

ELR Homecare Ltd

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Inspection report

Unit D
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Date of inspection visit:
12 July 2022

Date of publication:
30 August 2022

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

ELR Homecare Ltd is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection 51 people were 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 supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interest; the policies and systems in the service supported this practice.

There were enough staff to meet people's needs and the correct recruitment procedures were followed to ensure staff were suitable to work with people in their own homes.

People's medicines were administered and managed safely by trained and competent staff, and people received them as prescribed. Lessons were learnt, and the service had improved when things went wrong.

The provider assessed people's needs and worked in line with current good practice. Staff were trained and supported to ensure they delivered effective care and support to people. People receive consistent and timely care which met their needs and circumstances.

Please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was inadequate (report published 9 December 2021) and it was placed in special measures. At this inspection we found the provider had made improvements. As the service is no longer rated as inadequate in any of the five key questions, it is no longer in special measures.

Why we inspected

This inspection was prompted by a review of the information we held about the service.

Follow-up

We will continue to monitor the information we receive about the service, which will help inform when we next inspect.

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 can be found in our caring section of the report

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 ●

ELR Homecare 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 was carried out by one inspector.

Service and service type

The service is a domiciliary care agency. It provides a service to people living in their own home

Registered manager

This service is required to have a registered manager. A registered manager is a person who is registered with the care quality commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave 48 hours' notice to the registered manager; this was because we needed to be sure they would be available. Inspection activity started on 26 June 2022 and ended on 12 July. We visited the provider's office location on 12 July 2022.

What we did before the inspection

We reviewed the information we had received about the service since their registration. The local authority had visited the service and informed us that improvements had been made since their last inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We visited the registered provider's office and reviewed records including four staff recruitment files. We reviewed the files of four people who use the service in relation to medication management. We looked at people's risk assessment and care records. We looked at the provider's monitoring systems and training records for staff. We spoke with the registered manager, operations manager and five care staff. We also spoke with four people using the service and two relatives.

Is the service safe?

Our findings

Our findings - Is the service safe? = Good

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection, this key question was rated inadequate. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Detailed risk assessments had been completed and were up to date with current information about how to keep the person safe. This included clear guidance for staff on the use of care equipment, people's mobility needs and people's pressure care management.
- Risks were discussed with the individual and, where appropriate, their relatives as part of the ongoing assessments of their care needs.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe with the staff that supported them. One person told us, "I can always contact the office. I have no trouble with the staff who support me."
- The provider understood their legal responsibility to inform us and other related agencies about any abuse or concerns involving people using the service.
- Staff had completed training in safeguarding and referrals were made when required. Appropriate action was taken to ensure people were safe and supported. Staff spoken to told us they would report any abuse concerns they had to either the management or the local authority.

Staffing and recruitment

At the last inspection the provider did not have robust systems in place to ensure staff were safely recruited. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had robust recruitment and selection procedures in place to ensure staff were suitable to

support people in their own homes.

- All relevant pre-employment checks on prospective staff to keep people safe had been completed.
- People told us they received a consistent and reliable service, often delivered by staff they were familiar with.

Using medicines safely

- People told us they had the support they needed from staff to take their medicines on time.
- Only staff who were trained and assessed as competent administer medicines were expected to support people with their medicines.
- Staff we spoke with confirmed that regular checks were completed in relation to their competency to administer medicines.
- People's medications records were checked monthly to ensure they had had support with their medication safely. Where medicines errors were identified these were thoroughly investigated and appropriate action was taken

Preventing and controlling infection

- The registered manager ensured staff understood how to protect people from the risk of infection and that appropriate infection control procedures were in place.
- Staff confirmed they had appropriate personal protective equipment (PPE) to help prevent the spread of infection.

Is the service effective?

Our findings

Our findings - Is the service effective? = Good

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 our last inspection this key question was rated requires improvement. At this inspection the rating has changed to good. 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's needs were assessed with them before their care and support started.
- Care staff were introduced to the person by senior staff and supported to deliver care in the way the person wanted.
- Assessments of people's care and support were used to develop detailed care plans. This information was regularly reviewed which ensured it remained up to date and that people's diverse needs were met.

Staff support: induction, training, skills and experience

At the last inspection the provider did not have robust systems in place to ensure staff had the training and support needed to provide safe care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had the knowledge and skills to meet people's needs. They had completed relevant training and refresher training in relation to, for example, how to support people with their mobility needs.
- Newly employed staff completed an induction and shadowed experienced members of staff until they felt confident to meet people's individual care needs.
- Staff told us that they felt supported by the management team. They had regular one-to-one supervisions and attended team meetings.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack the mental capacity to make decisions, any made on their behalf must be in their best interest and as least restrictive 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 to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff encouraged them to make their own choices and asked them how they wanted to be cared for.
- The provider and staff understood the importance of supporting people to make day-to-day decisions and choices.
- Staff had training to help them understand their role in protecting and promoting people's rights under the MCA.

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

- People were encouraged to get involved in decisions about what they wanted to eat and drink. One person told us, "I don't eat a lot, but staff will not let me go without; they will make me sure I eat."
- Care plans recorded when people required support preparing food and drinks and if they had any specific dietary requirements or preferences.
- Staff had been provided with training on food hygiene, to ensure they were able to support people safely with this aspect of their care.

Supporting people to live healthier lives, access healthcare services and support

- Staff and management liaised with health professionals to ensure people's health needs were met.
- Information about people's health needs were recorded in their care plans to ensure staff were aware of these.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked with external health and social care professionals to ensure people's care needs were met.
- One external healthcare professional we spoke with described their good working relationships with staff.

Is the service caring?

Our findings

Our findings - Is the service caring? = Good

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

At our last inspection, we rated this key question requires improvement. At this inspection the rating has changed to 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 and their relatives told us staff treated them well. They used words like 'friendly', 'well presented', 'kind', 'caring', 'helpful' and 'polite' to describe staff.
- People were supported by staff who knew them well and who promoted equality and diversity. A staff member told us, "We respect people's diversity and support people the way they choose."
- Staff spoken to were knowledgeable about people's preferences, personalities and things that were important to them. One person told us, "I always have the same members of staff who know me really well and I built up a relationship with them."

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

- The provider actively sought feedback from people about their care and used this information to improve the service.
- People told us they could express their views, including preferences about receiving support from female or male care staff.
- People told us they were happy with the care and support they received from the service. There were numerous 'thank you' cards on display at the provider's office.
- Staff told us there enough time to engage with people and make sure they were comfortable before they left.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy, dignity and independence were promoted by the provider and staff.
- Staff recognised the importance of promoting people's independence.
- People's confidentiality was maintained, and their personal information was kept secure by staff who understood the importance of protecting people's privacy and dignity. Staff gave us examples of how they protected people's dignity by, for example, knocking on doors before entering and closing the curtains if providing intimate care.

Is the service responsive?

Our findings

Our findings - Is the service responsive? = Good

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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

- People told us they were happy with the care and support provided and felt their choices and decisions were respected by staff.
- People's care plans had been improved since our last inspection and detailed clearly what support they needed from staff.
- Care plans were personalised and included people's preferences for how their personal care was delivered.
- Each person's care plan was regularly reviewed and updated to reflect their changing needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication

- People's individual communication needs were assessed and the support they needed was recorded in their care plans, so staff knew how to communicate effectively with people in the way they preferred.
- The registered manager told us that information could be provided, on request, in accessible alternative formats to suit people's needs.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns if they needed to. One person said, "I made a complaint once; it was dealt with immediately. I have never had to complain since. I receive a very good service."
- Staff told us if concerns were reported by people or their relatives the information would be passed on to management without delay.
- We saw that complaints were recorded, fully investigated and lessons learnt.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Good

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

At our last inspection, we rated this key question inadequate. At this inspection, the rating has changed to good. 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; continues learning and improving care

At the last inspection the provider did not have effective governance and quality assurance systems in place to ensure the safety and quality of people's care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Staff were clear about what was expected of them at work
- The provider had carried out audits and checks on the standard of people's care to identify and address any improvements needed. This included telephone calls to, and review meetings with, people and their relatives.
- The registered manager told us they had learnt lessons from the last inspection and had implemented new systems which had been embedded in the culture of the service. The improvements we found in the quality and safety of people's care, and people's feedback on the service they received, supported this.
- There were a range of audits in place to enable the registered manager to assess the service provided when issues were identified they were addressed promptly. One person told us there had been a significant improvement within the service, that it now felt 'more friendly' and that staff were now 'more polite'.

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

- People and their relatives spoke positively about the overall quality of the service they received and their involvement in decisions about their care and support. We saw many written compliments people and their relatives had given about the service. This included a letter from a relative which explained, 'I would like to thank you and your staff for the care you gave to my relative the staff were friendly and professional at all times I was confident that my relative's best interest was foremost and the advice they gave me was always welcome.'
- Staff felt well-supported by management. They told us management team was approachable and were confident action would be taken to address any issues or concerns raised.

- The registered manager told us the wellbeing of staff was an important part of the organisation's vision and values. They frequently checked that staff were content through team meetings and supervisions.

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 provider understood the duty of candour and the need to act in an open and transparent way to ensure people were cared for safely.

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

- People and relatives confirmed they felt involved in their care. One relative said, "We have meetings where we can discuss things. [Registered manager] does listen and is supportive in finding what's right for [person]."
- Staff meetings were held regularly. These were used as an opportunity for learning and to share updates on policies and procedures. Staff told us they felt included and involved. One staff member said, "They [management] listen and put things in place."

Working in partnership with others

- The registered manager worked closely with the local authority, district nursing teams and people's families to ensure the service provided met people's care needs.