

Elite Careplus 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?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced inspection on 1 February 2018. At our previous inspection on 24 and 25 January 2017 we rated the service 'requires improvement' and identified five breaches of legal requirements. These related to making appropriate notifications to the Care Quality Commission about serious incidents, person centred care, safe arrangements for administering medicines, good governance and ensuring robust and appropriate arrangements for staff recruitment. We undertook this inspection to review the quality and safety of the service and to ensure action had been taken to address the breaches identified at our previous inspection.

Elite Careplus Ltd is a service which is registered to provide personal care to adults in their own home. At the time of our inspection there were 48 people using this service.

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

At this inspection we found the provider had taken sufficient action to address the breaches of regulation identified at our previous inspection. We also saw the provider had taken sufficient action to improve their rating to 'good' for the key questions 'safe', 'effective', 'caring', responsive' and 'well led'. However we found the provider was still rated as 'requires improvement' for the key question 'caring'.

Following the last inspection the provider undertook a review of the way new staff were recruited and of the procedures to do with the safe administration by staff of medicines to people. At this inspection we found the provider made significant improvements in both these areas. The new recruitment procedures were robust and 'fit for purpose' as were the procedures operated by staff for the safe administration of medicines. This showed the provider had taken appropriate steps to protect people from the risks previously identified.

People told us they felt safe. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse.

The risks to people's safety and wellbeing were assessed and regularly reviewed. People were supported to manage their own safety and remain as independent as they could be. The provider had processes in place for the recording and investigation of incidents and accidents.

Staff followed good practice in order to prevent and control the risk of infections.

People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental

Capacity Act 2005. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

People who were cared for and supported by regular staff said they were happy with their support and that staff knew them well. People told us staff who were not regular were not always aware of the care and support people they visited needed. People also told us there were occasions when these staff seemed cold and distant in their approach to people. Regular staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were given information about how to make a complaint and the people we spoke with knew how to go about making a complaint and were confident that they would be responded to appropriately by the provider. We saw evidence the registered manager responded to complaints received in a timely manner.

There was a positive culture within the staff team and staff spoke positively about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered manager was committed to providing a good service for people. There were quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received.

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. Improvements were made to identify and manage the safe administration of people's medicines and the safe recruitment of staff.

Staff knew how to recognise and report any concerns they had in order to protect people from the risk of abuse or harm.

Risk assessments to do with the person and for the environment were carried out to ensure risks were identified. There were appropriate plans in place to minimise and manage these risks and to keep the person safe from injury and harm.

Staff followed good practice in order to prevent and control the risk of infections.

Is the service effective?

Good 

The service was effective. Staff received appropriate training and support to help ensure they delivered care safely and effectively to people who used the service.

The provider trained their staff appropriately and had clear policies and procedures in place to help ensure people using the service retained choice and control over their care.

People were supported appropriately with eating and drinking where this had been assessed as part of their care plan.

Is the service caring?

Requires Improvement 

The service was not always caring. People who used the service told us that staff attending them treated them with respect and dignity. They said their regular staff treated them with kindness and compassion but irregular staff did not always do so. People told us their preferences were for regular staff to support them.

Staff ensured people's privacy and dignity were respected and promoted positive relationships between staff and people using the service.

People who used the service told us that staff respected their right to maintain their independence.

Is the service responsive?

Good 

The service was responsive. People who used the service told us that they had been involved in the development of their care and support plans. Care plans had been developed in a person centred way and reflected people's personal preferences and expectations.

People knew who to raise complaints and concerns with. There was a system in place at the service to help manage and monitor any complaints that may have been raised.

Is the service well-led?

Good 

The service was well-led. Staff were appropriately supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

The provider had implemented a variety of quality assurance methods so that they could regularly check the quality of the service being provided. They made sure the service was improved and developed as necessary and that people were happy with the service they received.

Elite Careplus Ltd

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.

We undertook an announced inspection on 1 February 2018. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including the statutory notifications received about key events that occurred at the service. We also reviewed the action plan the provider submitted after their previous inspection outlining how they were going to address the breaches that were identified during our January 2017 inspection.

During the inspection we spoke with three staff, the registered manager and a member of the management board. We inspected five people's care records, five staff files, as well as the team's training, supervision and appraisal matrices. We reviewed records relating to the management of the service as well as medicines management arrangements. After the inspection we spoke with six people who used the service, three relatives and one service commissioner.

Is the service safe?

Our findings

At our last inspection in January 2017 we found there were concerns with the processes used for the safe recruitment of staff. This meant the provider could not be assured that people would be kept safe by the staff recruited in this way. At this inspection we found the provider had reviewed and improved their recruitment procedures. We reviewed the new recruitment process for five members of staff including three relatively recently appointed members of staff. The staff files we inspected showed there were recruitment checklists in each file to document all the stages of the recruitment process and to ensure the necessary steps were carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff. The provider was no longer in breach relating to staff recruitment.

At our previous inspection we identified there were inconsistencies in the completion of people's medicines administration records (MAR). At this inspection we saw there was an improvement in the completion of these records. Full and complete details of people's medicines were set out in an individualised medicines profile for each person. This provided clear guidance as to which medicines should be given, the amount and the times when medicines needed to be given. Our checks demonstrated medicines administration records (MAR) were completed appropriately and there were no gaps in staff signatures. There was a policy and procedure in place for the management of medicines and staff were aware of these. The registered manager undertook frequent medicines audits. The registered manager told us they were planning to implement a medicines competency test for all staff annually. They said this was to further ensure medicines were administered to people safely and appropriately. The provider was no longer in breach relating to medicines management.

People told us that they felt safe from harm or abuse. One person told us, "I am happy with the regular care staff who visit me. I believe I am in safe hands." Another said, "I feel safe with the staff and it helps so much when we have the same regular ones visiting."

People remained safe at the service because staff knew how to identify and report concerns about potential abuse. Staff received training and refresher courses in safeguarding adults and followed the provider's procedures to keep people safe. Staff were aware of the provider's whistleblowing procedures and when to alert external agencies such as the local authority or the Care Quality Commission about poor practice.

When required, the registered manager reported to the local authority safeguarding team concerns about a person's welfare to ensure appropriate action was taken to protect them from harm. A staff member told us, "I would report any possible abuse to the manager or the local authority."

The risks to each person were assessed. These included risks associated with their mental and physical health, mobility and the choices they made. The assessments were clear and included instructions for staff on how to minimise risks and keep people safe. New risk assessments had been created when people's

needs changed or a new risk was identified.

There were enough numbers of suitably skilled staff to meet people's needs safely. Staffing levels were determined by assessing people's individual needs and the support they required. Staff told us and records confirmed absences were planned and covered adequately. An on call system was operated and staff told us they could contact the registered manager for advice should they need to. People also said they were able to contact the registered manager whenever they needed to.

People were protected from the risk and spread of infection. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. The care plans of people contained guidance for infection control.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People benefitted from being cared for by staff who were appropriately supported with their work. One person said, "Those carers who visit me regularly know what they are doing. I can't say anything bad about them, I can't fault them." Another person told us, "They do a great job for me. So far so good, if I ask them to do something extra, they do it as long as they have time."

Staff files we inspected showed staff had regular one to one meetings with their line manager. In addition, annual appraisals provided an opportunity to assess their work and plan their development needs. Training was provided either through classroom teaching, eLearning or through discussion sessions. Training was also sourced from the local authority and other training providers. One member of staff told us, "Training is regular and we do lots of it." Records showed the majority of training was up to date and where training had expired, refresher training was being arranged.

Staff said they felt supported at the service. New staff had a thorough induction which included face to face training and supervision from more experienced staff. One member of staff told us, "I found the induction, training and shadowing experiences with other staff gave me everything I needed to work alone with confidence."

People told us daily diary notes were completed by staff at the end of each care visit. People and their relatives told us they had agreed to the times of their visits. They also told us staff usually stayed the full time of their agreed visits. One person told us, "The staff are pretty much on time and they do usually let us know if they are going to be late." Another person said, "If they are late it's never by much and sometimes it can't be helped because of traffic."

Some people needed assistance with the preparation of their meals. People told us staff prepared foods of their choosing and were left with snacks to eat and also drinks within easy reach between visits. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Staff supported some people who needed assistance to access healthcare appointments and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately. A service commissioner told us, "They are very good at liaising with us when necessary and when people's needs change."

We carried out checks to identify if the provider was complying with the requirements of the Mental Capacity

Act (MCA) 2005. The 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.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The registered manager had a good understanding of the MCA. Staff had received training on the MCA. They understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

Is the service caring?

Our findings

At our previous inspection we found that people's care plans did not hold sufficient information about people's personal history and their likes, dislikes and preferences for care and support. This meant that the provider could not demonstrate how they supported staff to develop caring relationships with people and to promote continuity and consistency of staff.

At this inspection people told us they were involved in planning their care and support. The care files we inspected evidenced the provider had ensured there was a thorough needs assessment process that included a comprehensive profile describing people's personal history, their likes and dislikes and their preferences for care and support. We saw the provider also took account of the support the person required, the preferred time for calls and where possible the staff they liked to be supported by. The service provided to people was based on their individual needs and staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times.

The provider was no longer in breach relating to the care and treatment delivered to people appropriately. However we found improvements still needed to be made at this inspection. People said they liked to have their own regular staff as they knew them better and were more likely to understand their needs and preferences. People also said with regular staff they were better able to build trusting relationships with them. Staff said their preference was to have regular calls to the people they supported as they knew people well and their preferences for care. People said they were not so satisfied with times when they were supported by staff they did not know. People said those staff were less friendly and did not know their needs so well. One person said, "My regular carer is fantastic, she knows exactly what support I need and she provides it for me. When she was on holiday the staff who came to support me did not say much and didn't really know what I needed them to do." Another person told us, "My regular carer is lovely, but when I had a carer I did not know they were unfriendly and cold in their attitude to me. They didn't really know what support I needed either, so I was not happy with that service." This view was echoed by people we spoke with as part of the inspection. In this context another person told us, "Having the same people [staff] visit is welcomed." A member of staff told us, "Continuity and the building of relationships is very important to us as we can build trusting relationships with people." This meant people were not always cared for consistently. We addressed this concern with the registered manager. They said they would take immediate actions to ensure their staff were fully aware of people's support plans before they visited them. The registered manager also said they would ensure staff received additional training to improve their communications with people.

Staff informed us they sought consent from people before they commenced any care tasks. They explained how they ensured people's privacy was maintained at all times when supporting them with personal care. Staff had received training on maintaining confidentiality.

Staff understood and promoted people's privacy, dignity and independence. People we spoke with told us staff helped them do things for themselves whenever possible and encouraged people to be as independent as possible. Care plans contained information about the tasks people were able to complete without

support, with minimal support and what they needed more help with. There was a good level of detail about exactly what help people needed. This was designed to ensure staff did not do things for people that they were able to do for themselves, thereby promoting and maintaining their independence and quality of life.

Is the service responsive?

Our findings

At our previous inspection we found the support plans we looked at were not as comprehensive as they could be and were not always individualised or person centred. At this inspection we found the provider had completely redesigned and improved their assessment and care planning processes.

People told us they were engaged in the development of their care plans and in the reviews of these plans. Our inspection of people's care files evidenced what we were told by people. We saw the registered manager and staff assessed people's needs before they began receiving support. Care plans were drawn up once the initial assessment was carried out. We looked at people's care plans and saw they were comprehensive and clear. They consisted of people's support plans that included their personal information, medical history, health care professionals' details, health matters, food habits, hobbies and interests, cultural and spiritual needs, weekly activities and health related information. This has helped staff to have sufficient information on what was important to people. It has also helped to provide people with individualised support and person centred care.

All the care plans we inspected were comprehensive in that they covered people's physical, mental, emotional and social needs. They were written in the first person and they were all signed by people to demonstrate their agreement with what had been written in their care plans. We saw that people's ability to maintain their independence and improve their quality of life was an important part of the care planning process. The provider was no longer in breach relating to care and treatment delivered to people appropriately.

We looked at how complaints were managed. We noted the provider had a complaints procedure in place. The complaints procedure was included in the information handbook provided to people who used the service at the start of the service. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We saw complaints and compliments forms were easily accessible to anyone who needed or wanted to use them.

People and relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. People using the service told us they knew what to do if they had a complaint.

Is the service well-led?

Our findings

At the last inspection we found the provider had not established effective systems to assess, monitor and improve the quality and safety of services. Records were not always accurate or complete and the registered person had not notified the Commission about incidents as they were required to do. At this inspection we found there were quality assurance systems in place to help ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided. We saw office staff monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. The registered manager and other senior office based staff worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. Records we inspected evidenced this.

Feedback questionnaires were sent out to people who used services, their relatives and to staff. The registered manager told us the last [2017] survey questionnaires indicated positive results. We saw they were analysed and a summary report produced together with an action plan that identified areas where improvements could be made. The provider was no longer in breach relating to ensuring effective and appropriate systems were in place to audit the quality of their services.

Our inspection of the provider's records also evidenced revised management systems that included reviews of incidents and accidents to ensure action was taken to prevent any recurrence. From our discussions with the registered manager we saw they were fully aware of their responsibility to submit notifications to CQC of notifiable events. Before the inspection we checked our records to do with notifications from the provider to do with accidents or incidents. We compared this information with what we saw at the inspection and we noted that CQC were informed appropriately by the provider. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe. The provider was no longer in breach relating to notifying the CQC without delay about incidents and accidents.

The people we spoke to during our inspection of the service were all familiar with the staff in the office including the registered manager. People said they had the contact details for the service both during the normal working hours and for the evenings and weekends (out of hours). One relative said, "There's no problem with contacting the office, there is usually someone helpful at the end of the phone."

There were policies and procedures in place that had been made available to staff and were included in induction training and further training. Checks had been made on staff practice to help ensure staff worked safely and in line with the policies of the company.

Personal information and records were stored securely. The staff we spoke to told us that communication was good and that the office staff always went through the care plans and risk assessments of people new to the service prior to any visits. They also told us they were updated of any changes to people's visits or support needs.

Staff knew about the on-call system in place for emergencies. One member of staff commented; "The

registered manager is very good. I find them flexible and supportive." We observed this open culture of management and communication during our visit to the offices of this service.