

Elite Careplus Ltd

# Elite Careplus Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 24 and 25 January 2017 and was announced. We told the provider 24 hours before our visit that we would be coming. This is the first inspection for this service which was registered in October 2015, at a previous address of 98 Stafford Road, Wallington. They moved to their current location in May 2016 and their registration with the Care Quality Commission (CQC) was adjusted to reflect this change of address. The registered manager is also a director of Elite Careplus Ltd.

Elite Careplus Ltd provides a domiciliary care service and a recruitment agency to supply nurses to care homes. The domiciliary care service provides personal care to 15 people living in their own homes in the Sutton area. This service includes assistance with bathing, dressing, eating and medicines, home help covering all aspects of day-to-day housework, shopping, meal preparation and household duties. We only looked at the service for people receiving personal care during this inspection as this is the service that is regulated by CQC.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

We found the recruitment processes were not safe. Not all the checks made before a person started to work for Elite Careplus had been completed. Specifically, criminal records checks were not in place for all staff and nor had the provider obtained two references from people's former employers before they started working for the agency. Without these checks the provider could not be assured that people would be kept safe by the people they employed.

Medicines were not administered safely. Medicines administration records [MAR] were not completed correctly. Staff had not always signed MAR charts correctly to evidence they had administered the person's medicines. The recording errors we saw could mean people did not receive their medicines as prescribed by their GP. We judged these concerns to be serious enough we reported them to the local authority as a safeguarding alert.

We found the support plans we looked at were not as comprehensive as they could be. They did not describe who the person was, the daily support they needed and how they would like to receive that support. None of the support plans we looked at had been signed by the person receiving the support or their representative to show they had agreed to these. Elite Careplus matched a person to staff by staff availability only and did not consider the person's support needs, background history, cultural or religious needs. This meant there were risks that a person and the assigned staff were not compatible, which could adversely impact the delivery of care and support to the person.

Care files and staff records were not stored securely. We found care files and staff records were kept in a

lockable cupboard but we also found other files containing personal information of staff or people who used the service on the floor of the office in a large cardboard box.

The registered manager had not submitted to CQC the notifications of relevant events and changes as they are required to do by law. The provider did not have effective quality monitoring systems in place so as to identify the issues we found during our inspection. Monthly audits the provider conducted were not effective. Systems to monitor and improve the quality of the service were not effective in gaining the views of people or staff, to help monitor and improve the quality of the service delivered.

Despite our findings above we received positive comments from people using the service and their relatives. Comments included "I have the best carer, she does any job needed and is always smiling" and "Staff are very good, really caring, always full of life and speak so kindly to me."

We found the service had taken steps to help ensure staff were aware of how to safeguard adults at risk. All the people and relatives we spoke with said they felt safe with the service they received. We saw people had individual risk assessments in their support plans.

Staff told us they felt well supported by the registered manager and office staff and had appropriate training to carry out their roles. Staff files we looked at contained numerous current certificates of training courses completed. Staff we spoke with and records we looked at showed some staff did not receive formal supervision on a regular basis but were able to speak with the manager at any time. Staff were satisfied with the level of supervision they received.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. These policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent.

We did see that the notes recorded by staff at each visit were descriptive and informative. People and relatives we spoke with felt that their privacy and dignity were maintained by staff when personal care was being given. The provider had a complaints policy that people and relatives we spoke with understood.

We found staff were positive in their attitude and were committed to the support and care of people. The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable.

We found five breaches of the Health and Social Care (Regulated Activities) Regulations 2014 in relation to staff recruitment, safe care and treatment, person centred care and good governance. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

The recruitment practices were not safe to ensure staff employed by the provider were suitable for their roles.

The provider did not have systems in place to protect people against risks associated with the management of medicines.

Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take.

□

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff received regular training and support to keep them updated with best practice.

The registered manager was aware of what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

The provider had arrangements in place to make sure people's general health needs were met.

**Good** ●

### Is the service caring?

The service was not as caring as it could be.

The service tried to ensure they provided the same care staff whenever possible so people had consistency and continuity of care. □

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

The support plans outlining people's care and support needs

**Requires Improvement** ●

were not as detailed as they needed to be so that peoples individual support needs were identified.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.

### **Is the service well-led?**

The service was as not well-led as it could be.

The provider carried out a range of checks and audits to monitor the quality of the service. However, these were not effective as the provider had not identified some of the areas for improvement that we found during our inspection.

The registered manager did not have a clear understanding of their roles and responsibilities with regard to the requirements for submission of notifications of relevant events and changes to CQC.

The systems in place to gather the views of people, relatives and staff to help improve the quality of the service were not effective.

□

**Requires Improvement** ●

# 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.

This inspection took place on 24 and 25 January 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector.

Before the inspection, the provider 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 improvements they plan to make. We reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service. We also emailed one local authority who commission services from Elite Careplus to ask their opinion of the service. They replied and sent us their recent quality assurance report of the service.

During the inspection we went to the provider's head office and spoke with the registered manager and two office administrators. We reviewed the care records of six people who used the service and looked at the records of five staff and other records relating to the management of the service.

After the inspection we spoke on the telephone with one person who used the service and three relatives. We also spoke with three care staff and a professional from a local authority.

# Is the service safe?

## Our findings

All the people and relatives we spoke with said they felt safe with the service they received. One relative described the service as 'a good response to need.' Going on to explain staff did what was required and were kind and polite. Another relative said they didn't always know who was coming if their regular care staff were on holiday, but did say they thought care staff's time keeping was very good.

However despite the positive comments we received we did not find the service to be as safe as it could be. Not all the checks made before a person started to work for Elite Careplus had been completed. We checked five recruitment records and found four only had one reference, which in some cases was from a family member and not a former employer, even though people had been previously employed. As proof of address one person had given a bank statement that was over a year old, no other proof of address was available. Two staff members did not have a criminal records check [DBS]. One staff member started working six weeks before their DBS check was received. We asked the registered manager about this and they told us the person only worked shadowing other staff during those six weeks. We could not find any documented evidence that this had happened. As a result the provider could not demonstrate that only people deemed to be suitable were employed to work within the service. Without these checks the provider could not be assured that people would be kept safe by the people they employed. The above was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not administered safely. The front page of the medicines administration records (MAR) we looked at should contain information about the medicines to be given, the amount and time given; any allergies the person may have, the person and GP's name and names of staff, with signatures, of who will administer the medicines. These details were not completed. We saw that staff had not signed the MAR once a person had taken or been assisted to take their medicines. Staff were also not completing the MAR if a person had refused to take the medicines. On the back of the MAR there is a section for staff to complete to explain why a medicine had not been administered or taken. These were not completed on the MAR's we looked at. On one MAR staff had handwritten the addition of two medicines to be given, the writing was not legible and no dosage and instructions when the medicine was to be given were included. The registered manager was also unable to read what was written. A MAR showed that one time specific medicine was not being administered correctly. Our findings meant that there were risks that people might not receive their medicines as prescribed by their GP.

We spoke with the registered manager about the errors we found and they said people received their medicines in blister packs from the pharmacy and they were sure staff would have given the medicines correctly but that staff didn't always have time to complete the MAR with their signature. They told us they audited the MAR charts when they were returned monthly to the office, but did not have a system to record any errors or the actions taken to ensure people received their medicines safely. The concerns identified in the above two paragraphs were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also reported our concerns about medicines management to the local authority as a safeguarding alert.

Despite our findings above we found the service had taken steps to help ensure staff were aware of how to safeguard adults at risk. Records showed staff had received the training they needed to help ensure the safety of the people they cared for. Staff were able to describe how they would recognise any signs of potential abuse and how they would respond if it arose. Staff knew who to report any concerns to. The registered manager was aware of procedures to follow in relation to making referrals to the local authority that had the statutory responsibility to investigate safeguarding alerts.

We saw people had individual risk assessments in their care files. The risk assessments we saw covered the range of daily activities and possible risks including those associated with mobility and moving and handling. Where risks were identified risk management plans were in place, which gave details of the risks and the preventative measures necessary to help prevent an incident occurring. The premises where staff would work were also risk assessed to help ensure their safety and that of people using the service.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. In addition to business continuity plans, the provider had an on call out of hours system to be used in an emergency. The office phone number transferred calls to a mobile phone out of office hours which linked them to on call staff if they needed help or advice. This helped to provide a continuity of service for people.

## Is the service effective?

### Our findings

One person we spoke with commented about staff "I have the best carer, she does any job needed and is always smiling." Three relatives described staff as "Competent," "They respond to my family member's needs" and "A great help to us."

Staff told us they felt well supported by the registered manager and office staff and had appropriate training to carry out their roles. The provider had identified a range of training courses that all new staff needed to complete as part of their induction and a range of training courses that they considered mandatory to be completed annually. All the training was on line or through DVD's, which staff could watch together in the office. Staff files we looked at contained numerous current certificates of training courses completed on line or via DVD.

The registered manager told us staff received regular one to one supervision sessions and an appraisal each year. When asked staff told us "I can speak to the registered manager at any time" and "If I have a concern I talk to someone straight away." Of the five staff we spoke with all felt the level of supervision either formal or informal was sufficient.

The registered manager told us because of the nature of their work getting everyone together for a team meeting was very difficult. Instead they ran a 'rolling' meeting that repeated the same information over a set period of time during a day. This way staff would be able to pop into the meeting at a time convenient to them and the people they supported. The registered manager and staff said this worked well and helped them to manage their time and work commitments effectively.

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

The registered manager said that people's capacity to decide on how their care was to be delivered was always discussed at the initial assessment stage. If a relative needed to be involved because a person might not have the capacity to make a specific decision, they were, so relevant people were involved to decide on what was in the person's best interests. The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. These policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent.

The support plans we looked at did not detail people's dietary requirements. One person's support plan stated they needed support with their nutritional health and staff should make and leave a sandwich lunch for the person. The daily notes we looked at for this person did not show that this was happening. On speaking to the person's relative they said "No they make their own lunch." We spoke with the registered manager about this discrepancy in information and they said they would check to ensure the person

received the help they required and would update other people's records to add information about their nutritional needs.

The service supported people to meet their health needs. Staff would assist people to contact their GP or other healthcare professionals as necessary. Staff were aware of the need to contact the emergency services when necessary and inform the office of their actions.

## Is the service caring?

### Our findings

People and their relatives were consistently positive about the caring attitude of the staff. One person said "They [staff] are very good, really caring, always full of life and speak so kindly to me." Two relatives commented "Everything is ok so far, staff have a good response to my family members need" and "We have two staff to help us and they are very good, a real help. Their time keeping is good and they are both very caring."

Despite the comments we received from people the care plans we looked at did not hold sufficient information about the person's background, their likes and dislikes, peoples work and personal history, things they liked to do, or places they liked to visit. This type of information is important for staff to be able to understand people and support them in the most appropriate way. We spoke with the registered manager about this and they said they didn't like to ask personal questions but in the future they would. They also said if a person did not want to divulge this type of information they would respect their wishes.

We asked the office administrator how they matched people requiring support to a staff member. They told us it was by staff availability only. Because of the lack of information they were unable to match the person's support needs, background history, cultural or religious needs to a suitable staff member. This meant that the provider could not demonstrate how they supported staff to develop caring relationship with people and to promote continuity and consistency of staff. The above paragraphs were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives we spoke with felt that their privacy and dignity were maintained by staff when personal care was being given. Staff were able to explain what they would do to ensure a person's privacy and dignity were maintained at all times. They told us they did this by closing doors when giving personal care, asking the person what they would like and listening to their reply and talking to them while assisting them.

## Is the service responsive?

### Our findings

Relatives and people had mixed comments about staffs timekeeping and about the office keeping them informed if staff were going to be late or away on holiday. One relative said "If staff are going to be late they should ring and tell you but they don't." Although another relative said staff time keeping was good. People and relatives we spoke with said at times it was difficult to get through to the office and speak with someone. The registered manager had taken steps to address these concerns by employing another person in the office to help ensure phones could be answered in a timelier manner.

We found the support plans we looked at were not as comprehensive as they could be. Although people's needs had been assessed, we found not all the assessments had been conducted by Elite Careplus but by the commissioning local authority. Of the six support plans we looked at only one was comprehensively written and could describe who the person was, their medical and background history, the daily support they needed and how they would like to receive that support.

None of the support plans contained a picture of the person which would help staff ensure they were supporting the correct person. None of the support plans we looked at had been signed by the person receiving the support or their representative to show they had agreed to these. This meant the provider could not demonstrate that the service was able to provide an appropriate level of support to meet that person's needs. The above paragraphs were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives we spoke with told us they knew what to do if they were unhappy about something. The handbook given to people explained the complaints process and what they could do if they were not happy with the quality of service they received. The provider had a complaints policy and procedure, which was available for staff to read and understand. The registered manager told us complaints were kept in people's care records and they did not have a way of collating complaints which would provide them with the opportunity to improve the service appropriately. They said they would look to change their system so that they could learn from complaints received.

## Is the service well-led?

### Our findings

One relative we spoke with described Elite Careplus as 'One of the good ones.' They went on to explain they had used other domiciliary care agencies and had found this one to be the best.

We found staff were positive in their attitude and they said they were committed to the support and care of people. Three staff members commented about the agency and the registered manager saying "Very good manager, hardworking and lovely," "The manager is available and open" and "Everything runs well." Staff also commented "I enjoy working here, I can call into the office at any time," "What makes this agency good are the staff, some are exceptional in their care of people," "I'm a team player I like helping people and other staff" and "We work as a team here." The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable.

But we found that the provider had not identified some of the areas that needed to be improved which we found during our inspection. The registered manager told us they conducted monthly audits of the support plans, daily notes, MAR charts and staff files. But their findings were not recorded or actions taken to address the errors we found.

We found care files and staff records were not stored securely to help keep people and staff's records confidential. We found care files were kept in a lockable cupboard but we also found other files containing personal information on the floor of the office. We asked to see the file of a person who was subject to a safeguarding investigation but the registered manager could not find the file. They told us it had been lost. Staff files were kept in a lockable filing cabinet but we also saw a large cardboard box on the floor that contained dozens of staff files which contained personal information including DBS checks. We spoke with the manager about these files and they said they would arrange for unwanted files to be archived securely off site and other files to be stored securely.

Following the findings of a local authority inspection in October 2016 the registered manager said the way it investigated and monitored incidents and accidents would be changed. From December 2016 records would be held centrally so information could be analysed for trends, such as type of incident, time of day and any other related factors. But we found that incidents, accidents and complaints were not recorded centrally so these could be analysed in a systematic way for action to be taken where possible to help prevent further occurrences of a similar nature.

The registered manager told us they conducted 'spot checks' of care staff in the home they were working in but we could only find one set of notes from one 'spot check' visit. The registered manager said although they had a form to fill in at each visit these had not been completed, but they would start to record their findings after each spot check visit.

Systems had been put in place to monitor and improve the quality of the service. We were told a survey was sent to users of the service and staff in August 2016. We saw three returned questionnaires from staff and four from users of the service, none were dated. No other system had been initiated to gain the views of

people or staff, to help monitor and improve the quality of the service delivered. The above paragraphs show there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the registered manager had not submitted to CQC the notifications of relevant events and changes so the CQC could monitor how these had been dealt with. They had not sent CQC notifications about a safeguarding alert that had been raised against the provider as they are required to do by law. The above paragraphs show there was a breach of Regulation 18 (Registration) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did see that the notes recorded by staff at each visit were descriptive and informative, although some but not all were difficult to read, due to poor handwriting skills and a lack of knowledge of written English. The registered manager looked at the daily notes with us and agreed that improvements needed to be made. For staff whose written English was not good, they were trying to develop a method where a staff member could ring in to the office and dictate their notes over the phone. This would help ensure accurate, legible daily notes were kept. Alongside this staff would be helped and encouraged to improve their writing skills.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person did not notify the Commission without delay of incidents which occurred whilst services were being provided. They had not informed us of an allegation of abuse in relation to a service user. Regulation 18,1,2,(e)</p>
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure that the care and treatment planned and delivered to service users was appropriate to meet their needs, and reflected their preferences.</p> <p>Regulation 9 1,(a)(b)(c)(3)(a)(b)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not have appropriate arrangements for the safe management of medicines.</p> <p>Regulation 12 1,2,(f)(g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p>

The registered person did not ensure that systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided. They did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.

Regulation 17 1,2,(a)(c)(d)(i)(ii)

## Regulated activity

Personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person did not ensure persons employed were of good character, have the qualifications, competence, skills and experience for the work to be performed by them, and be able to properly performing tasks which are intrinsic to the work for which they are employed. Recruitment procedures must be established and operated effectively. Information must be available about each person employed.

Regulation 19 (1)(a)(b)(c)(2)(a)(3)(a)(b)