

Esmero Care Services Limited

# Esmero Care Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Esmero Care Services Limited is a community-based care provider that provides personal care to people living in their own homes. At the time of inspection five people were receiving a service and all were in receipt of the regulated activity of personal care.

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

Unsafe moving and handling techniques were being used by staff to support people to mobilise. Risk assessments did not always contain clear guidance to staff.

The manager of the service had not completed any moving and handling training themselves and therefore, had not identified where staff were not following safe practices.

The provider's systems and processes for the management and oversight of the service were not consistently effective and had not identified the concerns we found during the inspection. There was no registered manager in post as required by law.

Staff had received training in safeguarding and knew how to keep people safe. The provider had recruitment processes in place to ensure suitable staff were employed. Medication was administered safely. Staff followed safe infection control practices.

Staff had received induction training to give them the skills and knowledge to support people safely however we found some staff were not following correct moving and handling techniques after completing their training.

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 kind and caring staff who respected their privacy and dignity and supported their independence.

Care plans in place were personalised and showed the support people needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 20/08/2020 and this is the first inspection.

### Why we inspected

This was a planned inspection of a newly registered service.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always effective.

Details are in our effective 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Esmero Care Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission as required by law. 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. There was a care manager in post who told us they were in the process of applying for registration.

#### 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 manager would be in the office to support the inspection.

#### What we did before 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. The provider was not asked to complete a 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the manager, and care workers

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity was carried out on 6, 7 and 11 January.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant 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.

### Assessing risk, safety monitoring and management

- During the inspection we identified unsafe moving and handling practices for one person using the service. Whilst there were risk assessments in place, these did not contain clear guidance for staff on how to safely support this person to transfer. They contained out of date information as the person was no longer using the equipment stated in the assessment. We raised this with the manager of the service who took immediate action to manage the risk. There was no impact on people as they had regular staff who knew how to manage their risks.

- Risk assessments we reviewed varied in the level of detail they contained to support staff to meet people's needs. Some risk assessments lacked detailed information, for example, how much thickener was required in a person's drink whereas other risk assessments were more detailed, for example, what colour flannels to use when completing personal care. Staff we spoke to were able to tell us how they supported people to manage their risk safely. The lack of detail in records placed people at risk of not receiving their care in line with their assessed needs if their regular staff were unavailable.

### Systems and processes to safeguard people from the risk of abuse

- The provider had an electronic monitoring system in place which informed staff of people's care needs and what support was needed during their care call. An alert was raised if staff did not complete all the tasks required and this enabled the provider to follow up any issues in a timely manner.
- The provider had an electronic call monitoring system where staff logged in and out of calls. If the call was not logged into within an allocated time, the person using the service and/or staff were contacted to ensure they were safe and well.
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

### Staffing and recruitment

- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.
- People received their care calls on time. One person told us, "They [staff] arrive on time."
- People received the same regular staff and this enabled them to build a relationship with them. One person told us, "Yes, I do have the same carers. They are nice and helpful."

### Using medicines safely

- Peoples' medicines were managed safely. Medicines administration records we observed showed people received their medicines as prescribed.

- Staff received training and regular competency checks to ensure they were administering medicines safely.

#### Preventing and controlling infection

- The provider had infection control policies and procedures in place.
- People we spoke with told us staff always wore PPE and staff we spoke with confirmed this.
- Staff had received training in how to prevent and control infection. Staff told us PPE such as masks, aprons and gloves was readily available to them.
- Staff carried out regular COVID-19 tests to help prevent the spread of infection.

#### Learning lessons when things go wrong

- The provider analysed data to look for patterns and trends and make improvements within the service. For example, the provider was able to identify where a particular member of staff was not logging in and out of their calls correctly and they took action to remedy this.

# 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 is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had received induction training to give them the skills and knowledge to support people safely.
- Staff received on-going training to meet people's specialised needs.

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

- Whilst the provider carried out initial assessments to ensure they could support people how they wanted, the provider had not identified where a person needed equipment in place to ensure they could transfer safely. Further reviews of care had not identified this risk and had not identified where the person's mobility had changed.

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

- People were supported to eat a healthy balanced diet and where people had specific dietary requirements, staff were aware of their needs.

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

- The provider worked with other agencies and health professionals in order to meet people's specific needs.
- The manager told us how they support people to pick up their medicines when they are unable to do this for themselves.

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 and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were involved in decisions about their care and where they were unable to make their own decisions, they were supported to do so. This was recorded on their files.
- Staff had received training in the MCA and understood the importance of people being involved in decisions about their care. One staff member explained how they always explain to the person using the service what they are doing and gain consent before completing any tasks.

# 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 is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- People were supported by kind and caring staff. One relative told us, "Carers are good, kind, gentle, caring and patient."
- We found people's equality and diversity needs were respected and people's diverse needs were recorded in their care plans.
- The service had received compliments from people using the service and relatives. One compliment read, "Esmero Care have been the most professional and sensitive service for [name of person]. [Name of care staff] has been a rock for [name of person] and has shown support and care with a very professional approach. Well done guys, the best job done!"
- The manager shared compliments with staff and sent messages of appreciation. They told us, "We ensure staff feel valued."

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

- The manager kept in regular contact with all people using the service to obtain their feedback on the care provided.
- People and health professionals were involved in care planning and their views and wishes respected.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One staff member explained how they close the curtains and the door when completing personal care to respect people's dignity and privacy.
- Staff were aware to encourage people's independence. A staff member told me, "If they [people using the service] want to do something themselves, they can do it."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- A care plan and assessment were in place to show the support people needed and people were involved in reviews of their care.
- Care plans contained personalised information about what was important to them, including people's hobbies, likes and dislikes to enable staff to provide person centred care.

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.

- People were asked about their preferred communication method during the initial assessment and this was recorded in their care plans. The manager told us how people could be offered alternative forms of documentation, for example, whether they needed documents printed in large text.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. There had been no complaints since the service opened. One relative told us, "They [the provider] are excellent. You can't ask for more."
- Staff told us they felt comfortable to raise any concerns with the manager and their concerns would be listened to and actioned.

End of life care and support

- There was no-one receiving end of life care at the time of inspection.

# 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 is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems and processes for the management and oversight of the service were not consistently effective and had not identified the concerns we found during the inspection.
- The provider had not identified a gap in the manager's learning which meant they had not recognised where unsafe moving and handling techniques were being used by staff which could potentially cause harm to both the person using the service and staff.
- The provider carried out regular reviews of peoples' care, however, these had not identified where unsafe moving and handling techniques were being used and where information contained in care plans was not up to date.
- Spot checks on staff had not identified where they were carrying out unsafe moving and handling techniques.
- The provider's audits to monitor the quality of the service were not always effective. The provider had not identified where care plans and risk assessments did not contain clear information to guide staff.

The provider's failure to ensure that effective systems and processes were in place was a breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

- There was no registered manager in post as required by law. The current manager was in the process of applying to take registration.

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

- People and relatives we talked to spoke positively about the provider. One person said, "[Name of manager] is nice, easy to talk to and friendly. They [the provider] are doing great." A relative told us, "They [the provider] are flexible and helpful. They set my mind at rest."
- Staff also spoke positively about the provider. One member of staff told us, "The company is really good."
- All staff we spoke with told us how approachable the manager was. One member of staff said, "The manager is really approachable and ready to help."

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

- The manager was open and honest with us throughout the inspection and keen to learn and improve. They understood the duty of candour and told us, "It is about being open and transparent about the service we provide. If we make an error, it is our duty to write and acknowledge the mistake and apologise."

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

- People and their relatives consistently told us that communication with the provider was good. One relative told us, "I like the fact I am able to give feedback and feedback is listened to."

Continuous learning and improving care

- Following the inspection, the manager had completed training in moving and handling to give them the skills and knowledge they needed to assess how to safely transfer a person who is unable to do this on their own.

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to support people's needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems and processes for the management and oversight of the service were not consistently effective and had not identified the concerns we found during the inspection.