

Elite Support Providers Ltd

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Inspection report

Quatro House
Lyon Way, Frimley
Camberley
Surrey
GU16 7ER

Tel: 07901660895

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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

Elite Support Providers Limited (previously Quintessential Support Brokers) is a domiciliary care agency supporting people 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. Most of the people using the service were older people, some of whom were living with dementia. At the time of our inspection five people were receiving a regulated activity from the agency. The service also supports a number of younger people in supported living settings. We did not inspect the support provided to them as none of the young people were receiving a regulated activity, personal care, at the time of our inspection.

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

Safe recruitment processes were in place to ensure staff were suitable for their roles. People told us they felt safe with the staff supporting them. Risk to people's safety and wellbeing were managed in a way which promoted people's independence. There were sufficient staff to cover all care visits and staff arrived on time for calls. Where people required support with their medicines this was provided safely by competent staff.

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 worked closely with healthcare professionals to achieve the best outcomes for people.

Assessments were completed prior to people receiving their care to ensure their needs could be met. People and their relatives were involved in developing their care plans which were reviewed on a regular basis. Staff knew people well and had formed positive relationships. People felt their views were listened to and that staff respected their dignity.

Quality assurance processes were in place to monitor the quality of care people received. Feedback and compliments from people and relatives demonstrated they were happy with all aspects of the service. There was a positive culture within the service and people and staff both felt valued by the provider and care manager.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 January 2020). Although no breaches of regulations were identified we needed to ensure that improvements were sustained following our inspection in April 2019. Since our last inspection the service has changed their name from Quintessential Support Brokers and is now registered under Elite Support Providers Ltd. The location of the registered office has also changed.

At this inspection we found the provider had ensured improvements had been embedded into practice.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

Elite Support Providers 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes.

The service had a manager registered with the Care Quality Commission. The provider was also the registered manager which meant they were 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 notice of the inspection because we needed to be sure the provider would be available to support the inspection.

Inspection activity started on 19 April 2021 and ended on 26 April 2020. We visited the office location on 21 April 2020.

Before the inspection

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 reviewed all the information we had about the service. This included any notifications of significant events. Notifications are information about important events which the provider is required to send us by law.

During the inspection

We visited the office location to see the registered manager and to review care records, documentation and policies and procedures. We checked care records for five people, including their assessments, care plans and risk assessments. We looked at two staff files, the complaints log, accident and incident records, quality monitoring checks and audits. During our visit to the office we spoke with the registered manager (who is also the provider) and the care manager.

We spoke with three people who used the service, two relatives and two health and social care professionals by telephone to hear their views about the care and support provided. In addition, we spoke with three staff members.

After the inspection

We asked the provider to send additional documentation following our inspection including quality assurance reports, policies and supervision records.

Is the service safe?

Our findings

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

The last rating for this service was Requires Improvement. We found at this inspection this rating had improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection in December 2019, we found some missing documentation in relation to staff recruitment files. At this inspection improvements had been made and all required documentation was in place.

- The recruitment procedures ensured only suitable staff were employed. Prospective staff had to submit an application form and attend an interview. Proof of identity, their address and references were obtained. Applicants also underwent a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check. Any previous gaps in the applicant's employment history had been noted and reviewed.
- People told us their care visits were completed as arranged. One person told us, "They are very good. They turn up on time each visit and they stay here until the right time."
- People were cared for by enough staff and rotas showed staffing was consistent, with the same staff supporting people regularly. The service did not use agency staff and if additional hours were required, either the care manager or the registered manager stepped in. A call monitoring system was used which helped the registered manager ensure all care calls were completed and staff were where they were expected to be.
- The registered manager said they allocated travel time between calls to help ensure staff arrived at their next care call on time. We saw evidence of travel time allocated on staff rotas.

Using medicines safely

- People received the medicines they required. The service used an electronic medicines management system and staff were required to confirm completion of this task on their handheld device. In the event medicines were not administered an alert was raised which was sent to the registered manager. This helped ensure people received their medicines in line with their prescriptions.
- We did not see any gaps in people's medicine charts. The charts were audited on a monthly basis and any discrepancies were addressed. This included where it was identified that staff were not following best practice in relation to how one person's medicines were dispensed. This had been picked up by a healthcare professional. No harm had come to the person and processes were changed immediately.
- People were involved in managing their own medicines. This included one person who had a specific condition and took as required (PRN) medicine to relieve the symptoms. We read that staff asked them every morning how they were feeling in order to determine whether the medicine was required.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any potential risks to people receiving care. Risk assessments considered the environment in which care was to be provided and any equipment involved in people's care.
- Risks to people were well documented and guidance to minimise risks provided to staff. For example, clear information was available to staff on how to support people with their mobility needs.
- Where appropriate, people were encouraged to take controlled risks such as managing their own medicines. People had access to an on-call phone number should they need advice or support outside of their normal care hours.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff supporting them. One person told us, "They are very nice, and I feel safe with them in the house." A relative said, "I know that (person's name) is safe with the carers. They are so good and so kind."
- Staff understood their responsibilities in protecting people from abuse. One staff member told us, "I would tell my manager and then check later about what they had done or if I needed to do anything more."
- Staff received safeguarding training as part of their induction and refresher training was provided at team meetings. We read recent refresher training included discussion on recognising the individual types of abuse.

Learning lessons when things go wrong

- Staff recorded incidents on a 'corrective & preventative action' form. This detailed what had happened, what needed to happen to correct the situation and any follow up action.
- Staff learnt from incidents and processes were changed where improvements were identified. We read of one person who did not receive a particular medicine because it was not available. Staff were reminded of the importance of reporting low medicines stocks and refresher medicine training was provided.

Preventing and controlling infection

- People told us staff wore Personal Protective Equipment (PPE) during their visits. One person told us, "They are always wearing their masks and other bits. I know they work hard around this coronavirus and keeping everybody safe from catching it." During spot checks of staff, the care manager checked staff's use of PPE to ensure it was being used effectively and safely.
- Staff followed national guidance in relation to infection control. The care manager told us, "We've done really well. We always talk about it (infection control) at staff meetings. We make sure staff are aware of family visits or professional visits to stop too many people being in a person's house. Our staff are testing weekly. PPE has never been an issue; we've always had plenty of stock."
- The provider's infection prevention and control policy was up to date and risks specifically relating to COVID-19 were regularly reviewed.

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

The last rating for this service was Requires Improvement. We found at this inspection, the rating has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had an induction when they joined the agency, which included shadowing a more experienced member of staff. Initial training included food hygiene, the complaints policy, fire policy, accident and incident recording and safeguarding.
- Staff then went on to undertake in-house training which covered first aid, infection control, fluids and nutrition and medication. There was also training around people's specific needs such as epilepsy, dementia and mental health awareness.
- Staff had the opportunity to discuss their role, progression and any concerns with their line manager. Regular face to face supervisions took place between staff and the care manager.

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

- The provider ensured they were able to meet people's needs prior to agreeing to provide their care. One external professional told us, "They are very quick to assess and get care in place for people leaving hospital. They will always communicate to make sure they have the very latest information so they know they can provide the care the client needs."
- People's needs were assessed before they began to use the service. The care manager told us, "The assessment usually takes two hours. I usually do an introductory call to the family as well. I normally have care plans built and ready the next day to go into the home. I also do a summary for each client so carers have the knowledge and past medical history."
- The service used information from external agencies, such as the funding authority in order to help develop a care plan. The registered manager said, "We won't take on the package unless we can support them (the person)."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked alongside other agencies to ensure people received the support they required. One healthcare professional told us, "I've always found their response very good. They're really good at contacting us with concerns or putting in additional calls when needed."
- Staff worked with health care professionals to ensure people had the equipment they required. This enabled them to receive their care in the best way possible and helped ensure people's health did not deteriorate.
- The service responded promptly to people's changing health needs. One person had a neurological condition. There was evidence of communication between staff and their GP to review their medicines and

achieve the best outcomes for the person.

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

- People's dietary requirements were checked during their initial assessment and any dietary needs or preferences recorded in their care plans.
- Some people had diabetes and information was included in their care plan to remind staff to encourage low sugar options for them.

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

- People told us staff asked for their consent prior to supporting them with their care needs. One person told us, "I am asked if I am happy for something to be done. Like washing in the morning or using the commode if I need to."
- Staff demonstrated an understanding of how the MCA impacted on their role. One staff member told us, "We are there to help them live their life their way. We will ask permission and give choices. Even if they chose the same thing every day, we still ask them and don't assume."
- The agency was not providing care to anyone who lacked the capacity to make day to day decisions although some people were living with dementia. We saw evidence where people had signed their consent to the care package they received.

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

The last rating for this key question was Good and we found at this inspection this rating remained unchanged. 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 told us they were treated with kindness by staff who knew them well. One person told us, "(Staff member) knows me very well. I do feel like she is happy to be with me and making sure I am happy." Another person told us, "They are really nice. Lovely girls and very caring."
- Relatives confirmed their loved ones were treated with care. One relative told us, "They are very nice, and they have a very good attitude."
- People's religious beliefs were respected. One person's faith was important to them. Staff were supporting them with their care so they could return to Church services as soon as it was safe for them to do so.

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

- People felt listened to by staff. One person told us, "(Staff member) listens to me and in the times when they are off or on holiday then any staff coming to me seem to always know my name and what I need. They listen to me if I need to ask for something different."
- Staff understood the need to build trusting relationships. A health care professional told us one person had previously regularly refused care. The service had worked with them to build trust and they were now engaging well with staff. The health care professional said, "I have a lot less call outs now they're involved. The last time I saw them they were like a different person."
- We noted from team meeting notes, the care manager ran a training session on, 'supporting client's to actively participate in their care' for staff.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. One person said, "(Staff name) and other staff are very respectful. They speak to me like any other person and I feel welcomed by them."
- Staff respected they were a guest in people's homes. One staff member told us, "We must make sure they are comfortable in their own house. We will cover people and close doors and curtains (during personal care) so they feel relaxed."
- People were supported to take the lead in their care. This included taking their own medicines, with staff only checking they had taken them. One person required staff to help wash them, but it was stated in their care plan, 'I want to do as much of my personal care as possible'.
- Staff considered people's individual situation. The care manager told us of one person who now slept in a single bed, but only had double sheets. They said, "We bought them a Christmas present of all new bedding for their single bed."

Is the service responsive?

Our findings

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

The last rating for this key question was Requires Improvement. At this inspection this key question has improved to Good. 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;
End of life care and support

- Each person had a detailed care plan in place which recorded their needs and preferences. Guidance was provided for staff about what support each person required at each care call. One person told us, "They come in and support me with everything I need and when I ask for something to be done it's never any trouble."
- Where staff noticed people's needs were changing, they liaised with the person and those involved in their care to ensure their needs could be met. One relative told us, "They easily changed (family members) visits from once a day to twice a day to make sure she got the care she needed."
- People's care plans contained detailed life histories and stories they enjoyed sharing. This enable staff to choose topics of conversation that interested the person.
- People's care plans were reviewed every three months, or more often if needed. Where appropriate, health and social care professionals were involved in people's care reviews.
- No one receiving a care package was at the end of their life, at the time of this inspection. However, people had made their wishes and requirements known for when they reached that stage of their life.

Improving care quality in response to complaints or concerns

- People told us they were aware of how to raise concerns. One person told us, "I have a folder here with all those details and people I can call if I am ever unhappy."
- The agency had a complaints procedure in place. This set out how complaints would be managed and the timescales for receiving response.
- We read of one complaint that had been received. There was evidence that the registered manager had sent the person all of the information they requested as well as visiting the person to follow up on their complaint. The person was happy with the outcome.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People and their relatives felt staff communicated in a way they felt comfortable with. One person told us, "They speak to me and I talk back which works fine for me." A relative told us, "I have been very impressed with their communication."

- Each of the people the agency provided care to was able to communicate verbally or in writing and as such did not have any specific requirements in this respect.

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

The last rating for this key question was Requires Improvement. We found at this inspection this rating has improved to Good. 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; Continuous learning and improving care; and how the provider understands and acts on duty of candour responsibility

- A range of quality assurance checks on the service were completed. Regular spot checks were undertaken on staff to ensure they followed best practice. This included reviewing if staff treated people with respect and dignity, engaged with people appropriately and provided people's care in line with their needs.
- Action plans were completed where incidents or accidents had occurred. These were robustly completed by the care manager, and staff competency reviewed as and when necessary.
- Other quality monitoring data collected included the status of staff testing for COVID-19, care records, medication charts and time and attendance at care calls.
- Senior staff were clear around their role. The registered manager explained, "I look at the strategy and management of the overall business, getting in new packages and liaising with the local authority. [The care manager] does the day to day running of the service and coordination." The care manager added, "We are a very tight team (of staff)."
- The provider had a policy in place regarding duty of candour which demonstrated the need to act in an open and transparent manner with people and their relatives when things went wrong. The registered manager was aware of their responsibilities in this area although no incidents had occurred which met the criteria for implementing the policy.

Planning and promoting person-centred, high-quality care and support

- People and their relatives told us they were happy with the support they received. One person told us, "I am very happy with the service. I would recommend them to anyone who needed some support or help with their care." One relative said, "I have been bowled over by how good they are."
- The provider had invested in an electronic care planning and recording system. This meant staff had instant access to any concerns or changes in people's care. Staff told us the system was useful in ensuring they were fully aware of people's needs. "I find it really really useful. We can see everything and read how clients have been before we arrive to see them."
- The registered manager encouraged staff to progress to help ensure person-centred care was the focus of their service. One staff member told us, "I feel very valued. That's why I'm still here. They involve me in everything and help me progress. I'm learning a lot and they show me how I can apply this to my work."

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

- We reviewed the outcome of the most recent survey carried out by the service. This demonstrated people's satisfaction with the care they received. Team meeting minutes showed the care manager fed back compliments received from people. These included, 'All the girls are a blessing' and, 'All the girls are doing a great job'.
- Monthly team meetings took place where various topics were discussed. These included checking with staff whether they had any concerns, lessons learnt, compliments and complaints.
- The care manager used these meetings to refresh training or run sessions for staff which were relevant to their role. These included a Skills Academy safeguarding training session, a discussion on dementia awareness and diabetes awareness and a refresher on what should be recorded within daily notes.

Working in partnership with others

- The agency worked closely with the local commissioners. We read a compliment left by one professional regarding people's care records which stated, 'Thank you very much for the those (documents). I have to say I go through a lot of care records and these are truly excellent'.
- The agency also liaised closely with people's GPs and the district nursing team. A healthcare professional had written to them saying, 'As a healthcare professional I have found Elite Care easy to contact and very helpful on the phone'.