

Elmcare Solutions Ltd

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Inspection report

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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

Elmcare Solutions is a service which provides care for one person living in the community. 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

There was a registered manager who had been in post since the service was registered. Since our last inspection the provider had terminated their contract with a local authority and most of the people using the service had moved to different providers.

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks while ensuring people could remain independent. Staff had received training to safeguard people from harm and knew how to report concerns.

People's care was person centred and was responsive to their individual needs. Staff had received training to understand how to support people well. Care records provided information in relation to people's backgrounds, interests and care needs.

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; systems supported this practice. The registered manager ensured care was based upon good practice guidance to help ensure people received an effective service. Promoting independence was encouraged and people were offered choices.

The registered manager and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was maintained.

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

Rating at last inspection and update

The last rating for this service was Good (published 23 March 2017). At this inspection the rating has remained the same.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will 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 safe findings below.

Good ●

Elmcare Solutions 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

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the provider 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 September 2019 and ended on 08 October 2019. We visited the office location on 20 September 2019.

What we did before the inspection

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

During the inspection

We spoke with the registered manager and we reviewed the care records for the person receiving support

from the service. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed.

Following the inspection

We spoke with one member of staff and one person who was supported by the service to gain their views.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A person told us "I know I'm safe, I know [staff] well and they know how to support me."
- A member of staff told us they had received training about how to identify signs of potential abuse and they would report any concerns to the registered manager.
- The registered manager understood their responsibilities to refer any concerns or allegations of abuse to the local authority to be investigated.
- The provider's policies and procedures provided staff with guidance on how to keep people safe.

Assessing risk, safety monitoring and management

- Risk's associated with people's health and wellbeing had been identified, assessed and documented in care plans. A member of staff told us they had access to these care plans and they were reviewed regularly.

Staffing and recruitment

- People were supported by enough staff to meet their care needs.
- Staff recruitment files included relevant checks to ensure all staff were suitable to work with vulnerable adults. The provider confirmed staff were unable to start work until these checks were completed.

Using medicines safely

- Staff were trained to administer medication and regular competency checks were planned to ensure they remained safe to do this.

Preventing and controlling infection

- Staff received infection control and food hygiene training.

Learning lessons when things go wrong

- The registered manager was aware of recording any incidents which might occur and the importance of taking any learning from these.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service. A member of staff told us "The training was good, it is renewed every year. I had training about how to support people with different walking aids."
- Staff completed the necessary training to enable them to carry out their roles safely and effectively.
- Training was monitored to ensure this remained current.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

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

- People using the service had capacity to make decisions about their care. Staff were aware of the principles of the Mental Capacity Act and that consent was required before supporting people with care. A person told us, "They (staff) always ask me what I want and what help I need."

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

- People had been involved in creating their care plans. Plans were written clearly and provided staff with the necessary information to support people in line with their needs.
- Positive working relationships with stakeholders gave the registered manager and staff access to best practice guidance, which we saw being implemented throughout our inspection, such as in medicine administration, recruitment and training.

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

- People were supported to eat and drink enough in line with their needs and preferences.
- A person told us, "Sometimes I ask staff to help me make meals, they are always very helpful."

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

healthier lives, access healthcare services and support

- The registered manager and staff communicated with other agencies such as occupational therapy and the district nurses to ensure people's needs were met.
- The registered manager and staff understood lifestyle factors should be considered to ensure people remained healthy.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- A person told us they always had the same staff and appreciated the positive relationships they had built up. A person said, "I have had the same one for a long time now, they have become more like friends."
- Staff completed training in relation to equality and diversity and understood the importance of supporting people around areas such as sexuality and cultural needs.

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

- Care staff described to us how they involved people in the decisions about their care; "I always ask how (Name) is and what help they want, I follow their lead."
- The registered manager was aware of advocacy services and when these should be considered to support people in relation to making decisions.

Respecting and promoting people's privacy, dignity and independence

- There was a focus on supporting people to remain independent. A person told us it was important for them to continue taking care of themselves where possible, with sensitive support from staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager was key to ensuring care was planned effectively as they knew everyone at the service well, including people, families and staff. This knowledge was used to ensure care records were person centred. These contained information which enabled staff to understand about people's likes, dislikes and preferences.

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.

- Care plans outlined people's specific communication needs and any additional guidance to staff to ensure people had the same access to information across the service.
- At the time of our inspection no one required information to be provided in a different format but the registered manager told us they were able to provide information in different languages, large print or using an easy read format. Easy read is a style using simple sentences and images.

Improving care quality in response to complaints or concerns

- A person told us they felt able to raise concerns. They commented, "I haven't had to complain but if I did I would phone (registered manager)."
- People were provided with information about how they could raise any concerns and the registered manager had a system to log complaints received formally so they could capture themes. No complaints had been received in the 12 months prior to our inspection.

End of life care and support

- No one at the service was receiving support with end of life care. However, the registered manager had spoken to people about their preferences for any unexpected changes in health and had recorded if there were any religious, spiritual or cultural traditions they would like observed.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive feedback about the registered manager from staff and people .

A person told us, "I know (registered manager) well, they are always available if I need them." A member of staff told us, "(Registered manager) is very good, she has a lot of knowledge and will help at any time."

- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The provider was working in accordance with this regulation within their practice.

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

- Staff were clear about their roles and communicated well with the office.
- The registered manager understood the legal requirements of their role including submitting certain notifications to us (CQC).
- Checks on the quality of care were practical and made the service better. For example, the registered manager worked alongside staff, observing their skills and offering useful advice and mentoring.

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

- Staff felt valued and there was the opportunity for staff progression within the service.
- People using the service and staff were given the opportunity to provide feedback on the service through an annual survey. From this the registered managers collated an action plan to address any common concerns. No concerns had been raised from the most recent survey.
- People using the service were contacted every three months either in person or via the telephone by the registered manager to ensure their needs continued to be met.
- Staff told us the registered manager had an 'open door' policy and they were able to speak to them on an informal basis if the need ever arose.

Continuous learning and improving care; Working in partnership with others

- Systems and processes were in place to monitor the service and identify and drive improvement.
- The registered manager worked with health and social care professionals to support people's care.

