

Elizabeth Senior Care Limited

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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

This inspection was undertaken on 24 September 2018 and 2 October 2018 and was announced.

Elizabeth Senior Care Ltd provides care and support to people living in their own homes in and around the area of Ellesmere Port. People were able to access the services of Elizabeth Senior Care Ltd directly. At the time of this inspection the service was supporting and caring for 25 people, enabling them to continue to live in their own homes.

There was a registered manager in place. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 20 and 26 June 2017 we found that there were a number of improvements needed in relation to safe care and treatment, staffing and good governance. These were breaches of Regulation 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective Responsive and Well Led to at least good. The provider sent us an action plan that specified how they would meet the requirements of the identified breaches. During this inspection we found all the required improvements had been made.

Improvements had been made to the medicines systems in place. Staff had all received up-to-date training and had their competency assessed. Medication administration records (MARs) were consistently completed and PRN 'as required' protocols were in place. People told us they received their medicines correctly and on time.

Improvements had been made to people's individual care plans and risk assessments. An initial assessment was undertaken prior to a person receiving support from the service. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. The assessment information was used to create risk assessments and person-centred care plans. These documents included clear guidance for staff to follow to ensure people's preferred routines were followed and preferences met.

Improvements have been made to quality assurance systems. The registered provider undertook regular audits to identify areas for development and improvement at the service. Policies and procedures had been regularly reviewed and updated.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw the registered provider had made improvements since our last

inspection. Policies and guidance were in place, the staff had received training and were able to demonstrate a basic understanding. Records showed that consent was sought in relation to care and treatment.

Staff recruitment systems were robust and this helped to ensure the only staff suitable to work with vulnerable people were employed. All staff had undertaken a thorough induction process that included undertaking shadow shifts prior to them lone working. Staff all undertook regular training for their role and refresher updates as required. There were enough staff employed to meet the needs of the people supported.

People had developed positive relationships with the staff that supported them. People told us they had regular staff that visited them. They told us staff treated them with kindness and were caring. People told us their privacy and dignity was respected and their independence promoted.

All staff received support and supervision through the management team. Observations were undertaken to monitor the quality of their work. Staff attended team 'patch' meetings and told us they felt well supported in their roles. Staff spoke very positively about the management team.

Staff had all completed safeguarding training and demonstrated a good understanding of what abuse may look like, how they would raise a safeguarding concern and they believed this would be acted upon promptly. Staff were familiar with the safeguarding policies and procedures in place and knew how to access them.

People told us that staff supported them with their food and drink needs. They described being offered choice and we saw clear guidance was in place for staff to follow for people who had specific dietary needs.

The registered provider had a complaint policy and procedure in place. People told us they felt confident to raise a concern and believed they would be listened to and concerns acted upon.

Policies and procedures were available for staff to offer them guidance within their role and employment. These were regularly reviewed and updated by the registered provider

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risk assessments were in place that identified and mitigated the risks to people's safety and well-being.

Medicines policies and procedures were in place and were managed safely by trained and competent staff.

The registered provider had robust recruitment procedures in place and employed sufficient staff to meet the needs of the people supported.

Is the service effective?

Good ●

The service was effective.

Staff had received up-to-date training to ensure they had the right knowledge and skills to meet people's needs.

People's rights were protected by staff who acknowledge of the Mental Capacity Act 2005.

People received appropriate support to meet their individual food and drink requirements.

Is the service caring?

Good ●

The service was caring.

Positive relationships had been developed between staff and the people they supported.

People's privacy and dignity was respected and promoted.

People and their relatives told us staff were consistently kind and caring.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives told us they felt confident to raise any concerns or complaints and thought these would be listened to and acted upon.

People had their needs assessed prior to them receiving a service.

Person centred care plans and risk assessments were in place to meet people's individual needs.

Is the service well-led?

The service was well led.

The registered provider had an audit system in place that identified areas for development and improvement.

People were regularly invited to give feedback about the service through quality questionnaires.

Policies and procedures were in place to guide staff and these were regularly updated.

Good ●

Elizabeth Senior Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 September 2018 and 2 October 2018 and was announced.

This inspection was carried out by one adult social care inspector.

Prior to the inspection the provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information as part of our inspection planning and throughout the inspection process.

We checked the information we held about the service and the registered provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During our inspection we visited four people and their relatives within their homes. We spoke with the registered provider, registered manager, a senior support worker and two support workers.

We spent time looking at records, including three care plan and risk assessment files, four staff recruitment and training files, medication administration records (MARs), daily records, complaints and other records that related to the management of the service.

Is the service safe?

Our findings

During our last inspection we found a breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure the safe management of medicines and did not have effective systems to identify and assess risks to the health and safety of people using the service.

At this inspection we found that all of the above requirements had been met.

People told us they received support with their medicines from staff. Their comments included "Staff are always efficient at making sure I get my medicines", "Staff prompt me to take my tablets [medicines] as I can be forgetful on occasions" and "Staff always complete a record when they give me my tablets [medicines]."

Improvements had been made to the medicines management systems. All staff had undertaken medicines training and had their competency assessed before they supported people with managing their medicines. An effective system was in place for the safe administration of people's medicines in accordance with best practice guidelines. People's care plans described the level of support they required with their medicines and staff were knowledgeable about this. Medication administration records (MARS) were fully completed and regular audits were undertaken. The audits identified areas for development and documented actions that had been taken to rectify any issues in a timely manner. For example, missing signatures were addressed through staff supervision. PRN 'as required' medicine protocols were in place that gave clear guidance for staff about the administration process for these.

Improvements had been made to people's risk assessments. These were now person specific rather than generic as we found previously. Each care plan held an environmental risk assessment that identified areas of risk for the people supported and for staff. For example, where there were risks due to restricted working space, clear guidance was in place for ways for staff to work safely. Individual risk assessments were in place where areas of risk had been identified. Areas of risk included moving and handling, personal hygiene, pressure area care and continence. Documentation offered clear guidance to staff that included the level of intervention required to mitigate the risk.

The registered provider employed sufficient numbers of staff to keep people safe and had a robust recruitment process in place. Staff completed an application form when they applied for a position at the service. They were interviewed and a disclosure and barring (DBS) check was undertaken. The DBS carry out a criminal records and barring check on individuals who intend to work with children or vulnerable adults, to help employers make safer recruitment decisions. References were in place and included the most recent employer. People told us they received support from regular staff. They said they knew who was visiting them and staff would let them know if they were running late for any reason. Comments included "Staff are very reliable and I know who is coming" and "I have regular staff at the different calls I have throughout the day and week dependent on their working hours and day. It works well as I have a good variety of nice staff visiting."

The staff had all completed training in infection control. People and their relatives described staff consistently wearing gloves when undertaking personal care tasks. Staff had access to disposable gloves and aprons that were stored at the office. They also supplied blue shoe covers for staff to wear when entering people's homes should their shoes be wet or dirty. Latex free gloves were used by staff when preparing food for people. Staff were able to give clear explanations about the importance of infection control measures to reduce the risk of the spread of infection between people as staff travel house to house. They also explained the importance of hand washing between tasks.

The registered provider had a policy and procedure in place for the reporting of accidents and incidents. We reviewed the records and saw that a person had not received their booked call recently. The registered manager had undertaken a full investigation and had contacted the relatives, GP and all other relevant parties to ensure they were open and transparent and demonstrated the learning that had come from this event. The person had not come to any harm from the missed call.

Staff had all undertaken safeguarding training and demonstrated a good understanding of what abuse may look like. They described the signs and symptoms they needed to be aware of and the procedure they would follow for reporting any concerns they had. Staff felt confident that any concerns they raised would be acted upon promptly. Staff understood the importance of keeping people safe and were also aware of managing their own safety when working in the community. The registered provider had policies and procedures in place to safeguard people from abuse.

People's care plan files held contact details for their relatives, GP and other health and social care professionals to be contacted in the event of an emergency. All staff spoken with told us they had access to a member of the management team through the 'on-call' process at all times they were working. This meant that in the event of an emergency, staff had an appropriate person to contact without delay.

Is the service effective?

Our findings

People and their relatives spoke positively about the quality of the staff that visited them. Their comments included "Staff have the appropriate skills for the job", "Little things that staff do make a difference", "The carers [staff] are very good and always of good quality", "I think the staff are well trained" and "Staff always complete any tasks that I need."

One person described to us their change of needs after having had an extended stay in hospital. They told us senior staff ensured each member of staff was competent to fully meet their individual assessed needs when they came home. The senior staff attended each call until they were satisfied all staff felt confident and competent to follow the amended care plan and risk assessments.

During our last inspection we found a breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure staff received appropriate training to fulfil the requirements of their role.

At this inspection we found that the above requirement had been met.

Improvements had been made to the process of induction and training required for staff to fulfil their roles. Staff at all completed an organisational induction and had also completed the Care Certificate which is a nationally recognised qualification based on a minimum set of standards, that social care and health workers follow during their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. All staff had undertaken training that included emergency first-aid, customer care, moving and handling, equality and diversity and health and safety. Staff told us they felt the training had fully prepared to them for their role.

All staff undertook shadow shifts with an experienced member of staff and told us they did not start working independently until they were signed off as competent by a senior member of staff and that they also felt confident to work alone. Staff had undertaken additional training to meet individual people's needs that had included catheter care, pressure area care, dementia and diabetes. All staff were offered the opportunity to undertake a National vocational qualification (NVQ) level 2, 3 or 5 in health and social care dependent on their role.

Staff told us they felt fully supported by the senior carers and management team. Staff received supervision and an annual appraisal where areas for development and improvement opportunities were discussed. Staff performance was also monitored through observational practice to highlight areas of good practice and for improvement.

People were supported to eat and drink in accordance with their assessed needs. Staff had a good understanding of people's individual dietary requirements, preferences and choices. People told us that staff supported them appropriately and always offered them a choice of food and drink.

People were fully supported to maintain their health and well-being with the support of community healthcare professionals. Records showed that staff contacted GPs, occupational therapists and the district nurses in a timely manner on behalf of the people supported when required.

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 or are helped to do so when required. When they lack the 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 2005. People who normally live in their own homes can only be deprived of their liberty through a Court of protection order (CoP). There were not any people on a CoP order at the time of our inspection.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff team had a basic understanding of the Mental Capacity Act and had all completed training. The registered manager told us they would work alongside family members as well as health and social care professionals if a person did not have the mental capacity to make their own decisions.

Staff evidenced consent throughout their documentation. The registered provider had also sought written consent for the use of key safe and key safe numbers and the administration and prompting of medicines. These records were held within the care plan files.

Is the service caring?

Our findings

People and their relatives told us they had regular staff that knew them well. Their comments included "The carers [staff] are very good", "Most of the staff are exceptional, they are all lovely", "I feel fortunate to have such good carers [staff]" and "Staff are all kind and caring."

The service had received many compliments from people and their relatives. Some of the comments included, "I could not have managed without you", "Staff look after [Mum] very well and work at her pace", "All the staff have been very supportive of the whole family", "The support I receive helps me feel more independent" and "I could not wish for better care."

Staff demonstrated a good understanding of the people they supported. They were knowledgeable about people's histories and individual needs. Staff told us they had been able to develop positive relationships with people and this had helped them fully understand how to meet people's individual needs. People told us they were very happy and relaxed with the staff that supported them.

People and their relatives described how staff maintained privacy and dignity. This included examples of keeping a person's bedroom curtains closed while dressing or undressing them. People told us that staff did not rush them when tasks were being undertaken and staff worked at their pace. Staff described seeking permission before undertaking any task and always asking how the person would like things done.

Staff described the importance of always promoting and encouraging a person's independence. For example, supporting a person to choose their own clothes and dress themselves, offering support with zips and buttons as required.

People's communication needs were considered throughout the care plan documents. This included details about any sensory loss and gave guidance to staff about how each person's needs could be met. One person required support from staff to put their hearing aid in place and a clear description for this process was available. Another person required their glasses to be made available to them by staff as part of their morning routine. Staff were able to describe people's individual communication needs and how they supported them with these.

People's records were stored securely in a locked filing cabinets and cupboards within the office to maintain confidentiality. Computers within the office were password protected and only accessed by specified staff.

Information about advocacy services was available to people supported by the service. The registered manager told us they could get information in different formats to meet people's individual needs. People were supported to access this service as required.

Is the service responsive?

Our findings

The registered provider had a complaint policy and procedure in place. People and their relatives told us they felt confident to raise any concerns or complaints. They thought these would be listened to and acted upon by the management team. Comments included "I have only ever had cause to complain once and I was satisfied with the outcome" and "I have never had cause to complain, I am far more likely to compliment than complain."

During our last inspection we found a breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure that accurate and complete records were held in respect of each person.

At this inspection we found that the above requirement had been met.

Improvements had been made to the initial assessment process and the development of person centred care plans. People's needs were assessed before they were supported by the service. Staff had undertaken these assessments had received training to ensure they were competent at this task. The information from the assessment was used to develop person centred care plans and risk assessments. People's needs in relation to equality and diversity were considered throughout the assessment and care plan development process. These needs included age, disability, religion and other protected characteristics. People and their chosen relatives told us they were included in the development of their care plans.

Care plans were specific to each person. They held sufficient detail and guidance for staff to fully understand each person's individual needs and choices. People's preferred routines were detailed to include their preferences and choices. For example, one person's care plan described all items required to be 'to hand' at bedtime that included phone, jug of juice, inhalers and biscuits. People's needs in relation to moving and handling were described in detail and were specific to them. All care plans and risk assessments were reviewed regularly and updated whenever any changes occurred.

Staff described how senior staff met them at a person's home to go through a person's changes in need to ensure they were confident to support it. They told us they were always given time to read and understand any changes within the care plan file. This meant staff always had the most up to date information available to them.

Staff completed daily records and this included information about people's food and drink choices, personal care, continence and medicines. Any areas of concern were clearly documented and actions taken were recorded. For example, when a person was unwell staff had recorded that the GP had been contacted and the office staff informed. These records were regularly audited by the management team.

Is the service well-led?

Our findings

People spoke positively about the service they received. Their comments included "I recommend the service to other people", "My daughters are very satisfied with the service. It gives them peace of mind to know I have regular staff visiting me to ensure I am okay", "I am really happy with the service I get" and "I get asked for feedback regularly to check that everything is okay and I am happy with the service."

During our last inspection we found a breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not effectively use systems and processes to assess, monitor and improve the quality and safety of care.

At this inspection we found that all of the above requirements had been met.

Improvements had been made to the quality assurance systems at the service. Quality assurance systems were completed regularly to assess and monitor all areas of the service. These included medicines, medicine administration records, care plans, risk assessments, daily records, infection control and accidents and incidents. Action plans were created following the audits to highlight areas for development and improvement and these were signed off when complete.

The service had a registered manager who had been registered with the Care Quality Commission since July 2012. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a system in place for people to provide feedback on the service via a questionnaire. The registered provider undertook an analysis of the results and used this information for developing and improving the service. Following the analysis, a letter was sent to all people supported with an overview of the questionnaire results.

Staff 'patch' meetings were undertaken regularly where the management team discussed key topics that included the importance of documentation completion, training and staff rosters. These meetings were also used to share information and updates relevant to the people supported. Staff told us they felt listened to, their ideas were welcomed and any concerns were acted upon. Minutes were completed and shared with staff that were unable to attend the meetings.

Staff spoke positively about their roles and demonstrated enthusiasm about making a positive difference to people's lives. Staff told us the management team were approachable and always available for any questions or queries they had. Staff told us they felt well supported and gave individual examples of support they received professionally and personally.

The registered provider had up-to-date policies and procedures in place that gave clear guidance to staff in

all areas of their work role and employment.

Registered providers are required by law to inform the Care Quality Commission of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.