Elite Specialist Care Limited

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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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook this announced inspection on 8 February 2019. 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 support with medicines. The service re-registered with us in April 2016 following their relocation to new premises. At the time of this inspection, the registered manager informed us that there were four people who used the service requiring personal care. The service also provided care workers who supported staff from hospices caring for people requiring palliative care in their own homes. This aspect of the service was short term and care workers worked in accordance with the care plans prepared by hospice staff. People who used the service mainly lived in the Westminster, Brent and Harrow.

Not everyone using Elite Specialist Care Limited receives a regulated activity; CQC only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

At the last comprehensive inspection we carried out on 27 July 2016 the service was rated Good. We however, found a breach of Regulation 17 Good Governance. The service did not have a system of 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. At our responsive inspection on 23 March 2017 we found the service had complied with the requirement made. There were comprehensive audits and checks for monitoring and improving the quality of the service. At this inspection on 8 February 2019, we found some deficiencies related to Safe and Well Led. We have therefore rated the service as Requires Improvement.

People and their representatives informed us that they were satisfied with the care and services provided. They informed us that people were treated with respect and they were safe when cared for by the service. There was a safeguarding adults' policy and care workers were aware of action to take should they be aware that people were being abused. We however, noted that the safeguarding policy and procedure did not include reference to the role of the DBS.
This was completed during the inspection. The service had a policy for ensuring equality and valuing diversity. Care workers had a good understanding of equality and diversity (E & D) and protecting people's human rights. They were aware of the importance of treating people as individuals and showing respect for them regardless of their background or individual circumstances.

People's care needs and some potential risks to them were assessed and guidance provided to care workers on how to care for people. We however, noted that some risk assessments had not been documented for

people who needed them. These are required to provide information for care workers and to ensure the safety and welfare of people.

The service had an infection control policy. However, it was not sufficiently comprehensive as it did not contain examples of infectious diseases.

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. 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 and people informed us that care workers had supported them 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 support, supervision and appraisals from their manager and a director of the company. Teamwork and communication within the service was good. We however noted that a risk assessment had not been documented for a care worker who needed it. This is to ensure the protection of people who used the service.

The service was working within the principles of The Mental Capacity Act 2005 (MCA). Care workers were aware of the importance of seeking the consent of people or their representatives if people did not have capacity to make decisions for themselves.

Care plans had been prepared with people and their representatives. The care provided had been regularly reviewed. The service had a complaints procedure. No complaints had been recorded. The registered manager stated that none had been received.

Audits and checks of the service had been carried out by senior staff. These included checks on care workers and audits of medicines and care records. We however, noted that these checks and audits were not sufficiently comprehensive as they did not identify the deficiencies we noted. Comprehensive checks and audits are needed so that the service can identify and promptly rectify deficiencies. Satisfaction surveys had been carried out. However, a report following the last survey together with action plans had not been prepared. These are needed to provide details and inform on the findings.

We found two breaches 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?

Requires Improvement

Some aspects of the service were not safe. Some risk assessments had not been prepared for people who were at risk.

The safeguarding policy and infection control policy were not sufficiently comprehensive.

There were suitable arrangements for supporting people with their medicines.

Care workers were carefully recruited. However, a risk assessment had not been documented for a care worker who needed it.

Is the service effective?

Good

The service was effective.

People who used the service were supported by care workers who were reliable and understood their care needs.

Care workers had received essential training, supervision and appraisals. Induction had been provided for new care workers.

The service worked well with healthcare professionals in supporting people with their healthcare needs.

People's nutritional needs were attended to where this was part of the care agreement.

Is the service caring?

Good

The service was caring.

Care workers treated people with respect and dignity. People and their representatives were involved in planning the care provided.

The service responded to people's preferences and choices.

Care workers were able to communicate well with people and

their relatives.

The service had a policy for promoting equality and valuing diversity and ensuring that the human rights of people were protected.

Is the service responsive?

Good

The service was responsive.

The service provided care which met the needs of people.Care plans were comprehensive and addressed people's individual care needs. Regular reviews of care took place with people and their representatives.

People, their relatives and representatives knew how to complain if this was needed.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

Checks and audits had been carried out. However, they were not sufficiently comprehensive as they did not identify the deficiencies we noted.

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

Satisfaction surveys had been carried out but there had been no detailed report with analysis of the findings and action plans for the recent survey.

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 8 February 2019 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 four people who used their service.

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 also reviewed information we held about the service. This included notifications and reports provided by the service.

We spoke with two people who used the service and the relative of another person who used the service. We also spoke with the registered manager, a director of the company, the field supervisor, the administrator, the compliance and administration officer, the care co-ordinator and five care workers. We obtained feedback from three care 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 who used the service and the care records of two people who previously used the service, five staff recruitment records, staff training and induction records. We checked the policies and procedures and other records related to the running of the service.

Requires Improvement

Is the service safe?

Our findings

The service had 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 would report it directly to the local authority safeguarding department. With one exception, senior staff said they would also notify the Care Quality Commission (CQC) if needed. The service had a safeguarding policy. However, it had not been updated and still referred to the Commission for Social Care Inspection which no longer existed. It did not clearly state that all allegations of abuse needed to be notified to the Care Quality Commission (CQC). The procedure did not refer to the role of the Disclosure and Barring Service (DBS) who are responsible for maintaining a register of people who should not work with vulnerable people. One of the directors later informed us that it was an old policy and provided us with their updated policy with reference to the CQC. However, the policy and procedure did not refer to the role of the DBS. This is needed to ensure that the registered provider is aware of their responsibility to notify the DBS of staff implicated in abuse and who should be considered for inclusion in the DBS register.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with the environment people lived in and health and safety risks. We however, noted that some risk assessments had not been documented for people. For example, there was no risk assessment with information on risks such as hypoglycaemia or hyperglycaemia for someone with diabetes. In the case of a person with a urinary catheter, there was no risk assessment with guidance regarding potential risks of infection and blockage of the catheter. A third person was bedbound and had received care for over six months. We saw no risk assessment identifying the potential risks to this person, for example. pressure sores, circulatory problems etc. The care records however, mentioned that they were to be repositioned.

Failure to provide adequate risk assessments which included guidance to care workers for managing risks to people is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

The registered manager informed us after the inspection that they would update the diabetes risk assessment concerned. The registered manager also stated that the catheter of the person concerned was managed by community nurses and their care workers do not insert, change or manage catheters. However, care workers do empty catheter bags and reporting any concerns or issues. She stated that they have now have a catheter risk assessment for the person concerned. As regards the care of a person who was bedbound, the registered manager stated that a recording was made during each visit on the call log in the person's home and this would include any repositioning that had been carried out. She stated that they have now included a section for repositioning so that care workers could indicate which side they had repositioned the person concerned. Documents to confirm that they had taken action were sent to us.

We examined a sample of five 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. We noted that a care worker had certain issues which came to light when their DBS check was renewed. We noted that there was no documented risk assessment regarding any potential risks which may be experienced. The registered manager explained that the service had assessed this care worker and had taken action to ensure that people were not placed at risk. Details of their action were provided. She added that this person had worked well in her role.

The service had a sufficient number of care workers to meet the needs of people and this was confirmed by people and a relative. They stated that their care workers were reliable, mostly punctual and able to meet the needs of people. None 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 and care workers had been provided with training in the administration of medicines. However, the registered manager informed us that care workers mostly prompted people to take their medicines. This was confirmed by people and a relative we spoke with. Care workers recorded on a chart when they had prompted people with their medicines or administered medicines. These charts were checked regularly by senior staff in the office and in people's homes.

People and a relative informed us that care workers observed hygienic practices when attending to them. Care workers stated that they washed their hands before preparing meals. The service had an infection control policy with guidance to care workers on reporting infections, handwashing and wearing of protective clothing. However, it did not include examples of infectious diseases or conditions such a hepatitis and influenza. This is needed to ensure that care workers are well informed and care workers and people are protected. The registered manager informed us after the inspection that examples of infectious diseases had been added and evidence of this was provided. 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.

No accidents had been recorded since the last inspection in 2017. The registered manager stated that there had been no reported accidents.

The service had a current certificate of insurance and employer's liability.

Good

Is the service effective?

Our findings

People who used the service, a relative and representatives of people informed us that care workers were competent and they were satisfied with the care provided. One person said, "Everything is fine. I am happy with the carers. They always turn up. If they are late, they phone me." Another person said, "They check with me and ask for my consent. They do not do anything unless I am happy with it."

Care workers worked well alongside community care professionals and professionals from two hospices. This was confirmed by the professionals concerned. People's healthcare needs were monitored where this was part of the care agreement. One care professional stated that the service worked closely with them and care workers were well trained and able to provide good care. Another care professional stated that some care workers had experience, special skills and training for providing end of life care for our service. A third care professional stated that staff were capable, responsible and knowledgeable.

People's care records contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of medical or mental health 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 regarding the dietary needs of people. However, the registered manager explained that in most cases, care workers were responsible for only heating food for people and not preparing meals for them.

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, infection control, information on health and safety. Following induction new care workers "shadowed" more experience care workers. We saw documented evidence of this in the staff records.

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 had close relatives or their next of kin who would be consulted if they lacked capacity. She was also aware 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. This was to ensure that professionals involved and people's next of kin could be consulted. Care workers also stated that they explained what needed to be done prior to providing personal care or assisting people. Some care workers said they had not received training in MCA. The registered manager stated that training was being arranged for them in the near future.

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. One person said, "My carers are definitely respectful. They are careful and gentle. When they help me with personal care, they close the door and close the curtains. They know about my culture and also ask me if they should take off their shoes." Another person said, "The carers communicate well and listen to me. They are flexibility and can make changes if needed."

Care professionals informed us that they found staff to be always co-operative and helpful. One care professional stated that care workers treated people well and could meet their needs.

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

The service had a policy on non-discrimination and promoting equality and valuing diversity. Care workers were understanding and sensitive regarding the cultural and religious needs of people. Where needed, they said they would remove their shoes before entering the homes of some people. They stated that they respected people's culture, religion and individual background. They informed us that they had received training on ensuring equality and valuing diversity.

People's care records contained information about their background, culture, religion, emotional needs and social life. These details are useful in enabling the service to understand people and provide suitable care workers who understood people. The registered manager stated that where possible, care workers were matched to people they were best suited for. This enabled care workers to build positive relationships and get on well with people who used the service.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. We were not provided with the written Accessible Information Standard policy during the inspection. The policy which was dated 22 February 2019 was sent to us after the inspection. The registered manager stated that they did not have any people who required special assistance to understand information provided. She however, stated that should the situation arise, they would produce information in a format which people could easily access and understand.

Good

Is the service responsive?

Our findings

People and their relatives informed us that care workers provided care as agreed in their care plans. They were satisfied with the care provided. One person said," The supervisor turned up a few months ago. They have reviewed my care. They listen and know about my preferences. I am happy and have no complaints."

A relative said, "The staff always turn up. They do as agreed in the care plan. I have no complaints. I got the office phone number if I need to complain."

A care professional stated that on the whole, the care arrangements for people had gone well and where there were issues the service had tried to resolve them promptly. A second care professional stated that the service had a number of care workers who were good at providing end of life care services service for people.

The service provided care which was individualised and person-centred. Care records contained people's hospital discharge summary. This ensured that the service had information about people's care needs. 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, their relatives and care professionals involved. The assessments included important information about people people's health, mental and emotional state, mobility, nutrition and personal care needs. People's preferences and choice of visit times were noted. 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 staff 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 could tell us what the specific problems and needs people had. For example, in the case of those with dementia, they were aware of memory problems which may be experienced and the need to speak slowly and repeat what was said if needed. They were aware that they need to be patient and unhurried in their approach. 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 did not get any pressure sores. This would entail changes of position if they were in bed. In the case of people who had diabetes, they told us that if they felt that people's condition deteriorated they would contact their registered manager or senior staff so that appropriate action could be taken. They were also aware that they could contact the emergency services if needed.

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. We noted that no complaints had been recorded since the last inspection in 2017. People and a relative informed us that they were satisfied with the service and the had not made any complaints. They knew how to complain if they needed to. A care professional told us that they had not received any complaint from any family member of people they supported.

Requires Improvement

Is the service well-led?

Our findings

Satisfaction survey forms were sent to people and their representatives in 2018. Two people had returned their completed forms following the latest survey. The registered manager stated that both were positive and this was recorded. However, we did not see a report of the analysis following this survey. This is useful for providing details and informing on the findings so that the service can be improved if needed. The registered manager stated that this would be carried out and their analysis of the results were sent to us after the inspection. It stated that no action plan was required as the results were all positive. She also informed us that they would be carrying out a professionals survey and the staff survey would be audited.

The service had quality monitoring systems in place. The registered manager provided evidence that senior staff visited people in their homes to review their care. In addition, she stated that regular telephone monitoring took place so that they could speak with people and their relatives and obtain their views. Documented evidence was provided. Spot checks on care workers took place to ensure that they carried out their duties diligently and as stated in care plans of people. The time sheets of care workers were checked to ensure that care workers attended to people at the agreed times or close to it.

We noted that the checks and audits were not sufficiently comprehensive as they did not identify the deficiencies we noted. These deficiencies included the lack of risk assessments for some people who needed them. For example, risk assessments had not been documented for one person with diabetes who was being treated with insulin. No catheter risk assessment had been documented for another person with a urinary catheter. A third person was bedbound and had received care for over than six months. We saw no written risk assessment identifying the potential risks to this person, such as pressure sores and circulatory problems. The care records did mention that they needed to be repositioned to prevent pressure sores. However, we saw no repositioning record monitoring charts. These charts are needed to inform and confirm that the people had been re-positioned and on which side.

In addition, to the above the safeguarding policy and procedure did not refer to the role of the DBS. The Infection Control policy did not include examples of infectious diseases or conditions. A risk assessment had not been documented for a staff member who needed it.

Our findings indicated that the service did not have effective quality assurance systems for monitoring and improving the quality of the service provided. This may affect the safety and quality of care provided for people and is a breach of Regulation 17 Good Governance.

We received positive feedback regarding the service from people we spoke with. The feedback indicated that people were satisfied with the services provided. People and relatives we spoke with expressed confidence in the management of the service. One person said, "The supervisor has visited me and reviewed the care" A relative said, "I am happy with the service. They do what is agreed in the care plan

Three care professionals expressed confidence in the management of the service. They stated that the service worked well with them to ensure that people were well cared for, even when people were referred for

care at short notice. One of the professionals stated that when they expressed any concerns, the issues were promptly responded to.

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. They told us that they were well treated by management. Care workers stated that their registered manager and senior staff were supportive and approachable. The service had a management structure with a registered manager supported by a director of the company, a field supervisor, a compliance and administration officer, an administrator and a care co-ordinator. 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 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to provide adequate risk assessments which included guidance to care workers for managing risks to people.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective quality assurance systems for monitoring and improving the quality of the service provided. This may affect the safety and quality of care provided for people.