvements had been made and the service is now rated good overall.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Elmar Home Care Limited

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 team consisted of two adult social care inspectors and an assistant adult social care inspector.

Service and service type:
Elmar Home Care Limited is a domiciliary care agency, providing personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults and people living with dementia, mental health issues or a learning disability.

Two managers had recently been appointed who were going through the process of registering with the Care Quality Commission. The provider had also recently registered with the Care Quality Commission. A registered manager 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 short notice of the inspection site visit because we needed to be sure the registered provider, manager and staff would be available.

Our inspection site visit activity started on 29 April 2019 and ended on 1 May 2019. We visited the office location on 30 April 2019 to see the manager and office staff and to review care records, policies and procedures.

What we did:
Before the inspection, we reviewed information the provider sent us in the Provider Information Return

(PIR). 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders such as the local authority.

On 29 April 2019 we spoke with three people who use the service, one relative and six staff members on the telephone.

On 30 April 2019, we reviewed a range of documentation at the office location. This included four people's care records and medication records, three staff recruitment files, staff training records and other records relating to the running and audit of the service. We also spoke with the registered provider, the two managers, the compliance, development and finance manager, the HR and personnel manager, the care co-ordinator and a staff member.

On 1 May 2019 we spoke with a further six people and one relative on the telephone.

Requires Improvement

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Using medicines safely

- There was some good practice in relation to medicines. The service had undertaken medicine risk assessments and clear information was recorded in care plans as to how people liked their medicines. The service had worked with a pharmacist to produce a list of medicines for each person with common side effects.
- However, further improvements were needed to medicine management systems. We found a number of gaps on medicine administration records (MARs) where we could not confirm if people had received their medicines as prescribed. We spoke with the managers who were able to identify what actions they had taken where they had identified these. They accepted these checks needed to be more robustly documented and had plans to implement improvements.
- Some handwritten MARs were not signed by staff to confirm the prescription was correct. The managers confirmed they were taking immediate actions to address these areas.
- We recommend the service further reviews the system of medicines management in line with recognised guidance.

Assessing risk, safety monitoring and management

- Overall, risks to people's health and safety were appropriately assessed with clear guidance put in place for staff. We saw a range of risk assessments were in place. The service monitored people's falls and reviewed their care if they had an accident to help reduce the risk of a re-occurrence.
- However, we identified one person who had diabetes and had a recent hospital admission due to low sugar levels did not have an appropriate risk management plan in place to help reduce the risk. We raised this with the management team and had confidence this would be addressed.

Learning lessons when things go wrong

- Accidents and incidents were recorded with action taken. However, further analysis was required to analyse themes and trends to mitigate the risk of reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe. Staff had been trained to recognise and report signs of abuse. Appropriate safeguarding referrals had been made.
- People told us they felt safe with their care staff. One person's relative commented, "Yeah, got somebody there when you need them". Another person commented, "They don't make me feel like a burden. They make me feel like a person."

Staffing and recruitment

● We reviewed a selection of rotas and saw these were realistic and appropriate with travel time allocated between calls. People told us staff stayed the right length of time and staff apologised if they were late, but did not always phone to inform them. One person told us how they had raised concerns with the provider about the lateness of their evening call and this had been resolved.
● Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people. This included checks on staff backgrounds prior to starting employment. Staff we spoke with confirmed these took place.

Preventing and controlling infection
● Gloves and aprons were available in the office for staff to use. Staff explained how they followed correct infection control procedures to reduce risk of cross contamination.

Good

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; 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. Applications must be made to the Court of Protection when people live in their own homes. None were required for the people supported by the service when we inspected. We checked whether the service was working within the principles of the MCA.
- The service was acting within the legal framework of the Act. We saw people had consented to plans of care and the managers understood their legal responsibility under the Act.
- People's needs were assessed, and their choices and preferences recorded in care records. Staff gave examples of working in accordance with these.

Staff support: induction, training, skills and experience

- Staff received a range of training and support relevant to their role. This included regular training in key topics. Training was delivered through a variety of methods which included workbooks, face to face training and computer-based training.
- Staff competence and understanding was checked on a regular basis. One person commented, "They do their job. They know what they're doing."
- New staff received a 12-week induction and staff we spoke with confirmed this. For one staff member we found there was a lack of evidence of recent induction training. Management assured us evidence of this was with the staff member but agreed that they needed to keep a copy in the office.
- Staff received regular support, appraisal and supervision. Staff told us they felt very well supported by the management team.

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

- People's nutritional needs were assessed. Where concerns were identified, people's weights were monitored as well as their food and fluid intake.
- Staff had received training in food hygiene and each had been given a food probe to check the correct heating of food.

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

healthier lives, access healthcare services and support

● People's healthcare needs were assessed. Key information was recorded on any specific medical conditions people had.

● We saw evidence the service liaised with professionals such as district nurses, GPs and occupational therapists about people's health, care and support. Staff confirmed they contacted healthcare professionals where required.

● Hospital passports were in place to assist a good transition between homecare and hospital care.

Good

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
- We saw evidence the service truly cared about the people they were supporting. People's birthdays were celebrated, and the service was working to identify people's wishes and then make them become a reality.
- People commented they were generally happy with the care and support they received. Comments included, "I can't fault it…all very pleasant", "I feel like they could be my friend" and "They are absolutely brilliant." However, one person told us they were unhappy with a care worker and did not feel their concerns had been fully addressed.
- People's diverse needs were considered. The service made reasonable adjustments to meet individual needs and practiced a person-centred approach.
- Staff had received training in equality and diversity with further training and discussion around this subject taking place during staff meetings.
- We saw the service had received many thank you cards and compliments about the care and support people had received. This included, 'I'm very happy with my care. I enjoy the chats we have too' and 'Elmar carers have provided me and my family peace of mind and the ability to stay in my own home.'

Supporting people to express their views and be involved in making decisions about their care
- People's opinions were sought, and the information used to make decisions about their care and support.
- One person told us staff asked them how they wanted their care, and gave them choices, such as what they wanted to eat.
- Staff gave examples of how they had built up good relationships with people and got to know their likes and dislikes.

Respecting and promoting people's privacy, dignity and independence
- Staff gave examples of how they respected people's privacy and dignity. A staff member commented, "I treat every house as if it's my house and every service user as if they're my mum and dad or sister and brother if they're younger."
- People commented, "When they are assisting me with toileting, they cover up the necessary parts, keep others out of sight", "Yes, they knock before they enter and announce themselves." and "We laugh and joke about it. They don't make me feel uncomfortable… They don't make me feel as if I'm a problem. They just get on with it."
- There was a strong focus within care planning on helping people retain independence. Compliments received included, '(Person) has never been happier with her care. Her carers are like family to her; she's now cancelled her physio as she is being encouraged by the carers to be more active instead' and 'My carers allow me to be independent and assist me when I'm struggling, which helps build my confidence.'

● One person's relative had sent a compliment about noticing a marked change in their relative's mobility and physical strength and said they were 'impressed by the techniques the carers are using to make (relative) more independent and capable.'

Good

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

- People's needs were assessed prior to offering a service to ensure the service could meet their needs.
- Care records demonstrated people's needs had been assessed and clear guidance put in place to guide staff in providing appropriate care. We saw these were very detailed and person centred.
- Clear information was recorded in care records about people's preferences and interests. People told us staff respected their preferences. A staff member told us, "I try to find their points of interest."
- People's care needs were regularly reviewed. We saw evidence staff met with people regularly to discuss their care and support needs and make any changes if required.
- Some staff told us that although there was a social media group to disseminate key information, feedback about actions taken from queries they raised could be better. We raised this with the management team who took this on board.
- The service was compliant with the Accessible Information Standard 2016. A policy was in place and we saw evidence of good practice in this area.
- People's communication needs were assessed as part of care planning with adjustments made to meet people's needs. For example, one person's care plan had been made into an audio format as they were registered blind. Another person's care plan had been translated into their native language. A third person had a care plan in an easy read pictorial format.

Improving care quality in response to complaints or concerns

- We saw evidence complaints were taken seriously, investigated and the complainant was kept informed of the results and actions taken as a result. We saw these actions were used to improve the quality of people's care provision.
- Information about how to make a complaint was detailed in the service user handbook, given at the start of service provision. Some people told us they were not aware how to raise a concern if they needed to.

End of life care and support

- People's end of life wishes and preferences were recorded in their care records, giving clear details of how people wished to pass their final days. This included details of where they wanted to be, what music they wanted to listen to and people they wished to see.

Good

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

- Since our last inspection, a new provider and management team had taken over running Elmar Home Care Limited.
- The new provider and management team were committed to developing the service and promoting high-quality person-centred care for the people they supported.
- The provider had undertaken some care visits in order to understand the needs of the service and to lead by example. They were a daily presence at the service.
- The service had a clear statement of purpose.
- Statutory notifications had been received from the service where required.
- People were generally complementary about the management team.
- Staff told us the provider and management team were very supportive, approachable and had seen some improvements since the new provider had taken over the service. Comments included, "They're changing the approach to care… it's all about the service users." People and staff told us they would recommend the service.

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

- A clear management structure was in place. This included a range of support staff who helped the service to improve and monitor areas such as training, compliance and keeping up to date with best practice.
- The provider and/or management team carried out regular home visits to review care plans and get feedback from people and relatives. Regular spot checks were carried out which included checks on medication, call times and record keeping.
- Some audits and checks were undertaken, for example of daily records. The management team recognised audits of the medicine management system needed to be more robust. We saw plans were in place to ensure this was prioritised by the management team.

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

- People's opinions were sought through regular staff meetings and quality surveys sent to people and staff. We saw actions had been taken as a result of these. The management team recognised the need to make sure people and staff were fully informed about these actions.
- The service was involving people, staff and family members in the governance of the service. For example,

they had identified people with specific skills who could help further develop the service in the future.

Continuous learning and improving care

● The management team were committed to continuous improvement of the service.

● We saw there were plans to further develop the service. For example, a plan was in place to reduce loneliness and improve the safety of the service through introducing electronic care planning and real time monitoring of staff.

Working in partnership with others

● Staff worked in partnership with a number of agencies to improve the service. This included healthcare professionals and the local authority.

● A member of the management team attended local provider forums to share best practice and drive service improvements.