Elite Specialist Care Limited

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## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

We undertook this announced inspection on 27 July 2016. Elite Specialist Care Limited is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and assistance with medicines. The service re-registered with us in March 2016 following their relocation to it's new premises. This is the first inspection of this service in their new location.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People and their representatives informed us that they were satisfied with the care and services provided. They informed us that people had been treated with respect and they were safe when cared for by the service. There was a safeguarding adults policy and suitable arrangements for safeguarding people from abuse.

Care workers were caring in their approach and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were assessed and guidance provided to care workers on how to care for people. Care workers prepared appropriate and up to date care plans which involved people and their representatives. The service worked well with healthcare professionals to ensure that people's healthcare needs were monitored and attended to. This was confirmed by professionals we contacted.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided and the management of the service. Reviews of care had been carried out to ensure that people received appropriate care. The service had a policy and procedure for the administration of medicines. However, we were informed that none of the people using the service needed assistance with their medicines.

Care workers had been carefully recruited. the necessary checks had been undertaken prior to them starting work. New care workers had been provided with a comprehensive induction and training programme to enable them to care effectively for people. They had the necessary support, supervision and appraisals from their managers. Teamwork and communication within the service was good.

People and their representatives expressed confidence in the management of the service. They stated that care workers communicated well with them and kept them informed if they were held up or running late. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity, providing high quality care and promoting people's independence where appropriate.

Complaints made had been promptly responded to. Two healthcare professionals provided positive

feedback regarding the management of the service. They indicated that the service was well organised and there was good communication with the service regarding the progress of people.

The registered manager stated that checks of the service had been carried out regularly by their Field Supervisor. These included spot checks on care workers, reviews of care and risk assessments. Evidence of these were provided. We however, noted that there was no evidence of regular audits being carried out. There was no written evidence of regular audits in areas such as complaints, policies and procedures and punctuality of staff. Comprehensive audits are needed so that the service can identify and promptly rectify deficiencies.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions 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?

Good

The service was safe. Care workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse. Appropriate risk assessments had been carried out.

The service had a policy for the management of medicines although they currently did not administer medicines to people. Care workers were carefully recruited. There were sufficient staff to meet people's needs. Infection control measures were in place and staff observed hygienic practices.

### Is the service effective?

Good

The service was effective. People who used the service were supported by care workers who were knowledgeable and understood their care needs. Supervision and appraisals were provided.

Care workers worked well with healthcare professionals in supporting people with their healthcare needs. The nutritional needs were attended to and monitored when needed. Care workers had been provided with essential training and supported to do their work.

### Is the service caring?

Good

The service was caring. The feedback received from professionals, relatives and a person who used the service indicated that care workers were highly regarded. People were treated people with respect and dignity.

The preferences of people had been responded to. Care workers were able to form positive relationships with people. People and their representatives were involved in decisions regarding the care.

### Is the service responsive?

Good

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices. Regular reviews of care took place with people and their representatives.

People, their relatives and representatives knew how to complain. Complaints made had been promptly responded to. The service listened to people and their views and responded appropriately.

## Is the service well-led?

**Requires Improvement**

Some checks of the service had been carried out by the registered manager and a director of the company. Spot checks on staff and telephone monitoring had been carried out to obtain feedback from people who used the service. However, there was no documented evidence of regular and comprehensive audits of the service. This is needed to identify and promptly rectify deficiencies.

People and their relatives expressed confidence in the management of the service. Staff worked well as a team and they informed us that they were well managed.

# Elite Specialist Care 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 checked 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.

The inspection took place on 27 July 2016 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection. At the time of this inspection the service had twenty eight people who used their service.

Before our inspection, we reviewed information we held about the service. This included notifications and reports provided by the service. We also examined reports provided by local authority social care professionals.

We spoke with one person who used the service, five relatives or representatives of people who used the service. We also spoke with seven staff including the registered manager, four care workers, the recruitment officer and a care co-ordinator. We also obtained feedback from two healthcare professionals.
We reviewed a range of records about people's care and how the service was managed. These included the care records for four people using the service, four staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the service.

Good

# Is the service safe?

## Our findings

People who used the service and their representatives informed us that people were safe in the care of the service. One person who used the service said, "My carers do a good job. I feel safe with them." A representative of a person who used the service said, "The carers do their job properly. We have not got any problems. They know how to use the hoist properly. They are hygienic." One healthcare professional stated that the service demonstrated they cared about the safety of both people who used the service and their carer workers.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were available in the office.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with the environment people lived in, falling, medical conditions and pressure sores. Care workers we spoke with were aware of specific actions to take to keep people safe.

We examined a sample of four records of care workers. We noted that they had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to care workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people. The service had sufficient staff to meet the needs of people and this was confirmed by people and their relatives who stated that care workers were reliable, mostly punctual and able to meet the needs of people. No of them complained of any missed visits by care workers. Care workers we spoke with stated that they had enough travel time and could attend to people as agreed.

The service had a medicines policy. This included arrangements to ensure that people received their medicines as prescribed and arrangements for the reporting of any error made. However, the registered manager informed us that care workers currently did not administer medicines to people. This was confirmed by people and relatives we spoke with.

The service had an infection control policy. Care workers we spoke with were aware of good hygiene practices such as washing hands and the importance of good hygiene. The office had a stock of protective clothing and equipment in the office. Care workers said they had access to protective clothing including disposable gloves and aprons. People informed us that care workers followed hygienic practices when attending to them.

Good

# Is the service effective?

## Our findings

One person who used the service, relatives or representatives of people informed us that care workers were competent and they were satisfied with the care provided. One relative stated, "Yes, absolutely satisfied. The carer is brilliant, punctual and reliable. The time of calls is good for us." A person who used the service stated, "My carer is very nice and professional. On the whole I am satisfied."

Care workers worked well alongside community healthcare professionals and professionals from two hospices. This was confirmed by the professionals concerned. he service maintained contact with healthcare professionals and people's healthcare needs were monitored where this was part of the care agreement. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of medical or mental conditions.

There were arrangements to ensure that the nutritional needs of people were met. Where needed, people's nutritional needs had been assessed and there was guidance for them and for care workers on the dietary needs of people. However, the registered manager explained that in most cases, care workers were responsible for only heating the food for people.

Care workers were knowledgeable regarding their roles and the needs of people. We saw copies of their training certificates which set out areas of training. Topics included equality and diversity, moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role.

New care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. We noted that one new care worker had started the 'Care Certificate' and the registered manager stated that in future, new care workers would be started on it too. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

Care workers said they worked well as a team and received the support they needed. The registered manager and senior staff carried out supervision and annual appraisals of care workers. This enabled them to review their progress and development. Care workers we spoke with confirmed that these took place and we saw evidence of this in the staff records.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager informed us that most people using the service were receiving palliative care and where

they lacked capacity, close relatives such as people's spouses or their next of kin would be consulted as part of the best interest decision making process.

The service had a policy on the MCA. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care and support. They were aware that if people did not have the capacity to make decisions then they should refer matters to their registered manager so that professionals involved and people's next of kin can be consulted. They also stated that they explained what needed to be done prior to providing personal care or assisting people.

Good

# Is the service caring?

## Our findings

People and their relatives informed us that their care workers were caring and they had been able to form positive relationships with their care workers. They made positive comments about their care workers and described them as "excellent" and "brilliant". One relative said, "I am satisfied. The carer is respectful to us and discreet when providing personal care. If I am dissatisfied I know who to contact. The telephone number is in the folder." Another relative stated, "They do a good job. They show respect for our culture. They respond well and quickly if there is a problem." A third relative stated that care workers were understanding and their relative had been treated with respect and dignity.

A healthcare professional informed us that a relative spoke highly of care workers from the service and did not want to lose them as carers for their relative.

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care. They said they would also first explain to people what needed to be done and gain their agreement.

We saw information in people's care plans about their background, life history, language spoken and their interests. This information was useful in enabling the service to understand people and provide suitable care workers who could provide the care needed. The registered manager stated that where possible, carer workers would be matched to people best suited to care for them. This was also confirmed by a healthcare professional who stated that when needed, the service would allocate carers most suited to the preferences of people. This enabled carers to get on well with people who used the service. Care plans included information that showed people or their relatives had been consulted about their individual needs including their spiritual and cultural needs.

Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. They informed us that they had been informed during their induction and training to treat all people with respect and dignity. The service had a policy on non-discrimination and promoting equal opportunities for all. To improve communication with people of different backgrounds, the care records also contained information on how to communicate with people and what they wish to be called.

We saw documented evidence in the care records examined that people's care had been reviewed with the senior staff of the service. The views of people and their relatives were reported. With two exceptions, people and their relatives informed us that senior staff had either visited them or contacted them by phone to ask for their feedback.

Good

# Is the service responsive?

## Our findings

People and their relatives informed us that care workers provided the care needed and as stated in the care plans. They were satisfied with the care provided and they stated that care workers were responsive and helpful. One relative said, "I am satisfied with the carers. They arrive on time. They do stay the time allocated and do a good, thorough job." Another relative said, "They have visited and reviewed the care for my relative. I am very pleased with the care provided. They are fantastic." A third relative stated, "I am aware of the complaints procedure. When I have expressed concerns, they have responded promptly to my calls."

A healthcare professional stated that care workers had met with them when they visited people who used the service. This had enabled them to be able to discuss progress and the service was able to meet the needs of people. A second healthcare professional stated that the service communicated by phone or email and complaints were taken seriously. This professional quoted an example where a relative complained about the timing of visits and it was sorted out to the satisfaction of the complainant.

The service provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been carefully assessed before services were provided and this had involved discussing the care plan with people and their representatives. The assessments included important information about people including people's health, nutrition, and mobility, medical, religious and cultural needs. People's preferences, choice of visit times and the type of care worker they wanted were also documented. Care plans and agreements were then prepared and agreed with people or their representatives. This was confirmed by those we spoke with. This ensured that people received care that was personalised and appropriate.

Care workers had been informed by the registered manager and senior care workers in advance of care being provided to any new person. Care workers told us that this happened in practice and communication with their office based staff and registered manager was good. They demonstrated a good understanding of the needs of people allocated to their care and when asked they could describe the needs of people and their duties. People and their relatives stated that care workers were competent and knew how to meet their care needs.

We discussed the care of people who had special needs such as those with diabetes or palliative care needs. Care workers were able to tell us what the particular issues, risks and needs of people were. For example, in the case of those with diabetes care workers knew what type of foods people should avoid. In the case of those with palliative care needs they stated that they had received training and needed to be especially careful and sensitive towards people. When people were unwell and had mobility problems, they said they would be gentle and ensure that people do not get any pressure sores. This would entail changes of position if they were in bed. They told us that if people's condition deteriorated they would contact their registered manager or inform healthcare professionals involved.

Reviews of care had been arranged with people and their relatives to discuss people's progress. This was noted in the care records of people. People and their relatives confirmed that this took place and they had

been involved.

The service had a complaints procedure and this was included in the service user guide. Relatives informed us that they knew how to complain and when they had complained, the provider had responded appropriately. Care workers knew they needed to report all complaints to the registered manager or senior staff of the service so that they can be documented and followed up. We noted that complaints made had been promptly responded to.

Requires Improvement

# Is the service well-led?

## Our findings

We received positive feedback regarding the service from people we spoke with. The feedback indicated that people were pleased with the services provided. One person who used the service and relatives we spoke with expressed confidence in the management of the service. One person said, "The services provided are generally very good. They attempt to provide continuity. Staff has been to check on the service." A relative said, "I have confidence in their management. I am satisfied with the service. The supervisor had visited a few months ago to review the service." The service kept a record of compliments received. One relative wrote to say, "Thank you for your help in organising help for my relative. You are wonderful." Another relative wrote to say, "I would like to thank you for the care you provided for my relative. I can honestly say your care made my relative as comfortable as possible."

A healthcare professional stated that they had confidence in the service and the service supported people and made a real difference to their lives.

The registered manager stated that the service had quality monitoring systems in place. She provided evidence that the Field Supervisor visited people in their homes to review their care with them. In addition, she stated that regular telephone monitoring took place so that they could speak to people and their relatives and obtain their views of the services provided. Documented evidence was provided. The registered manager stated that the service had sent out satisfaction survey forms to people and their representatives recently. However, she stated that none had yet been returned. She stated that a satisfaction survey had been carried out in 2015. However, we did not see a report of the analysis following this survey. The registered manager stated that no report was available and there was no action plan either. We discussed the need to ensure that results of survey were analysed so that the service is well informed and suggestions for improvement can be incorporated into the running of the service.

The registered manager stated that checks of the service had been carried out by the Field Supervisor. These included spot checks on care workers, reviews of care and risk assessments. The time sheets of care workers were checked to ensure that care workers attended to people at the agreed times or close to it. Evidence of these checks were provided. We however, noted that there was no evidence of regular audits being carried out although the registered manager stated that she met regularly with one of the directors several times a week to carry out audits. There was no written evidence of regular audits in areas such as complaints, policies and procedures and punctuality of care workers. Comprehensive audits are needed so that the service can identify and promptly rectify deficiencies.

There was no quality audit to inform on what percentage of carers arrived on time and what percentage arrived late. This information is useful in determining whether the service was meeting the needs of people since if a high percentage of calls were late, this may place people at risk. There was evidence that spot checks of care workers had been done in the four staff records we examined. A spreadsheet of spot checks of care workers carried out was provided by the registered manager.

Comprehensive audits are needed so that the service can identify and promptly rectify deficiencies. The lack

of documented evidence of regular and comprehensive audits for monitoring and improving the quality of the service may affect the safety and quality of care provided for people and is a breach of Regulation 17 Good Governance.

Care plans were well maintained and up to date. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. We however, noted that the infection control policy had not been updated since 2013 to include details of the HPU (Health Protection Unit) and the local Environmental Health Department. The service had a safeguarding policy in the policy folder. However, this had not been updated to include the role of the DBS (Disclosure and Barring Service) and the responsibility of the service to report staff implicated in abuse to the DBS. A director of the service informed us after the inspection that there was a new policy in place and they had information regarding the role of the DBS in the office.

Care workers were aware of the aims and objectives of the service and stated that they aimed to provide a high quality service which met the needs of people and promoted the independence of people. They told us that they were well treated by management. Care workers stated that their registered manager and senior staff were supportive and approachable. They indicated to us that morale was good and they had received guidance regarding their roles and responsibilities. The service had a management structure with a registered manager supported by a director, a care co-ordinator and a recruitment officer. There were meetings where care workers were kept updated regarding the care of people and the management of the service. This was confirmed by care workers and the minutes of meetings were seen by us.

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 | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The service did not have a system of documented regular and comprehensive quality audits and checks for monitoring and improving the quality of the service. This may affect the safety and quality of care provided for people. |