

Elite Home Care Limited

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Inspection report

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20 December 2016

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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 completed on 19 and 20 December 2016 and was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service. At the time of the inspection, the service was supporting 86 people in their own homes.

There was a registered manager in post at the service; 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in October 2013. There were no breaches of regulation at that time.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment. People's medicines were being managed safely. People told us they felt safe.

People were receiving effective care and support. Staff received training which was relevant to their role. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA). Staff supervisions and appraisals were being completed. People were supported to access health professionals. People could choose what they liked to eat and drink.

Staff told us there was an open culture and the environment was an enjoyable place to work. Staff were extremely passionate about their job roles and felt integral to the process of providing effective care to people. There was positive feedback from relatives regarding the management.

The service was caring. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and were able to describe what they liked to do and how they liked to be supported. People were supported sensitively with an emphasis on promoting their rights to privacy, dignity, choice and independence. People were supported to undertake meaningful activities, which reflected their interests.

The service was responsive to people's needs. Care and support plans were person centred to provide consistent, high quality care and support. Daily records and visit notes were detailed and contained sufficient information for staff to read and support people effectively.

The service was well led. Quality assurance checks and audits were occurring regularly and identified actions to improve the service. People, staff and relatives spoke positively about the registered manager.

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.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

There were sufficient staff to keep people safe. Staff had been recruited following safe recruitment procedures.

People were kept safe through risks being identified and well managed.

Medicines were well managed with people receiving their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

Staff received regular and effective supervision. Staff received adequate training to do their job effectively.

People's nutritional needs were being met in an individualised way that encouraged them to be as independent as possible.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA). Staff promoted and respected people's choices.

Is the service caring?

Good 

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with thought the staff were approachable and kind. People were supported in an individualised way. People were supported to maintain contact with family and friends.

People were given information about the service in ways they could understand.

Is the service responsive?

Good ●

The service was responsive.

People were able to express their views about the service and staff acted on these views.

Care and support plans clearly described how people should be supported. People were supported to make choices about their care and support.

There was a system in place to manage complaints. Everyone we asked said they would be comfortable to make a complaint. They were confident any complaints would be listened to and taken seriously.

Care and support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

Is the service well-led?

Good ●

The service was well-led.

Staff felt very supported and worked well as a team. Staff were clear on their roles and the aims and objectives of the service.

Quality monitoring systems were used to further improve the service provided.

There were positive comments from people, relatives and staff regarding the management team.

Elite Home 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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection was completed on 19 and 20 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure we would be able to meet with people where they were receiving the service.

The inspection was completed by one adult social care inspector and one 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. The previous inspection was completed in October 2013 and there were no breaches of regulation at that time.

At the time of the inspection, the provider was supporting 86 people living in their own homes. The landlords, in most cases were housing associations.

During the inspection, we looked at six people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision records and training information for staff.

We spoke with the registered manager of the service and five members of care staff. We visited four people living in their own homes. We spoke with two people who use the service on the telephone. We contacted six relatives who gave us feedback.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am safe, They are superb". Staff told us they were able to keep people safe. One staff member said, "People are definitely safe, we make sure they are. We are very thorough" and another staff member said, "If there was a problem I would call the office. No matter how big the problem was I know they would sort it".

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. An easy read safeguarding policy was available for people. The registered manager and staff recognised their responsibilities and, duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One staff member said, "I feel confident no matter how big or small that people in the office will sort things out. They inform everyone". There had been six incidents raised to the local safeguarding board since June 2016 and these were clearly documented and had outcomes. The registered manager had informed staff on a set of visit notes in June 2016 about the STOP adult abuse week that the local safeguarding board had organised. The registered manager told us this raised awareness for all Elite Homecare Ltd staff and to encourage everyone to report any concerns about vulnerable adults.

The number of staff needed for each shift was calculated using the hours contracted by the local authority. People, staff and rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people who used the service. One person said, "I know everyone, I have regular ladies". One staff member said, "We are all regular staff and we don't use agency". Another staff member said, "Yes, there is enough staff. It can be difficult at certain times of the year but we have enough support". All relatives were happy with the staff being regular and familiar and one relative said, "I know a fair few, they try to give [The person] the staff they get on well with".

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us people had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for five staff which evidenced staff had been recruited safely.

Staff completed a six month probationary period where the provider checked if they were performing to a suitable standard. This process enabled the registered managers to come to a conclusion on whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment. A disciplinary meeting had been held in March 2016 to discuss one staff member sickness/ absence record. This had positive outcomes for the staff member.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We saw individual risk assessments in people's care and support plans such as; Risk of self-neglect, social isolation, mobility and finances. The risk assessments we saw had been regularly

reviewed and kept up to date. Staff told us they had access to risk assessments and ensured they followed the guidance in them.

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated people's medicines were being managed safely. Staff received training, observed other staff and completed a full and comprehensive competency assessment, before being able to give medication. People were supported to take their medicines as they wished. Care and support plans gave staff guidance on how people preferred to take their medication. One person's care plan said, '[The person] needs prompting with medication. They have medication in a blister pack daily'. All relatives were happy with medication arrangements and one relative said, "There was some confusion around the medication, but they put it right. They are very good at informing me".

Specific items were issued to staff before they started working for Elite Homecare Ltd to support them to do their job safely. These included; a torch, gloves, aprons, a bath thermometer, a personal alarm, a receipt book and a hand book to read for guidance. The registered manager told us that these were all put in a bag and issued along with policies and procedures. All relatives we spoke with said staff wear gloves where appropriate.

Is the service effective?

Our findings

Most people we spoke with were confident that staff were adequately trained. One person said, "They do their best, they know how to do things we need and they seem to be very knowledgeable about what to do". One relative said, "In the past it has seemed as if new staff were sent in when still too new, especially when it came to challenging behaviour. They seemed to do a lot of training on the job. Things are much better now and I am happier".

Staff had completed induction training when they first started working at the service. This was a mixture of face to face training, online training and shadowing more experienced staff. The bespoke induction programme which was similar to the care certificate covered areas such as; equality and diversity, privacy and dignity and 'autism-the facts'. There were mandatory courses for staff to complete such as; first aid, MCA and DoLS, safeguarding, first aid and positive behaviour management. The 12 week induction programme was discussed and signed off by a registered manager to ensure staff understood their role and what was expected of them.

Staff told us they had received the training to meet people's needs. One staff member said, "We watch some DVD's which are useful but the face to face training is better". The registered manager told us that improving training was on the improvement plan for 2017 and following feedback from staff, the service will replace some of the DVD's with one to one training. The provider had a system in place to see when staff training was due to expire so that they could be booked on another training course. One staff member told us they had recently completed training in MCA and DoLS, safeguarding, end of life and dementia.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 and legally authorised under the MCA. From speaking with staff, it was evident they had a good understanding of the act and how it impacted on their day to day roles of supporting people

For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP). We checked whether the service was working within these principles and found that at the time of the inspection, the service was liaising with the local authority who has the duty to submit the application to the COP. One person was being considered for this in October 2016 due to being unable to manage their own finances. All relatives we spoke with were confident that the best interests of their loved ones were considered at all times. One relative said, "I don't know what I'd do without them".

The registered manager was in the process of re-structuring the supervisions and appraisals to make them

more frequent. This helped ensure people continued to receive high standards of care from staff that were fully trained and supported. Staff were receiving regular supervisions and those we spoke to felt supported and that their supervision time was useful. An annual appraisal form showed us that these would be in a different format and annually from early 2017 and would focus on training requirements and performance and attendance.

People chose the food they wanted and were supported by staff to assist with food preparation if possible. One person said, "If I want a bacon sandwich or soup they will do it for me. I can choose what I want and nothing is ever too much trouble". Staff told us people were supported to eat a healthy diet and drink plenty of fluids. People's dietary and fluid needs were assessed and, if needed plans made to meet those needs. This meant the service monitored people's food and fluid intake to ensure they were not at risk. One person in October 2016 had no longer needed their food and fluid to be monitored. This information had been removed from their support plan and their file updated.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians and members of the community learning disability team. We saw people's changing needs were monitored, and changes in health needs were responded to promptly. In each care and support plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy. One person said, "They support me to visit people when I am un-well and today they have dropped off a urine sample at the doctor's. They don't have to do this but it is appreciated".

Is the service caring?

Our findings

There were positive comments about the staff from people and relatives. One person said, "I am very grateful and happy. They are all caring. They don't rush and always do what they have to do". One relative said, "To find the words to thank Elite for their care of [The person] would be impossible. You have all been amazing so thank you very very much. You are all angels". One relative said, "I would just like to say what a great help one member of staff has been dealing with medication for my mum and talking to the chemist and doctor, A great asset to your team. Thanks again".

There were many compliments from relatives whose loved ones had sadly passed away. One relative wrote a card that said, 'Dear carers, I would just like to say 'Thank you very much for the help you have given [The person] over the last few years. She was fiercely independent and hated the thought of going into care. With your help we were able to keep her living in her own home as she wanted, until the very end'. Another relative wrote, 'We would like to thank you for the wonderful care you provide for [The person]. Nothing was ever too much trouble and not once did you let her down. The care you provided as second to none. We will have no problem in recommending you to others in the future'. Another relative sent an email to the registered manager which said, 'We would like to thank everyone at Elite for the compassion and care they provided over the last few weeks regarding [The person's] well-being and care. We have taken comfort in knowing that in [The person's] last week he really did have the very best care'.

People were supported by a consistent team of staff. This ensured continuity and enabled the person to get to know the staff. One person said, "We usually know who arrives but sometimes we don't know. It's hard to remember everyone's names. We think a name badge would be useful". The registered manager explained that this would be looked into after a discussion about the comments made. One staff member we spoke with said, "I treat people as I would a family member. Kindness can go a long way. I like to sit and hold their hand and I don't worry about time. I don't rush anything". Another staff member said, "I enjoy taking responsibility and making people smile and making them feel confident". On the second day of our inspection we spoke to a member of staff who was visiting the office and was going to visit a person who used to use the service but was now in a nursing home. The staff member said, "I'm looking forward to seeing her, I will say hello from us all at Elite and I'm sure she will appreciate a visit just before Christmas".

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. We saw that staff had been trained about equality and diversity.

The registered manager told us that recognising staff and what they do was important to them and the provider had nominated many staff members for different awards. Within the service there was a carer of the month and carer of the year award. There was an incentive for staff to provide good support and go 'above and beyond'. Nine care staff had been nominated for the 'Care and Support' awards in 2015 and one person received the 'Home carer of the year' award in 2016. Elite Home care ltd was a finalist in the 'Care and Support' west awards in 2015.

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to their service being set up. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care and support plans, in relation to their day to day needs. One person said, "The transition to Elite was easy. I could have changed provider if I wanted to but I was happy to stick with Elite". One relative said, "They involve me in everything. It is very reassuring as they are so supportive of me too".

Is the service responsive?

Our findings

People we spoke with said the service was responsive to their needs.

There had been many compliments in 2016 from staff, relatives and professionals. One health and social care professional gave feedback to the service in September 2016 and said, 'Elite home care are currently the best care provider in the private sector in this area. The carers are dedicated and professional but care about what they do. They are always accessible and easy to work with. There are always good lines of communication and they will try and resolve care issues without contacting the local authority. Their co-ordinators are professional, courteous, and passionate and know the people who use the service when you contact them. I would recommend them in looking after anyone I know'.

People and their relatives talked to us about activities they enjoyed doing. One person said, "They do anything I want, they are doing a good job". Another person said, "They help us with our shopping. We make a list of what we want and they help us. If we need milk we can just ring and they will bring us some". One relative said, "They help with personal care, cleaning and trips out" and "They take [The person] out shopping, to garden centres and they support her to go to art therapy". Staff told us they were continually trying to improve the support provided to people and make people's lives easier.

Elite Homecare Ltd had identified that one person who suffered with dementia was possibly isolated at home and felt they would benefit from accessing a local day centre. A review meeting was held and it was agreed by everyone involved that this would be positive for the person. It was felt this had been successful for the person and they were enthusiastic even though they had watched tv whilst attending the day centre they were amongst other people and getting more stimulation than being alone. The funding for this was stopped by the person's local authority and Elite homecare were trying to find alternative solutions. There was a clear log of timescales, decisions and written notes regarding the situation to provide evidence.

Each person had a care and support plan to record and review information. The care and support plans detailed individual needs and how staff were to support people. Each care and support plan covered areas such as; communication, daily living, eating and drinking, personal care, current social circumstances, identified risks, personal safety and emotional well-being. Each care and support plan gave staff guidance on how to support people effectively and this was written by staff with people being able to decide how they would like things written. A preferred routine was attached as a separate document to show staff how people liked their support to be. One person's preferred routine had been updated in August 2016 and explained what day they would like to do their shopping and their preferred shop. The routine also detailed which day the person liked their bedding to be changed and when they wanted staff to clean their home.

Each person supported by Elite homecare Ltd had a care needs assessment form which contained specific information with regard to their care such as; personal history, communication/cognitive needs, emergency contacts, family or friends involved in their care, health, mobility, medication, dietary requirements, finances, accessing the community, laundry, domestic and shopping. One person's care needs assessment had been updated in October 2016 and prompted staff to make them a hot drink at their request and

encourage fluids. The registered manager told us that the care needs assessment form had been improved in 2016 to be more robust and ensuring the necessary additional documents were completed by the assessor eg; falls risk assessment. This had been put in place to help new office staff in their job roles.

Staff confirmed any changes to people's care were discussed regularly through the shift visit notes to ensure they were responding to people's current care and support needs. A communication record was available for each person given support by Elite homecare ltd and details of actions or comments were recorded. This was filled in for every visit and evidenced care and support given such as; being supported into nightwear, medication and/or creams applied, general mood, food and drink given and any household chores completed. An arrival and departure time was given to show how long staff had been with people for. The registered manager explained they look at all of the notes at the main office and these would be recorded digitally. If staff had any concerns whilst supporting people, they would ring the office or an on call manager if it was out of hours and there would always be someone to give advice and guidance. One person said, "They write in the book every time they are here".

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns or needed to complain. People felt that the staff would listen to them if they did and that issues would be addressed. One relative said, "I would ring the manager's and I know they would sort anything". "The registered manager said, "We are always here to discuss any concerns. The office is always open".

Is the service well-led?

Our findings

There was a registered manager for the service. Staff and relatives told us they felt well supported by the registered manager and the provider. One staff member said, ""If I wasn't happy in my job I wouldn't stay. I feel listened to and the manager is supportive. I had a personal problem and they helped me and covered my shift when my relative had an emergency". Another staff member said, "Relatives were happy and confident to deal with the registered manager if there was a problem and described them as 'Lovely'. One relative said, "I would be happy to ring, they are lovely".

Elite Homecare Ltd sent out satisfaction questionnaires to people who use the service. Feedback questionnaires were also sent to staff to look at any areas of concern and ways the service could be improved. People were asked how satisfied they were with the service provided and whether they felt staff were on time, polite, respectful and if they felt listened to. People were asked if their preferred routine was followed and if they had any complaints or concerns. One person wrote, 'The service I receive from Elite home care workers is excellent'. All questionnaires we saw gave positive feedback from people who used the service. Staff were asked what aspects of their job they enjoyed, what they least enjoyed and if they felt supported. Staff were asked to comment on training, current legislation and pay rates and mileage. The provider asked staff to list any changes they would like to be made to improve their job role. Staff gave feedback such as, 'Best job I've had' and 'I like helping others'. One staff member wrote, 'All office staff are always happy to help and support us'. One staff member listed that it would be useful to know other carers car registration number if they were on a double up round'. The registered manager told us the feedback was always looked at and things changed if they needed to. One staff member said they didn't like it when people passed away. The registered manager told us they had de-briefs with people and staff were well supported after a person had passed away.

The registered manager was responsible for completing regular audits of the service. These included assessments of incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. The registered manager told us of improvements planned for 2017 and going forward. A document showed areas for improvement such as; introducing hospital passports so that a clear document would be readily available to support people when being admitted to hospital and all of the relevant information would be close to hand for hospital staff. Champion roles were being discussed and in 2017 there would be staff covering areas such as; Dementia, learning disabilities, mental health, end of life, autism and safeguarding and dignity. Annual appraisals in a new format and three monthly supervisions were due to be implemented in January 2017. The way mental capacity assessments were recorded was under review and the registered manager had already looked at other formats.

The organisational records, staff training and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Examples of these included safeguarding, infection control and lone working policy. A large number of easy read policies were available for people if they wanted them. These included complaints and how to complain, safeguarding and MCA and DoLS.

Staff attended regular team meetings and briefings in the main office. Staff explained regular meetings and briefings gave the team consistency and a space to deal with any issues. The meetings had outcomes but there were no formal minutes or written notes. The registered manager told us that all staff meetings would be evidenced by minutes and all action points would have an outcome and this would be documented. This was due to start in January 2017.

The registered manager sent out a monthly newsletter to all staff. This gave staff up to date information on areas such as; changes to procedures such as receipt books and disposing of people's pain patches, rota updates, any social gatherings for staff, and which member of staff had received the 'carer of the month' award. Staff told us this was nice to read and they were 'thanked' for their time and support.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken. An incident and medication error audit sheet was being implemented at the time of our inspection and the registered manager told us this would be audited every three months and all actions taken would be recorded with outcomes.