

Esteemed Life Ltd

Esteemed Life Warwickshire

Inspection report

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Date of inspection visit:
03 June 2021

Date of publication:
20 July 2021

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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:

Esteemed Life Ltd is a domiciliary care agency providing personal care and support to older people and younger adults in their own homes. Some of these people were living with dementia. At the time of our inspection 12 people were receiving personal care.

People's experience of using this service:

People told us they felt safe with staff. The manager and staff knew their responsibilities in relation to keeping people safe from the risk of abuse. Care plans contained risk assessments and risk to people's health and wellbeing were addressed and mitigated. Robust recruitment processes were utilised to prevent unsuitable staff from being employed. There were enough staff employed to meet people's assessed care and support needs. Staff were trained in how to protect people from COVID-19.

People's needs were assessed including their protected characteristics under the Equalities Act 2010. 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. The service worked with Health and Social Care professionals to make appropriate referrals.

People were cared for by staff who treated them with kindness, dignity and respect. Staff were committed to providing person centred care and respected people's individual preferences.

The provider had a complaints procedure in place, and gathered feedback from people, relatives and staff about their service. Communication was being improved and call monitoring systems were being developed to improve the responsiveness of their service.

The service had a manager registered with the Care Quality Commission; however, the registered manager was on maternity leave at the time of our inspection visit. The provider had appointed an interim manager (referred to as the manager in this report). The service had an effective system in place to assess, monitor and improve the quality and safety of the services provided. The provider was developing their service based on the results of audits and feedback.

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

Why we inspected:

This was a planned comprehensive inspection because the service had not previously been rated. The service was registered with us on 12 June 2019 and this is the first inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

Esteemed Life Warwickshire

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 was carried out by one inspector and an 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

This service is a domiciliary care agency which provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. However, the registered manager was on leave at the time of our inspection. The 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 18 May 2021 and ended on 4 June 2021. We visited the office location on 3 June 2021.

What we did before the inspection

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as allegations of abuse. We reviewed the information received from the provider in the provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We spoke to local authority commissioners to gather their feedback. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We received feedback from three members of care staff, the care co-ordinator, manager and the provider.

We reviewed a range of records. This included five people's care records, risk assessments and medicine records. We reviewed records relating to the management of the service including; quality assurance records and a variety of policies and procedures implemented by the provider.

After the inspection

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

Is the service safe?

Our findings

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

This was the first time the service had been inspected. At this inspection we have rated this key question as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the care staff that entered their homes.
- The provider had robust safeguarding systems in place. The manager understood how to report allegations of abuse to the local authority and CQC if required.
- Staff had received safeguarding training and understood their responsibilities to record and report safety incidents and raise concerns.
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and wellbeing were assessed at an initial assessment, and at regular reviews and updates to care and support plans. People's care plans contained risk assessments linked to their individual support needs. Overall, these explained the actions staff should take to promote people's safety.
- Incidents and accidents were documented and monitored to ensure there were opportunities for lessons to be learned. Incidents and accidents were reviewed by the manager.
- Policies and systems were in place to ensure that incidents were recorded actioned whether there were any missed calls. The manager told us that these were analysed monthly and actions were taken to make improvements if required. The manager told us there had been no missed calls.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. Overall, people told us personal protective equipment (PPE) such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection. One relative said, "Staff all wear full PPE, I can't fault them." A staff member told us, "I'm always able to pop into the office to collect PPE. Full PPE is always available."
- Staff were trained in infection control and understood their role and responsibility for maintaining high standards of cleanliness and hygiene. The registered manager confirmed extra COVID-19 training had been provided to staff at the start of the pandemic, to ensure they understood how to prevent the spread of the infection.

Staffing and recruitment

- Staff told us that there were enough staff to support people safely, but at times they arrived later than planned to calls, due to unforeseen emergencies or traffic. The manager explained when staff were absent, they could arrange extra staff from their sister company, and office staff kept their care training up to date to support in emergencies. The provider was recruiting an additional member of staff at the time of our inspection visit to further improve their ability to meet people's preferred call times.
- People's needs, and hours of support, were individually assessed. Staffing rotas showed there were

enough staff deployed to meet people's needs. The manager confirmed if staff were running late, their policy was that staff would call the person or their office, so that the person could be told if staff were going to arrive late.

- Staff were recruited safely, and checks were thoroughly completed. This protected people from new staff being employed who may not be suitable to work with them.

Using medicines safely

- Medicines were administered safely by trained staff. Staff completed records to show when people received their prescribed medicines. One relative told us, "Staff always check if [name] has taken their medicine."
- Staff had received medicines training and regular medicine administration competency checks were carried out.
- Medicines administration records (MARs) were audited by the registered manager regularly to identify any errors or omissions.

Is the service effective?

Our findings

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

This was the first time the service had been inspected. At this inspection we have rated this key question as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People's capacity to consent to care and support had been assessed and recorded.
- The manager and staff had received MCA and DoLS training. They understood people had the right to make their own decisions about their care.
- People confirmed staff asked for their consent before providing care.

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

- Care plans included a nutrition and hydration risk assessment and guidance for staff on people's dietary requirements.
- Staff understood and followed people's care plans which detailed the support they required with eating and drinking.

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

- The provider explained they often received short notice from commissioners when they were contracted to support people. This meant that the support needs of people were communicated to the service through commissioners. Initially staff were briefed on each person's support needs at the beginning of their care package. The manager then carried out an assessment with the person, or their family members, to identify if any changes were required to their care and support plans. Care records and information about the person's care and support needs were uploaded onto the electronic care system as soon as practically possible.
- Records showed assessments considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support.

- Information gathered at the assessment stage was developed over time as staff got to know people and their relatives.

Staff support: induction, training, skills and experience

- New staff received an induction when they started working at the service. New staff worked alongside other experienced staff until they were confident in supporting people.
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Records showed staff had regular updates and communication with their manager. Staff had group meetings to identify any changes that needed to be made to people's care plans, but also to identify any improvements that the service could make. The manager explained staff supervisions and checks on staff performance had been affected by the COVID-19 pandemic, however, they had planned performance checks and supervision meetings with staff the week following our visit.
- There was an 'on call' phone number available for staff to ring if they had any issues or concerns whilst visiting people in their homes. One staff member said, "On-call is always answered straight away if there ever was a problem while out on calls." Another staff member told us they didn't always have confidence in the person who would answer the 'on-call' number in case this was office staff, so they emailed a care co-ordinator directly to gain their support if required.

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

- People told us staff supported them to maintain good health, including contacting healthcare professionals on their behalf if necessary. One relative told us, "[name] was unwell after one of their COVID jabs, they [staff] told us they were going to send for an ambulance."
- Care plans showed healthcare formed part of their initial assessments, which were taken into consideration before care provision started.
- The manager told us any concerns highlighted by staff were referred to relevant professionals, such as GPs.

Is the service caring?

Our findings

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

This was the first time the service had been inspected. At this inspection we have rated this key question as Good. 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; equality and diversity

- People and their relatives told us staff treated them well and said they were caring. One person said, "I fell once and hurt my nose and face, the office phoned up to see how I was as they were worried about me." Another person commented, "[staff] are all nice to me, they do anything for me." One relative told us, "They [staff] are all very friendly, they are happy to sit and chat with [name] once all the jobs are done. The other day, one of the girls phoned [name] and said, 'I'm just in the park getting an ice-cream, do you fancy one?'.
● People's care records contained information about their background and preferences, and staff we spoke with were knowledgeable about these.
● People's care records contained information about equality and diversity and met the requirements of the Equality Act 2010. People's religious, spiritual, cultural and lifestyle choices were considered.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives informed us people were able to express their views through care planning and regular reviews of their care. Staff understood the importance of respecting people's individual rights and choices.
● A person told us staff supported them to maintain their independence and one person commented on how respectful staff were saying, "Oh yes, [staff] all very polite."
● Care records promoted people's right to independence and focused on what people were able to do for themselves.
● The registered manager was aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely and were password protected to ensure only those authorised to do so could access them.

Is the service responsive?

Our findings

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

This was the first time the service had been inspected. At this inspection we have rated this key question as Good. This meant 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

- We received mixed feedback from people and their relatives about whether staff always arrived at their preferred time for their scheduled calls. This meant their preferences were not always met. Some people told us staff could be late arriving, but that when they came, they stayed for the agreed amount of time. The manager explained that although people reported call times were not always met, staff were contracted to arrive within an agreed 'time window', around the agreed time. Systems showed that staff were arriving during this agreed 'time window'.
- People and their relatives told us they were involved in writing their care plans based on their support needs and preferences.
- Care plans were reviewed with people at regular intervals or when people's needs changed. One relative told us, "The care plan is reviewed every year. They [staff] came around and went through it all with me."
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and details of medicines the person had received. These records ensured good communication between staff, benefitting the care of the person.

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'.

- The manager told us they made documents available to people they supported in different formats such as large print if needed.
- People's communication needs had been assessed and staff knew how to communicate with people based on the assessment. The assessment asked people how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave people the choice of how to be communicated with.

Improving care quality in response to complaints or concerns

- People knew who to contact if they were concerned about anything. Records showed complaints were investigated and responded to. Where improvements needed to be made the manager fed back any learning to staff. One person told us, "They always listen to what we say."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.

Is the service well-led?

Our findings

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

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

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

- There was not a registered manager at the service at the time of our inspection visit, as the registered manager was on long term leave. However, the provider had promoted a senior care co-ordinator into the manager's role during their absence. The senior care co-ordinator knew the service well, and additional staff were being recruited to assist them with their new role.
- There were systems in place to monitor the quality of the service. A range of quality audits such as care plans, medicines, spot checks and staff files were in place and completed. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the manager.
- One person's care record required minor updates to reflect their needs, which we brought to the attention of the manager. They told us they had immediately made the required change. The manager and provider had developed an improvement plan for their service. The improvement plan included how audits were to be developed to ensure monthly checks on care records were more robust.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The manager was aware of this requirement and had completed the required notifications when it was appropriate.

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

- Staff told us that they were able to share their ideas through meetings and staff surveys. We reviewed the most recent staff survey, where staff views were sought by the provider, and staff could give feedback anonymously. Some comments from staff included; "Communication could be better" and "Staff would like more check-ins or supervisions." We saw from the provider's action plan they were organising more supervisions and communication with staff in response.
- Feedback was sought from people and relatives regularly. One relative we spoke with said, "[Staff] gave me a review card to send them, I was positive, said I was happy with the service."
- People were asked for their feedback when senior staff visited their homes. Senior staff worked alongside care staff at busy times to cover some calls. Records showed good levels of satisfaction by people and relatives, the provider stated that if there were any issues identified action would be taken to improve this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Staff told us the managers encouraged a culture of openness. One member of staff told us, "I find/found

all the care coordinators to be supportive and proactive when supporting me in my job role. I find them approachable. The manager keeps us updated with Friday weekly updates."

- People and their relatives told us they were fully involved in both the development and review of care and support. From gathering feedback, the manager and provider had realised communication regarding late calls needed to be improved. In a recent staff meeting they had spoken with staff about improving communication and notifying the office if they are running late.
- The provider had implemented an electronic care planning system which staff used to log in and out of each call. This assisted managers to monitor when staff arrived and left people's homes to ensure they received their agreed care package. This was being developed at the time of our inspection visit to ensure the times staff arrived and left people's homes was monitored.
- The care co-ordinator explained where agreed, the person or their relative was able to access the electronic system to view their records and also to see which member of staff was due to complete the care calls each day. A relative told us, "Yes, they do that, they [staff] can run quite late some days, I've recently had access to the App so that I can see when staff turn up."

Continuous learning and improving care; Working in partnership with others

- Staff told us they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The manager worked with people, their relatives and healthcare professionals to meet the person's needs.