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Elite Homecare Services

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?	Good

Summary of findings

Overall summary

Elite Homecare Services is a domiciliary care agency which provides care and support to people. At the time of this inspection care was provided to six older people living at home

This comprehensive inspection took place on 9 August 2016 and was announced. It was carried out by one inspector.

The provider is not required, as part of their registration, to have a registered manager as they were operating and managing the agency as an individual provider. [A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage a registered service. 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.]

People were kept safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the agency. People were supported to take their medicines as prescribed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health and nutritional needs were met.

The CQC is required by law to monitor the Mental Capacity Act 2005 [MCA 2005] and the Deprivation of Liberty Safeguards [DoLS] and to report on what we find. At the time of our inspection no person lacked capacity. However, staff were not trained nor had access to up-to-date policy guidance to look after people should their ability to make informed decisions change. The provider was taking action to rectify this so that safeguards would be in place to protect people's rights.

People were looked after by staff who were trained and supported to do their job.

People were treated by kind staff who they liked. They and their relatives were given opportunities to be involved in the review of their individual care plans.

Care was provided based on people's individual needs and helped reduce their sense of social isolation. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

A business manager and the owner, who also provided people with their care, managed the service on day-to-day basis. They were supported by a small team of care staff. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken, if these were needed.

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.

People's individual needs were met by sufficient numbers of staff.

People were kept safe as there were recruitment systems in place which vetted prospective employees. All recruitment checks were completed before prospective employees were deemed suitable to safely look after people.

People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

People were able to make informed decisions about how they wanted to be looked after on a day-to-day basis.

Staff were trained and supported to enable them to meet people's individual needs.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People were looked after by kind and attentive staff.

People's rights to independence, privacy and dignity were valued and respected.

People were involved and included in making decisions about what they wanted and liked to do.

Is the service responsive?

Good

The service was responsive.

People's individual physical and mental health needs were met.

People's risk of social isolation was reduced due the nature of the care that they received.

The provider had a complaints procedure in place which enabled people and their relatives to raise concerns.

Is the service well-led?

Good

The service was well-led.

People were enabled to make suggestions to improve the quality of their care.

The provider operated an open culture in the management of the service.

Quality assurance systems were in place which ensured that people were being looked after in a safe way.

Elite Homecare Services

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 agency, and to provide a rating for the agency under the Care Act 2014.

This inspection took place on 9 August 2016 and was announced. It was carried out by one inspector.

The provider was given 24 hours' notice because the location provides a domicillary care agency; we needed to be sure that someone would be in.

Before the inspection we looked at all of the information that we had about the service. This included information from any notifications received by us. A notification is information about important events which the provider is required to send to us by law. Also 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 agency, what the agency does well and improvements they plan to make.

Prior to the inspection we sent out 12 surveys to people who used the agency and received five of these completed surveys. Out of the two staff surveys we received a completed one of these.

During the inspection we visited the agency office where we spoke with the owner and business manager [referred to as the management team]. We also spoke with two members of care staff, one person who used the agency and two people's relatives. .

We looked at two people's care records, the file for policies and procedures and records in relation to the management of staff.

Good

Is the service safe?

Our findings

We checked and found that people were safe from the risk of harm. All of the returned surveys told us that people were kept safe. One person told us that they felt safe because of how the staff treated them. One relative described the members of care staff as "very kind."

Staff members were aware of their roles and responsibilities in keeping people safe. The provider wrote in their PIR that members of staff had attended training in safeguarding people from the risk of harm. Members of staff confirmed they had attended this type of training and were aware of their roles and responsibilities in keeping people safe from harm. They were able to demonstrate the correct reporting procedures in the event of someone being placed at such risk. This included reporting directly to the management team or to the local safeguarding authority. Members of staff also demonstrated their knowledge regarding the signs that people may show if they were experiencing harm. The business manager said, "If it was financial, the person may lack the ability to pay bills which they would have been able to do before. If it was physical [harm] there could be bruising." One member of care staff said, "There is a continuity of care here. We get to know people and they get to know us. And that's how you would be able to tell if there was something wrong." They told us that they would know of the signs if there was "something wrong" with the person, which would include unexplained bruising.

We found that there were enough staff to meet people's needs. In their surveys people told us that staff were punctual and stayed the duration of their allocated time. One person and a relative confirmed this was the case. Both members of care staff told us that there were enough staff and this helped them be punctual and stay the duration of the allocated time for people's care visits. One member of staff said that if there was any remaining time, they "definitely" stayed and asked the person if they wanted anything else doing. People and relatives also added that there never were any missed calls because there was always enough staff. In addition to this, we found that there was an out-of-hours call system in place. This was managed by the management team. They told us that, however, people "seldom" needed to use this system to request extra help from staff.

People were kept safe as far as possible as their risks were assessed and managed. Care records demonstrated that people's risks for moving and handling and any potential hazards in their homes were assessed. Measures were in place to mitigate the risks because staff were knowledgeable about how to manage the risks. The business manager said, "If there was a moving and handling risk, we would put methods in for carers to know how to help someone [for example] get up out of chair." They also told us that, at the time of our visit, no person who used the service had moving and handling needs. One member of care staff told us of the action that they would take should a person be at risk of trips or falls. They said, "I would remove anything that I thought wasn't safe. And tell [names management team]."

There were recruitment systems in place to ensure that people were looked after by suitable staff. One member of staff described their experience of when they were recruited. They said, "I filled in an application form. I had to have an enhanced police [Disclosure and Barring Service (DBS)] check. And two written references. One from my previous employer." The business manager said, "We send out an application form

[to the prospective member of staff]. Once it is returned we look at it. If we are happy, we get them [prospective member of staff] in for an interview. Then we apply for a DBS and two references. We try and get them from the last employers."

We checked and found that the management of people's prescribed medicines was of a safe and satisfactory standard. One person said that they had prescribed creams applied by members of care staff "every day." Their daily records confirmed this was the case. Other people were enabled to remain independent with the management of their prescribed medicines. However, the management team told us that, on behalf of people, they consulted GPs and pharmacists. This was when they had found discrepancies between the prescription and the type and amount of dispensed medicines, for people who they were helping to take their prescribed medicines. Members of care staff were trained and assessed to be competent in supporting people to take their medicines, which included reminding people if they had forgotten to taken them.

Good

Is the service effective?

Our findings

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in registered services are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the agency was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our visit all of the people had the mental capacity to make informed decisions. The business manager said, "We have never had someone [person who used the agency] who lacked mental capacity." All of the surveys told us that people were satisfied with how staff enabled them to make decisions about their care. However, in the event that this situation might alter – due to a sudden change in a person's condition - staff were unable to demonstrate their understanding of the application of the MCA. In addition, there was no detailed policy guidance in relation to the MCA. This meant that there were no safeguards in place to respond to changing circumstances.

Staff were trained to provide people with the care that they needed. In their surveys people told us that they considered that staff had the skills and knowledge to effectively meet their needs. One person said that the care staff "knew what to do." The staff survey told us that there was an induction of new staff to enable them to be competent and confident before they worked on their own. The owner said, "Initially I do the work and they [new staff on induction] watch. And then gradually I let them work and I then watch to make sure they are doing it my way." One member of care staff described their induction. They said, "I went out with [name of owner] just to 'shadow'. This was just to get to know people's different needs. It helped me a lot."

In addition to induction training staff received on-going training. This included training in safe moving and handling techniques and food hygiene. Although staff had not attended training in fire safety they knew what to do in the event of a fire. The business manager said, "We would call 999 and get the person out." The owner added, "And shut all the doors behind you."

Staff were supported to do their job. One member of care staff told us that they received one-to-one supervision during which they were able to discuss work-related matters and training needs. They said, "I can discuss if I have any worries. How things are going." The business manager said, "'Spot checks' [staff being observed at work] are carried out and staff also get one-to-one supervision." Both members of care staff said that they felt supported to do their job. One member of care staff said, "[Names of the management team] are great. I know I can go to them if I need them. They are always happy to help."

The majority of the people were independent with preparing food and drink or had relatives to help them with this. One person told us that they were independent with making their main and tea-time meal but had

care staff help them prepare their breakfast. They said, "They [care staff] ask me what I want to eat [for breakfast]. It is usually 'real' porridge. They [care staff] always make me a hot drink and leave me with a glass of water before they leave." The owner told us how people were offered choices of what they would like to eat and drink. They said, "You ask them what they want." This told us that people's nutritional needs were met and their choices were respected.

The nature of the care helped people's sense of well-being by reducing the health risk of social isolation. One person said that they looked forward to having a 'chit-chat' with members of care staff. People were independent with making their own health care appointments, or had relative to help them with these. The management team said that they had a "good relationship" with the community nurses and GPs and would contact them when necessary. This was in the event that people needed support to access these health care professionals, if they were unable to be independent with doing this.

Good

Is the service caring?

Our findings

People were looked after by kind and considerate care staff. One relative told us that they were satisfied with how their family member was looked after. They said, "[Name of family member] gets on very well with the girls [care staff]. And they are very kind." Another relative told us that members of care staff always talked to their family member, when they were providing their care. They said, "We get on very well [with care staff]. [They have] great consideration [to my family member]."

In their surveys people told us that staff respected their privacy and dignity and people confirmed this during our visit. People's surveys also told us that the staff enabled them to be independent. The staff survey also told us that the care that they provided enabled people to be independent as much as possible. One person said that they got on well with staff who helped them keep as independent as possible. This included independence with management of their prescribed medicines and food preparation.

Staff were aware of what constitutes principles of good care and were able to demonstrate their knowledge. One member of care staff said, "[My job] is to look after people in their homes. Give them their personal care. If they can do it, we encourage them to do it for themselves. It keeps their independence as long as possible." The owner said, "It [the care] is supporting them [people] to remain at home." One relative told us that the care had helped them remain the main carer for their family member. This in turn, kept them living together in their own home. One person said that the care gave them and their relatives a "peace of mind." They also added, "I'm very satisfied with the care. I'm comfortable [with members of care staff]."

People's rights to having information was valued. One person told us the details of their planned care and also added, "I know when they [care staff] are coming." One relative also told us that they knew what care was planned for their family member and the details of this. We saw that people also had information regarding how to report any safeguarding concerns and how to raise a complaint. One member of care staff and the business manager confirmed that this information was contained in each of the care files held in people's individual homes.

The rights of people to be involved in their planned care were respected. One relative told us that they were involved in the initial setting up and on-going review of their family member's planned care. In one person's care record we saw that their relative had signed an agreement record. This demonstrated that they were involved in the development and reviewing of their family member's planned care.

The business manager advised us that no person was requiring the use of general or independent mental capacity advocacy services. This was because people were independent in making decisions about their day-to-day care. Advocacy services are organisations that have people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

Before people started to have the care, their needs were assessed. This was to ensure that the agency was a suitable and appropriate provider. The provider told us in their PIR that, "We complete initial assessments to ensure that we can meet the needs of the service users, complete a care plan and complete regular reviews." The management team advised us that they would look after people only if their needs would be met. The business manager said, "If we felt someone we couldn't take on, we wouldn't. If we felt we needed to, we would get the training [specific to the person's individual needs]." They gave an example of when training was previously provided, by an external trainer, so that a person's individual, complex nutritional needs would be met.

We checked and found that people's needs were assessed and kept under review to ensure that the care was appropriate to their needs. One person said that they were "very satisfied" with how they were being looked after. They also told us that, if they had a higher level of needs, they would have no hesitation in asking the management team to have their care increased. One relative said, "[My family member's care is] absolutely fine. We are going to up the care [from the agency] because their [family member's] level of care needs had increased."

The business manager told us that during reviews changes would be made if needed. This included, for example, making changes to the staff team to ensure that people's personal preferences would be better met. People and their relatives were included in the planned care reviews. One relative described their experience of being included in the review of their family member's hospital discharge plan. They also added that "[Name of owner] was also there [at the review]." This told us that people and people important to them, were involved in the review process. The process also established how the planned care was meeting people's assessed needs.

People were treated as unique individuals because of the small team of staff and the continuity of people's care. One member of care staff said, "People like to have continuity. [Name of owner] likes us to have this so we get to know people and they get to know us." People and relatives told us that there was always the same staff members who provided the care. We found in people's care records a lack of detail about people's life histories. However, the business manager discussed individual people's life histories, which included their previous employment. They said that they would improve the quality of people's care records with the inclusion of information about people's life histories.

In their surveys all of the people told us that they knew who they would speak with if they were unhappy about how they were being looked after. People and people's relatives, told us they knew who to complain to but had no cause to do so. The surveys also told us that when people raised any concerns, they were satisfied how the provider responded to these. Members of care staff knew how to support people with raising a complaint. This included following the provider's complaints procedure, which detailed contact details of external agencies, such as the local authority. The provider told us in their PIR that they had received no complaints within the last 12 months.

Good

Is the service well-led?

Our findings

The provider was not required to have a registered manager as they were registered as an individual provider. The management of the agency was shared between the business manager and the owner. In their surveys people told us that they knew who to contact in the agency.

Information people provided in their surveys told us that the provider obtained people's views about their care. One person said, "I think I filled a form in and was asked questions [about my care]." The business manager told us that people's views were obtained during reviews of their planned care. They gave an example of changes made in the team of staff. This was based on the person's comments made during their review. One relative also told us that the provider had an informal system in place to get their views about their family member's care. In addition to this, we found that there was a more formal system in place. The relative said that they were included in their family member's planned care reviews. However, no changes were needed as the care was meeting their family member's needs.

The provider submitted their PIR when we asked for it. However, the contents of this were brief. The management team told us that they had completed their PIR as best they were able to. However, the PIR provided insufficient information to show how the agency was being managed and to tell us, in detail, the improvements they intended to make. This was because they had not kept up-to-date with changes in how the CQC inspects under the five key questions [safe, effective, caring, responsive and well-led]. The business manager told us that they would take remedial action to up-date their knowledge. Nevertheless, people were satisfied with how they were being looked after. Members of care staff also added that they were being managed and supported to do their job.

There was a system in place to record and take action regarding accidents and incidents. The business manager was aware of when these were to be reported to CQC. However, they told us that no person had experienced an accident or incident. Our review of the information we hold about the provider indicated that, due to this lack of events, there was no need for the provider to submit any CQC notifications.

The provider told us in their PIR that there were quality assurance systems in place. These included, for example, 'spot checks'. The 'spot checks' were in place to monitor and review the standard and quality of members of staffs' work performance. Members of care staff told us that they were observed at work by members of the management team. Records of these 'spot checks' demonstrated that areas of members of staff's work performance were monitored. This included valuing people's privacy and dignity and ensuring that they read and followed people's care records. One person said, "I have a book [care records]." They told us that members of care staff read and wrote in their 'book' every time they provided them with their planned care. The business manager said, and this was confirmed by one member of care staff, that they had found no concerns during 'spot checks' on members of care staff. This showed that people were kept safe from inappropriate and substandard, quality of care.

Information in the staff survey told us that the respondent had no concerns in raising their concerns with the provider, if needed. Members of care staff demonstrated their understanding and application of the

provider's whistle blowing policy. One member of care staff said, "If I wasn't happy about something I'd report it to [names of management team]." Another member of care staff added that they would contact the CQC if they needed to. They told us that they would have no reservations in doing so.