

Ella UK Limited

# Ella UK Limited

## Inspection report

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Date of inspection visit:  
17 September 2021  
21 September 2021

Date of publication:  
15 October 2021

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Ella UK Limited, previously known as Hewitt House is a domiciliary care service based in the Orrell area of Wigan. The service provides personal care and support to people living in their own homes.

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, the service supported 49 people with personal care.

### People's experience of using this service and what we found

People and relatives spoke highly of the service and the care and support received. Words such as 'brilliant', 'fantastic' and 'over the moon' were used when asked to describe the service and the carers who provided support. Without fail, everyone we spoke with told us they would recommend the service to others, and some had already done so. We noted numerous examples of staff going the extra mile to ensure people's needs and wishes were met.

The service had a clear management system in place. People, relatives and staff were extremely positive about the management of the service and support provided. One staff member told us, "I feel supported and treated like an individual, they respect my needs and my rota is arranged around these." People told us the service and management team had gone above and beyond their roles to provide support and ensure all their needs were met. We noted lots of examples of excellent partnership working, which benefitted people, the wider community and other care providers. A range of systems and processes were used to monitor the quality and effectiveness of the service. Reflective practice and robust action planning had been used to ensure any areas for improvement were addressed timely.

People told us they felt safe in the company of care staff. Care visits were completed timely, with people informed if staff were running late. Staff remained for the full duration of visits, using any spare time after care had been provided to chat with people. People received their medicines safely, with staff's competency to administer medicines regularly assessed. Accidents and incidents had been documented, with action taken to prevent a reoccurrence. Staff had received training in safeguarding and knew how to identify and report concerns.

Assessments were completed prior to people's admission, to find out what support people wanted and ensure the service could meet their 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; the policies and systems in the service supported this practice. Staff received sufficient training and supervision to ensure they could carry out their roles effectively.

Care files contained detailed information about each person and how they wished to be supported. People

and relatives were actively involved in ongoing discussions about care and support plans, to ensure these were reflective of changing needs. Where part of their package, people were supported to complete social activities in line with their wishes, albeit the current COVID-19 pandemic had impacted on what people had been able to do. People had been provided with the complaints process but had not needed to use this.

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

The service registered with CQC on the 8 January 2019 and this is the first comprehensive inspection.

#### Why we inspected

We carried out a focussed inspection of the service in August 2020 after receiving concerns about risk management, medicines management, recruitment, induction and staff training. We only looked at the key questions safe, effective and well-led during that inspection. We found no evidence to substantiate the allegations and rated each key question good. However, we could not provide an overall rating, as we did not look at all five key questions. This was a planned comprehensive inspection to enable us to provide an overall rating for the service.

You can read the report from the focussed inspection, by selecting the 'all reports' link for Ella UK Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Ella UK Limited

## 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 an 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. It provides personal care to people living in their own houses, flats and specialist housing.

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 24 hours' notice of the inspection. This was to ensure the registered manager was available to support the inspection and to ensure we had prior information to promote safety due to the COVID-19 pandemic. The notice period also allowed the provider time to start asking people using the service and their relatives, if they would be prepared to speak to us about their experiences. Inspection activity started on 16 September and ended on 24 September, by which time we had sought the views of people, relatives and staff and reviewed all additional information sent following the visit. We conducted the office visit on 17 September 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with the owner, the registered manager and deputy manager in person. We also sought the views of eight staff via a mixture of telephone interviews and emailed questionnaires.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, audits and training data were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at rotas and call monitoring information, training data, quality assurance records, policies & procedures and meeting minutes.

# 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 and their relatives told us they felt safe using the service and in the company of its staff. Comments included, "Absolutely she is safe" and "I am very content and comfortable with the carers."
- Staff had received training in safeguarding which was refreshed annually and knew how to identify and report concerns. One staff stated, "Abuse can be sexual, financial, emotional, neglect. If I had any concerns at all, I would report immediately to management."
- The service had followed local authority guidance for the reporting of any safeguarding concerns. A safeguarding checklist was used to ensure the correct process for reporting and documenting concerns was adhered to. Logs were used to document any referrals that had occurred, actions taken and outcomes.

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

- Risks to people had been assessed and documented within care files.
- Each person's care records contained a number of generic and individual risk assessments, which detailed any risks and the control measures in place to minimise these. This ensured staff knew how to support people safely.
- Each person had a 'grab sheet' which contained key information about risks, support needs, medication and other information of note. This was to be used in an emergency; such as a hospital admission, to ensure the person was cared for safely and correctly.
- Accidents and incidents had been logged consistently. For each incident, action taken and outcomes, along with what had been done to minimise a reoccurrence had been documented. Additional analysis of accidents, incidents and near misses had also been completed.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers.
- Enough staff were employed to ensure care visits were completed consistently and at the scheduled time. A call monitoring system was in place which alerted the office should staff have not arrived at a planned call, so they could follow up and if needs be inform the person their carer was running late.
- People and relatives told us staff were largely punctual and stayed for the correct length of time. Comments included, "So far all is okay, they are polite and on time", "Sometimes they are a little late; it's the traffic round here, but they do let me know" and "They stay the full half hour. Once they finish their work we have a chat together."

### Using medicines safely

- Medicines were managed safely by staff who had received training and had their competency assessed.
- Medicine administration records (MAR) viewed on inspection had been completed correctly. MAR audits were completed monthly to identify any issues, such as missing signatures. Any concerns had been addressed with the staff member responsible.
- Guidance was in place which explained what medicine people took and why. Additional protocols were completed for 'as required' medicines such as paracetamol, which explained the circumstances when these should be given.
- Where people had purchased over the counter medicines and requested support to take these, the provider had sought assurance from a pharmacist these medicines were safe to take alongside the person's prescribed medicines.

### Preventing and controlling infection

- Robust infection control policies and procedures were in place.
- Current COVID-19 guidance around risk assessments, PPE usage and staff testing were being adhered to.
- Staff had received training in infection control and the safe use of PPE, with competency checks completed to ensure staff were donning and doffing PPE correctly.



# 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. 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.

- Staff had received training in the MCA and knew how the legislation applied to their roles. One carer told us, "I always assume a person has capacity to make their own choices, unless deemed otherwise by a professional body."
- People's consent had been sought both prior to the assessment process taking place and once their care package had been agreed, to ensure they consented to disclosing information and in receiving support from the provider.
- Where people's ability to make certain decisions had deteriorated, for example due to living with dementia, meetings had taken place with relatives and/or other professionals to ensure decisions made where in the person's best interest.

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

- Assessments had been completed with people, to ensure the service was suitable and could meet their needs.
- Support plans had been created with the involvement of each person and/or their relative. One relative told us, "We sat with the manager to do the first assessment, communication was very good.", whilst a person stated, "Two people came from the office to set up the blue folder [care plan] with me."

Staff support: induction, training, skills and experience

- Staff received enough support, training and supervision to carry out their roles safely and effectively. Supervision and appraisal meetings had been completed in line with the provider's policy.
- Staff completed a robust induction upon commencement of their employment. One staff member told us, "The induction was very comprehensive, covered everything. Training at Ella is fantastic to be honest, much

better than where I used to work."

- Training completion was monitored via a spreadsheet to ensure staff remained up to date. Alongside training the provider considered mandatory, staff were asked to complete additional sessions to ensure they could meet people's specific needs. A staff member stated. "Quite frequently we are asked to complete courses online which the manager feels is necessary. We have recently completed cognitive behavioural therapy, skin care and dementia level 2."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support in line with their assessed needs, this varied from making people a drink, through to supporting people with meal preparation. A relative told us, "The carers have been able to get [relative] to help in meal preparation. They previously did all the cooking but can no longer do that, but the carers have got them preparing things for the meal which I think is really good."

- Where necessary the service supported people to stay well and contact or access healthcare services. For example, the service sourced podiatry input for a person whose mobility was affected by overgrown toenails, which they could no longer manage themselves.

# 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 time this key question has been inspected. This key question has been rated as outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Without exception, people and relatives spoke positively about the excellent care and support provided and how highly they valued the service. Comments included, "I can't praise the carers enough", "Nothing is too much trouble, they are very supportive and help me a lot" and "They are all extremely kind and always positive."
- We saw examples where staff had demonstrated their caring nature, by going the extra mile, often in their own time. For example, ensuring people's special days, such as birthdays and anniversaries were acknowledged and celebrated, sourcing specific gifts which they knew people would appreciate, through spending the time getting to know them.
- For one person who had to spend time in hospital, the carer visited regularly, taking home the person's dirty laundry, washing, drying and returning it at the next visit. The person was very grateful at this act of kindness.
- Another person spent their time knitting blankets and was unsure what to do with them. A carer discussed the option of donating these, which the person was excited about. The carer contacted local animal shelters, who welcomed the donations. The carer then supported the person to hand deliver the blankets, so they could see for themselves where their hard work was going. The person was also supported to donate blankets to the local hospital for people receiving end of life care. The blankets were given to family as a keepsake after their loved one had passed away.

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

- People and relatives were extremely complimentary about how well the service communicated with them and involved them in discussions about care and support. Comments included, "Every couple of months the manager calls and we go through things" and "They ask if we are happy with the care all the time, it's an ongoing process. They are very focused on ensuring we are happy."
- The service completed regular care reviews, to ensure support provided still met people's needs. The service was quick to respond to changing needs, including amending care packages to better suit people. A relative told us, "I would recommend them. Whenever we need to change things, they are very flexible and happy to alter things at the last minute."
- Annual surveys were sent to people and relatives in March, to ask for their opinions on care provided and the wider service. Each of the 42 responses received in 2021 were positive, with one person writing, "[Carer] always comes in with a smile, happy and pleasant and always willing to go the extra mile." The service used reflective practice to generate actions and learning from the survey results, to see how they could improve.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who knew them well.
- A relative told us, "I like the way the carers talk to [relative], they don't tell them what to do, but say things like, 'Shall we go for a shower now'. They have a nice relationship."
- Staff were knowledgeable about how to maintain privacy and dignity when providing care. One staff told us, "When providing personal care, always explain what you are going to do and make sure they are okay with this. Close doors and curtains and cover the areas not being washed with a towel."

# Is the service responsive?

## Our findings

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

This is the first time this key question has been inspected. This key question has been rated as 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 received care which was personalised and met their needs and wishes.
- People and relatives were involved from the initial assessment to ensure everything was how they wanted it. A relative told us, "When the care plan was put together, we did it together with the manager. She explained things would change over time and as circumstance changed, so would the care plan."
- Care files contained a range of person-centred information, including one page profiles, which detailed key background information, what was important to that person and how best to support them.

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 service was meeting the requirements of AIS. Care files included details of any communication difficulties people had and how best to communicate with them.
- Information could be made available in a range of formats, to cater for people's varying needs, including easy read, large font and different languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Alongside the provision of personal care, some people commissioned the service to provide support to socialise and access the wider community.
- We noted examples of people being supported to re-visit previous hobbies and interests and in staff being creative in generating options for planned social time, when community access was limited due to the COVID-19 pandemic.
- To further promote socialisation, the service was arranging a Christmas party for all people who used the service, which would be held at a local social club.

Improving care quality in response to complaints or concerns

- The provider's complaint policy and procedure were provided to each person when they started receiving support.
- People and relatives confirmed they knew how to complain, however, were happy with the care and support provided and had no concerns
- The service used a complaints log to document concerns raised and the action taken to address these,

albeit only two minor concerns had been submitted within the last two years. In both instances an initial acknowledgement letter and follow up outcome letter had been sent to the complainant.

# 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 improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were extremely complimentary about the service and how it was managed. Comments included, "I've had various other agencies and this is the best", "Right from the start they came across as professional. They are so positive in ensuring they get things right" and "I'm hoping to stay with this agency for the rest of my life."
- Staff also spoke very positively about the service and how much they enjoyed working there. One staff member stated, "I love working for the company and I have some amazing work colleagues. Management are fantastic, they are all extremely approachable, supportive and really accommodating." Another stated, "I love working for Ella, they are so supportive and so much better than the last company I worked for."
- Annual staff surveys reinforced this feedback, with staff stating they felt supported and had everything they needed to carry out their roles. An action plan had been completed to address any concerns raised such as increasing travel time between some calls, to ensure staff could arrive on time. This action was addressed timely, as evidenced by people's feedback within the safe domain.
- The provider used an awards programme to recognise the achievements of staff within the service. People, relatives and staff could nominate a staff member for the employee of the month award, with the winner receiving a certificate and voucher.
- The provider championed equality, diversity and human rights. They had appointed a mental health / stress lead to support staff and provide a forum for them to discuss any concerns, whether these be work or personal related matters. Having this forum had helped reduce sickness absence and ensure better continuity of care for people.

Working in partnership with others

- We noted several examples of excellent partnership working with other professionals or organisations to benefit people using the service, the local community and the wider social care market.
- The provider sponsored a local children's rugby club and supported a local day centre; attended by some people using the service, with fundraising to cover running costs.
- The registered manager had utilised their knowledge and experience to support two new care companies to get established, navigate the CQC registration process and ensure they had the required policies and procedures in place. Both companies had written to the provider to express their gratitude.
- People told us the service and management team had been instrumental in ensuring their home environment was safe and suitable to meet their needs. This had involved liaising with multiple agencies,

arranging assessments and championing people's right to remain at home if this was their wish.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider used a range of audits and monitoring systems to assess the quality and performance of the service and support provided. We found these were robust and had been used to generate actions and drive improvements.
- The service used a quality improvement plan to document any identified shortfalls from audits, surveys or observations. This detailed the area for improvement, who was responsible, agreed timeframes and outcomes. We saw actions were addressed promptly. For example, one person had said on their survey invoicing queries were not always answered timely. As a result, the service appointed a credit control and invoicing officer to support the financial officer, to alleviate this issue moving forwards.
- The provider and registered manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

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 registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- People and relatives spoke highly about how well the service communicated with them. Comments included, "Communications are very good" and "We talk regularly, they are very good communicators."