

Esteemed Life 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:

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. 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. At the time of our inspection, 19 people were receiving personal care.

People's experience of using this service:

People told us they were safe. People were kept safe by staff who had been trained to meet people's needs. The registered manager and staff knew their responsibilities in relation to keeping people safe from the risk of abuse. Care plans contained detailed risk assessments and risk to people's health and wellbeing were addressed and mitigated. Environmental risk assessments were also in place, which identified and reduced any environmental risks to people and staff.

Robust recruitment processes continued to be in place. This prevented unsuitable staff from being employed. People told us staff were reliable and consistent. Staff were skilled in carrying out their role. The registered manager ensured staff were appropriately trained.

People told us they felt at ease with staff. 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.

People's needs were assessed prior to receiving a service 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 had a manager registered with the Care Quality Commission. The service had an effective system in place to assess, monitor and improve the quality and safety of the services provided. Staff told us there was an open culture where they were kept informed about any changes to their role. Staff and people told us the manager was approachable and listened to their ideas and suggestions.

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

Rating at last inspection:

The last rating for this service was Good (published 09 August 2017).

Why we inspected:

This was a planned comprehensive inspection based on the previous rating.

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 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

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. 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 service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on 07 February 2020. We carried out telephone calls to people and their relatives on 10 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. 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 five people who used the service and three relatives about their experience of the care

provided. We spoke with three staff, a care co-ordinator, the registered manager and the provider.

We reviewed a range of records. This included four people's care records, risk assessments and medicine records. We also looked at two staff files including their recruitment and training 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.

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

- People told us they felt safe. One person said, "I feel safe. I know them [staff] and they know me, I wouldn't have them in my house if I didn't feel safe."
- People were informed about the risks of financial abuse from fraudulent sales people. People were given stickers to place near their door to encourage people not to share information such as their bank details.
- The provider continued to have robust safeguarding systems in place.. The registered 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, raise concerns and near misses. A member of staff said, "Safeguarding is making sure people are safe, if there was anything which concerned me, I would report it to the office, and they would refer it to the safeguarding team. It could be anything, an unexplained bruise, money going missing or the person might seem scared but isn't able to tell you why."
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If I was worried about anything I could talk to my manager or [Provider]. If it was about their practice, we have a whistleblowing policy and I would use that to make sure people are safe."

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

- Risks to people's health and wellbeing were proactively assessed and managed. People's care plans contained risk assessments linked to their individual support needs. These explained the actions staff should take to promote people's safety, while maintaining their independence and ensuring their needs were met.
- The provider had implemented additional safety checks for the persons home environment. These included checking smoke detectors and installing a carbon monoxide detector.
- The provider had implemented a scheme called "Message in a bottle" which was created by an international community support organisation. This scheme uses a sticker on the front door and on the persons fridge to direct emergency responders to essential information about the care a person needs. This is used in particular when a person would be unable to tell the emergency responder themselves. The information contained in the bottle includes allergies, 'hidden' conditions, medications, emergency contacts any advance decisions and an emergency treatment plan.
- Incidents, accidents and near misses were documented and monitored to ensure there was opportunities for lessons learned. These were reviewed monthly by the registered manager. Lessons learnt were feedback to staff in order to improve the service provision.
- Policies and systems were in place to ensure that incidents were recorded actioned including late or missed calls. The registered manager told us that these were analysed monthly and actions were taken to

make improvements if required.

Staffing and recruitment

- People's needs, and hours of support, were individually assessed. Staffing rotas showed there were enough staff deployed to meet people's needs. Staff were given enough travel time between visits which enabled them to meet people's needs safely without rushing.
- The provider had an electronic care planning system which staff used to log in and out of each call. A member of staff explained that this was a live system and would alert staff in the office if a member of staff was late arriving at a call, this meant they could check on the member of staff and let the person know if there had been a delay and when the member of staff would be there and it helped to ensure no calls were missed.
- The care co-ordinator explained people or where agreed, their relative were 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, "I like being able to see who is coming each day, it means I can tell [Name] and they know who to expect."
- People and staff had access to an out of hours on call system which meant they were able to contact the manager of provider if required outside of office hours.
- 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 continued to be safely managed and administered. People who required support to manage their medicines received them safely. Each person had specific guidance for staff to follow, detailing the support they required to take their medicines, such as prompting.
- Staff had received medicines training and regular medicine administration competency checks were carried out.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. These were audited by the registered manager regularly to identify any errors.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection and people told us personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection.
- Staff were trained in infection control and understood their role and responsibility for maintaining high standards of cleanliness and hygiene.

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.

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 registered 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 always asked for their consent before providing care. One person said, "They (staff) ask me before they do anything."

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

- The registered manager continued to carry out an initial assessment with people before they started providing care and support. People were fully involved in the assessment process. A relative said, "I was there when the initial assessment took place, they [staff] listened to what support we wanted and made a plan based on that."
- Records showed initial assessments continued to consider 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 initial assessment stage was used to develop people's individual care plans. These were developed over time as staff got to know people and their relatives.

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. Comments included, "They [care staff] identified some dry skin on my back, they let the doctor know and applied cream for me, it's much better now."

- Care plans showed healthcare formed part of their initial assessments, which were taken into consideration before care provision started.
- The registered manager told us any concerns highlighted by staff were referred to relevant professionals, such as GPs. We saw evidence of this in people's care plans.

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. For example, one person had to limit the amount of liquid they had each day. Staff were aware of this and told us the person monitored this themselves, but they would discuss it with them at each visit.
- Staff received training regarding nutrition and diet, so they had the knowledge to support people to eat healthily.

Staff support: induction, training, skills and experience

- People and relatives felt staff were well trained. One person said, "The carers know what they're doing, I'd say they have the right skills and experience." A relative said, "I would recommend the company, the carers have good training and do what they're meant to."
- New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of their role. New staff worked alongside other experienced staff until they felt 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. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.
- Staff told us they received good support from the registered manager. A member of staff said, "I have regular supervision with my manager but if I needed anything, I could go to them at any time. Everyone is supportive." Records showed staff had regular meetings with the registered manager. Supervision enabled staff to discuss their work and identify further training needs.

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. 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 am very happy with them [care staff]; nothing is too much trouble for them, and they are always pleasant when they're here." A relative said, "I think they [care staff] are very kind, it's not just a job for the they care about [Name]."
- People's care records contained information about their background and preferences, and staff 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. A relative said, "My mother is losing her ability to communicate but the staff who come in always spend time talking to her and encouraging her to respond, they are very good with her."
- People and their relatives told us staff treated them with dignity. One person said, "They're very good with that maintaining my dignity, they always respect me."
- A person told us staff supported them to maintain their independence, "They will ask me what help I need and support me, but they don't take over. I will do what I can for myself." Care records promoted people's right to independence and focused on what people were able to do for themselves.
- People were supported to express their views regularly and were involved in making decisions about their care and support. Staff understood the importance of respecting people's individual rights and choices.
- 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 in locked cabinets in the office. We observed in the office that computers 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.

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 meet people's needs, preferences, interests and give them choice and control

- Care plans included people's individual preferences and interests, personal history and staff understood these. A member of staff said, "Each person has a care plan, when I log into their call the care plan is shown on the app (an electronic care planning programme). I read it at each visit, and it alerts me to any changes."
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and details of food and fluids the person had received. These records ensured good communication between staff, benefitting the care of the person.
- Care plans were reviewed with people at least every six months but were done more frequently if people's needs changed.

Improving care quality in response to complaints or concerns

- People knew who to contact if they were concerned about anything. One person said, "If there was anything, I wasn't happy about I would contact the office." A relative told us "There was one care staff who my relative didn't get on with. It was just different personalities. I raised this with the office, and they changed the carers." Records showed complaints were investigated, actioned and resolved satisfactorily to meet the person's needs by the registered manager.
- 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. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the local authority and the local government ombudsman.

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 registered manager told us they made documents available to people they supported in different formats such as large print if needed.
- Service user guides were in user friendly formats with pictures, which made them person centred.
- 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.

End of life care and support

- The service was not supporting anyone at the end of their life. However, previously they had supported people at the end of life. The registered manager told us that they had in depth conversations with people and their relatives about end of life plans. Advanced care plans contained these conversations and people's preferences for end of life care.

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.

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

- There were effective 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 registered manager. This meant the registered manager had a robust system in place for monitoring the quality of the service.
- 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 registered manager was aware of this requirement and had completed the required notifications when it was appropriate.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed their rating at the service and on their website.

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

- One person said, "I have recommended the agency to other people. They have really good carers, you hear horror stories about some services, but I've never had any worries here."
- Staff told us the registered manager encouraged a culture of openness and transparency. A member of staff said, "[Registered manager] is very approachable, she encourages us to speak to her about anything we need and if we have any problems. She says if we are open and honest it can help stop any small issues snowballing into a big problem." Another member of staff told us, "The registered manager and provider put our service users first, they are very professional and make sure we are too. They want us to give the best care we can will support us with anything we need to do this."
- People and their relatives told us they were fully involved in both the development and review of care and support. One person told us that they were working with the provider to be involved in interviewing potential new staff and they were looking forward to this.

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 and felt listened to.
- Feedback was sought from people, relatives and staff regularly. The registered manager told us that they asked people and their relatives about their care every time they visited them, and people and relatives confirmed this.
- People were asked for their views by telephone monitoring, in writing and by visits from senior staff. They provided feedback about the service received. Records showed high levels of satisfaction by people, relatives and staff however the provider stated that if there were any issues identified action would be taken to improve this.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice.
- 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 registered manager worked with people, their relatives and healthcare professionals to meet the person's needs.