

Carers Elite Limited

# Carers Elite Limited

## 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

Carers Elite is a domiciliary care service registered to provide personal care. At the time of the inspection the service was providing care to 42 people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received safe care and felt safe. People were protected from the risks of abuse and risks to people's health and wellbeing were assessed, managed and regularly reviewed. There were enough staff to ensure that people's needs were met safely. Practices were in place to ensure prevention and control of infection protected people. Improvements had been made to ensure that suitable staff were recruited.

People were supported by staff who had relevant training, skills and experience to care for them. Staff worked with other health and social care professionals to achieve good outcomes for people's health and wellbeing. Where needed, staff monitored people's intake of food and fluids to ensure they remained healthy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The staff were caring, and we received positive feedback from people and their relatives. People had supportive and meaningful relationships with staff. People received a service which was caring and respectful. People's rights to make their own choices, independence, dignity and privacy were promoted and respected.

People's care was personalised which met their needs, and their preferences were identified and implemented. People had personalised care plans that promoted independence. People were able to freely complain and could be assured their complaints would be taken seriously and dealt with promptly and professionally.

Staff were motivated and enjoyed positive team work, they felt well supported by the registered manager, although some staff felt the registered manager was overworked and needed to delegate more tasks to others. People told us the registered manager was open and approachable. People, staff and relatives felt their views were listened to. The service was proactive and worked on ways to improve.

We have made a recommendation that the registered manager completes their qualification in social care management without further delay.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 23 November 2018) where we identified a breach of regulation 19 of the Health and Social Care Act Regulations 2014, fit and proper persons employed. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carers Elite on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Carers Elite Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by an inspector and an assistant inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the provider 48 hours' notice so that we could be sure they were available to meet with us. Inspection activity started on 15 November 2019 and ended on 20 November 2019. We visited the office location on 19 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and one relative about the experience of the care provided. We spoke with six members of staff including the registered manager, recruitment manager and care

workers. We reviewed the records of three people who used the service. We looked at the recruitment records of three members of staff and the providers staff training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection we identified shortfalls in the recruitment procedures at the service. This was a breach of Regulation 19 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. Improvements had been made at this inspection and the provider was no longer in breach of this regulation.

### Staffing and recruitment

- Improvements had been made to the oversight of recruitment checks since our last inspection. The provider had employed a recruitment manager to oversee these processes and ensure checks on staff's suitability were completed.
- All people we spoke with said they received their calls as expected and staff stayed for the full length of their calls. If staff were delayed for any reason, most people told us they were contacted to inform them of this.
- One person told us, "The staff are really good, they tend to be on time, if they are really late they will call. They stay and do whatever is needed and they do not leave until everything is done and will ask if everything is ok before they leave."

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe, and relatives felt the same. One person told us, "I do feel safe with the staff, I tend to have the same lady, but I feel safe with them all. If I did not feel safe then I would speak to [registered manager] in the office."
- Staff understood the principles of safeguarding and demonstrated they could recognise different types of abuse and understood how to protect people from the risk of harm.
- Staff had received safeguarding training, they understood their responsibilities and knew how to report and record concerns. Staff were confident any concerns they raised would be taken seriously. We saw evidence whereby the registered manager had raised safeguarding concerns to the local authority and legally appointed Attorney's.

### Assessing risk, safety monitoring and management

- People had their risks fully assessed to ensure their safety was maintained.
- Risks, such as choking, moving and handling and infection control, were identified during the initial assessment of a person's needs. Guidance was provided for staff to manage the identified risk.
- An assessment of the environmental risks staff may face when supporting people in their own home was completed.

### Preventing and controlling infection

- People were protected from the risks of cross infection through competent staff practice. Staff had received training to enable them to do this. One person told us, "Yes they [staff] wear gloves and aprons, they are clean and put them in the bin when they leave."
- Staff understood the importance of using personal protective equipment such as gloves and aprons when providing people with personal care.

#### Learning lessons when things go wrong

- There were systems to learn lessons from incidents to drive improvement.
- Staff were advised of any changes relating to lessons learned in staff meetings and email updates from the registered manager.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People needs were assessed prior to being offered a package of support. This looked at the person's physical and emotional support needs.
- People's support plans detailed people's preferences, including protected characteristics under the Equalities Act 2010, such as; age, culture, religion, sexuality and disability.
- Assessments were used to formulate a person-centred support plan. These provided staff with the information they needed to meet the person's needs and preferences.
- People's support plans were written in conjunction with other professionals, relatives and the person themselves.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained and had the skills to meet their needs. One person told us, "Oh yes the staff are really good at what they do."
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own.
- The registered manager was in the process of arranging for staff to complete the care certificate, a nationally recognised qualification. This qualification is seen as a best practice benchmark for employers of care staff. Once experienced, staff were supported to complete national vocational qualifications.
- Staff told us they felt well-supported. They received regular training updates, supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns.

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

- People were supported to maintain a healthy diet. Staff were knowledgeable about people's nutritional needs and helped people to prepare meals. One person told us, "Staff help me cook, they will ask me what I would like, then go and make it for me. They will often leave something out for me through the day."
- Support plans included information about people's dietary requirements which included their preferences. People who were at risk of not eating or drinking enough to remain healthy, were monitored and staff raised any concerns to the persons GP or family members if required.

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

- Records showed that where there were concerns about people's wellbeing, appropriate referrals were made to healthcare professionals and any guidance was incorporated into people's care plans.

- People we spoke with told us that they were able to arrange support from healthcare services themselves but said that staff regularly offered to do this for them if they so wished.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was sought in line with relevant legislation and guidance. Staff had a basic understanding of the principles in relation to the MCA.
- The registered manager knew which people had Court of Protection appointed Attorneys and understood the responsibilities they had in ensuring they sought consent from them.
- People told us staff asked for their consent and waited for this to be given before carrying out any care or task on their behalf.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness by staff who were caring. One person told us, "They [staff] are amazing, they do everything I ask. They are kind, they are just really nice to me and make sure I do not need anything."
- Staff we spoke with demonstrated they understood the importance of treating people well getting their care right for them. Staff gave us examples of how they did this in their daily work. For example, one staff member said, "I get to know my service users well and what they really like. This is something so small but one lady likes a cheese sandwich, and she likes the cheese cut really thin, when I found this out I put it in her care plan for all the other staff to know."
- Consideration was given to people's diverse needs, which included their protected characteristics, such as religion or gender.

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

- Care records detailed preferences relating to people's care, illustrating likes and dislikes. Records we reviewed showed us that people were involved, consulted, and were able to make regular changes if they wished.
- People told us that they had been involved in the planning of their care and had access to their care plan if they wished.

Respecting and promoting people's privacy, dignity and independence

- People told us that they felt respected by staff. One person said, "They all talk to me in a nice manner, they are all polite." The person went on to tell us that staff maintained their privacy. They said, "They close the door, they [care for me] without making me feel uncomfortable and give me space."
- Staff promoted people's independence by supporting them to be involved in their daily care. One person said to us, "I try and do as much as I can, but they support me like getting the flannel and I do the rest." Care plans we reviewed prompted staff to support people's independence.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personalised care was promoted. Staff could tell us about people's likes, dislikes and personal routines. People and their relatives were involved in the development of their care plans and regular reviews of their care. People were able to choose timings of care calls that were suitable to them and met their needs.
- People were supported by regular care staff who knew their needs. One person told us, "The staff are all pleasant people, the care is good, and all of my needs are met, and more!".
- Care records held detailed information as to how people wished to be supported, what and who was important to them. Staff had a good understanding of people and could tell us about people's needs and wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's records included information about how they communicated, and guidance was in place for staff on how to communicate effectively with the individual. For example, where a person had a hearing impairment and staff needed to make adjustments.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. For example, one person told us they had complained about staff arriving for calls that had been cancelled. They told us following their complaint, the issue was resolved.
- Staff we spoke with knew the providers procedure and process for when people wished to complain and what they needed to do when a person wished to make a complaint.

End of life care and support

- No one was receiving end of life care at the time of our inspection. However, the service had previously supported people at the end of their life. Staff told us they were confident they had the experience and skills to support people who were dying.
- The registered manager told us they, "Handpicked" staff who they felt were suitable to support people at the end of their lives and provided additional training in end of life care.
- People and their relatives had detailed their wishes that were to be carried out at the time of their death,

where they chose to do so.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they liked working for Carers Elite and that the service had improved. However, some staff felt the registered manager worked too hard at times and took on too much of the work themselves. This meant that minor errors with paper work and task planning occurred at times.
- We spoke to the registered manager about their day to day role, they agreed they needed to review their role going forward in line with expansion in the business. Shortly after the inspection the registered manager informed us they had created and filled an audit manager position which they hoped would address this.
- People we spoke with said there was very good communication with the care staff and the registered manager.
- People told us they considered the service to be well run and were happy to recommend it to others. One person told us, "[Registered manager] is really good, the staff seem to be happy, so I am happy."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was also the sole director and owner of the registered provider. They had registered with the Care Quality Commission in June 2017 and had committed at this registration to undertake a nationally recognised qualification in social care management. At the time of this inspection, the registered manager had not yet completed the qualification and did not have a likely completion date.

We recommend that the registered manager seeks to complete their social care management qualification without further delay in line with the commitment they made during the registration process with the Care Quality Commission.

- The registered manager understood their role and responsibility in providing good quality care to people and the requirements of their registered manager role.
- However, the registered manager was not part of any forum or network of registered managers in the local area, they did not attend any of the local authority quality networks to further enhance their own knowledge, experience or skills. We spoke to them about this and they agreed this could be beneficial to them and committed to look at attending these in the future.
- The management team completed spot checks of staff performance including observations of how they

interacted with and supported people. There was also a programme of audits which assisted managers to identify any shortfalls and address them promptly.

- Staff we spoke with understood their role and the responsibilities they had in ensuring people received safe and high-quality care in their own homes.
- The registered manager understood the importance of being open and honest when things had gone wrong. They engaged with people when the service had not met their expectations

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

- People and their relatives were involved in reviewing and agreeing their care and support plans. The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. Surveys were sent out annually to people, and their relatives to gather feedback about the quality of the service provided.

Working in partnership with others

- The service worked alongside other professionals such as district nurses and social workers to ensure people's needs were met.
- Staff from Carers Elite also worked alongside staff from other care providers in joint packages of care for some people. The registered manager took a positive and open approach to working alongside other domiciliary care agencies to meet people's needs.