

Elite Care Services Ltd

# Elite Care Services 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 

### Overall summary

Elite Care Services Limited provides personal care to people in their own homes, who may also be living with dementia, learning disability or a physical disability. At the time of our inspection the service provided approximately 24 packages of personal care and support.

The inspection took place on 20 and 26 October 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and were treated well by staff. Staff had a good understanding of how to identify abuse, and knew how to respond appropriately to any concerns to keep people safe.

Staff managed risks to promote people's safety, and balanced these against people's right to take risks and remain independent.

# Summary of findings

Staff numbers were based upon the amount of care that people required, in conjunction with their assessed dependency levels. The provider had a robust recruitment process in place to ensure that only suitable staff were employed.

Systems were in place to ensure that medicines were administered and handled safely if this was an assessed part of their package of care. Medication was only administered by staff who had received training.

Staff were provided with a range of training to help them to carry out their roles effectively. They were knowledgeable about their roles and responsibilities.

Staff were meeting the requirements of the Mental Capacity Act (MCA) 2005.

People were supported to attend health appointments when required and to see social care professionals as and when they needed.

Staff treated people with compassion and cared for them according to their individual needs. They provided a personalised service to the people they supported and were enabled to forge good working relationships.

Staff had a good understanding of people's needs and preferences and care plans were in place which provided staff with information on how to support people. People were involved in making decisions about their own care and support.

People knew how to make a complaint if they needed to and were confident that the service would listen to them.

The registered manager and senior staff consistently monitored and reviewed the quality of care people received and encouraged feedback from people and their representatives. The provider carried out regular spot checks on the service being provided and staff performance.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

There were processes to safeguard people from the risk of abuse of which staff were aware of.

Assessments were in place to protect people who used the service and staff, from any foreseeable risks.

Staffing arrangements meant there was sufficient staff to meet people's needs. The service followed robust procedures to recruit staff safely.

Good



### Is the service effective?

This service was effective.

People were supported by staff that had appropriate skills and had received the training they required to perform their role.

The service was meeting the requirements of the Mental Capacity Act 2005 and staff were aware of their responsibilities to always act in a person's best interests.

People were supported to eat and drink in accordance with their needs.

People's health needs were monitored and the service sought advice and up to date information from relevant healthcare professionals.

Good



### Is the service caring?

This service was caring.

People were happy with the care provided and had good relationships with staff.

Staff demonstrated they had a good understanding of the people they were supporting. People were treated with respect.

People and their relatives were consulted about their assessments and involved in developing their care plans.

People were encouraged to express their views about the service that was provided to them.

Good



### Is the service responsive?

This service was responsive.

People's needs were assessed before they began using the service and care was planned in response to their needs.

Care plans were in place which outlined people's personal preferences and required support information.

The service had a complaints policy which outlined how formal complaints were to be dealt with.

Good



# Summary of findings

## Is the service well-led?

This service was well led.

The service was led by a registered manager who had vision and values for the development of the service.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The provider recognised the importance of regularly monitoring the quality of the service provided to people.

**Good**



# Elite Care Services Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 26 October 2015 and was announced. We gave 48 hours' notice of the inspection to ensure that that staff were available and people were at home.

The inspection was undertaken by two inspectors and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. They supported us during this inspection by making telephone calls to people who used the service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and clinical commissioning group to gain their feedback as to the care that people received.

We spoke with five people who used the service and five relatives in order to gain their views about the quality of the service provided. In addition to this we spoke with two healthcare professionals. We also spoke with the registered manager, six care staff, and two operational managers.

We looked at seven people's care records to see if their records were accurate and reflected their needs. We reviewed five staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits and health and safety checks.

# Is the service safe?

## Our findings

People told us staff made them feel safe and that they trusted in the staff that supported them to keep them free from harm. One person told us, “Yes, I feel safe with them.” Another person said, “I think they keep me safe.” Relatives confirmed they had no concerns about the staff that cared for their family members.

Staff were able to demonstrate an understanding of how to safeguard people, the types of abuse that could occur, and the action they would take if they thought someone was at risk of abuse. They spoke to us about the reporting process that they would use, and told us they had received training on how to protect people from abuse. One member of staff said, “The first thing I would do would be to report it. No hesitation at all, I am here to keep people safe.”

Staff told us that where required, they would escalate concerns to external bodies; including the local authority safeguarding team, the police and the Care Quality Commission (CQC). The registered manager told us that to ensure staff had instant access to safeguarding contact phone numbers; these had been placed on the reverse side of their identification badges. We found that staff had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this.

Staff told us they would identify potential safeguarding concerns from their daily observations when providing people with care, and from reviewing people’s records. Although the service had a low level of safeguarding referrals, we found that the registered manager had taken appropriate action in response to safeguarding concerns. Records detailed that the outcome of safeguarding concerns was communicated to all staff so that lessons could be learned. There were systems in place to assist staff in keeping people safe.

Some of the people we spoke with were aware staff had written information that they used to help keep them safe. One person told us staff supported them to do what they wanted to do, but also helped to keep them safe. By this, they meant they were encouraged to be independent and take positive risks. Staff told us that risk assessments were kept up to date for people and reviewed if people’s needs changed. We found that risk assessments had been completed for people in areas including moving and

handling, medication and the safety of their home environment. The assessments provided information about the risk and any required measures to be implemented to minimise risks to people.

Staff underwent a robust recruitment process before they started work. The operational managers detailed the information obtained before staff commenced employment and told us that they wanted to attract a good quality of staff that would stay with the service and provide people with consistency. We found records were organised and saw that new staff had completed application forms, which included a full employment history and given consent for further information to be obtained. We saw interview questions and answers. Staff files included evidence of Disclosure and Barring Service (DBS) checks, proof of identification and two employment references. When requests for reference were sent out, we found they included a photograph of the staff member, so the person completing the reference could ensure they knew the staff member. There was an effective recruitment and selection process in place which ensured staff were checked before they began working with people who used the service.

People told us there was enough staff on duty to meet their needs safely. One person said, “There are enough of them. I have the same carers.” Another person told us, “I see the same staff each day.” One member of staff said, “Staffing is not a problem, we have enough time to do what we need to and the rotas have travel time built in to them.” The registered manager told us that staffing levels within the service were based upon the amount of hour’s care that people required. They were flexible to accommodate busy periods or cover sickness. We found that as a contingency plan, the senior managers would provide hands on care to people, which also enabled them to have a good working knowledge of people’s needs. Staffing numbers were reviewed regularly and adjusted when people’s needs changed. There were sufficient numbers of staff available to keep the current group of people who used the service safe.

People received their medication on time. They told us they received appropriate support to assist them to take their medication safely. One person said, “They give me my tablets when I need them.” Another person said, “I get them when I need them.” The level of support people required with medicines varied, some required minimal prompting and some more support and guidance. Staff told us that

## Is the service safe?

they always signed the medication administration records (MAR) after giving medication. We looked at five MAR charts and noted that there were no gaps or omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded.

Records confirmed that staff had received the required training to ensure they administered medication safely. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.

# Is the service effective?

## Our findings

People told us they thought the staff were well trained and supported them well. One person said “They know what they are doing.” They told us they had a consistent group of staff who knew what care they needed. Another person said, “They do what they need to.” A relative told us, “They are well trained.” People and their relatives were content that staff knew what they were doing when they provided them with support.

The staff we spoke with felt they received effective training and support from the provider, and received a proper induction when they first starting working there. One staff member told us, “I was put straight on to lots of courses when I joined, like manual handling, first aid and safeguarding. I then had to shadow experienced staff for a week, and after that the manager came out and did observations with me.” The registered manager told us that initial shadowing visits with experienced members of staff helped new staff to understand people’s needs and to get to know them before they began to work independently. All new staff received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with relevant training to ensure that they could meet people’s assessed needs.

Staff had access to regular training which they felt was very useful in helping them keep their knowledge and skills up to date. They confirmed that they had a range of training including first aid, infection control and mental capacity. One staff member told us, “I’ve got a lot of life experience but the training helps as well. It’s good to have refreshers of things, as they do change.” Staff told us that they had annual refresher training to update their skills and knowledge and were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. The registered manager told us, “We make sure everyone is up to date with training. We deliver some courses ourselves from our trained staff, but we also have external trainers come in and run sessions.” We observed records that showed the training the staff had completed as well as a plan for future courses and updates. The service used a system of training that also assessed staff competency. Training records we looked at confirmed staff had received appropriate training to meet people’s assessed needs.

Staff received on-going supervision and attended staff meetings and told us they found these to be a worthwhile experience. One staff member said, “The managers are always about, we can always come in and talk to them if we have any problems at all.” Records confirmed that staff supervisions took place. The registered manager and operational managers told us that a new staff appraisal system would be implemented at the beginning of November 2015 for all staff and the registered manager provided us with a plan, outlining the aim to complete regular appraisals in the future.

The registered manager told us staff were subject to unannounced checks carried out by senior staff, where working practices were evaluated to ensure that staff were meeting required standards of care. Staff received feedback on the findings and these were used to aid future learning and development.

The operational managers confirmed there was an out of hours on call system in operation, which ensured that support and advice was available for staff when needed. There was always a senior person available to support staff and give advice in times of emergencies.

People who used the service were able to provide consent to the care that was provided to them. They told us staff asked them whether they were happy to receive support before they started to help them. The staff we spoke with explained the importance of gaining consent from individuals before carrying out any care. One staff member told us “I always check first with the person I support to make sure he is happy with what we are doing that day, or with what food we are cooking.” We found that people had signed consent forms within their records for various decisions. In some cases these were provided in easy read and pictorial forms to enable people to understand.

We found that the service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff had received MCA training and told us what they would do if they suspected any of the people using the service lacked the capacity to make a specific decision. The registered manager had an awareness of the MCA and the Deprivation of Liberty Safeguards (DoLS) and the steps that should be followed to protect people’s best interests. We were told those people currently receiving support, that lacked capacity to make their own decisions, were reviewed on a regular basis.



## Is the service effective?

People told us the support they required with nutrition and meal preparation was assessed as part of their care package. One person said, “The staff cook for me, they ask me what I’d like first. They take me shopping to get the food in” Another person told us, “They get me what I like to eat.” A staff member told us, “It’s important to me that I support people to explore food choices. I have helped them try new dishes from around the world and we have found some new favourites.”

The staff we spoke with understood that the person had capacity to make decisions about their meal options. “We try really hard to promote healthy options, but it’s really up to them what they buy and eat.” The operational managers said that when required, information was detailed into people’s care plans so that the food they received was appropriate, for example, diabetic. We saw that information around a person’s diabetes was recorded within their care plan. It outlined the best way to encourage the individual to make healthy food choices, whilst recognising and respecting their right to make unhealthy choices as well.

Details of people’s dietary needs and eating and drinking needs assessments were recorded within care records and indicated people’s food likes and dislikes and if they needed any support with eating and drinking. Much of the

food preparation at mealtimes was completed by family members and staff were required to support people by reheating meals and to ensure they were accessible for people.

People were supported to maintain good health because staff were familiar with them and had regular conversations with them. This enabled them to establish any changes within their condition. Individuals were supported by staff to access healthcare services. One person told us, “My staff take me to get a blood test. They help me out.” Staff knew how to take action if they felt a person needed healthcare support.

We were told that most health care appointments and health care needs were managed by people or their relatives. However, staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people’s care if their health or support needs changed. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP or district nurse. Where people had seen health professionals and the advice had an impact upon the care package, care had been reviewed to ensure that it met people’s assessed needs.

# Is the service caring?

## Our findings

People told us that staff were caring towards them. One person said, “They look after me well.” Another person told us, “Yes, I think they are caring.” Relatives were happy with the care their family members received and the kind and caring way in which staff treated them. We saw written comments from family members of people that used the service. These were all of a positive nature and described a kind and caring approach by the staff. The comments included, “The staff are very good and kind.” Another comment stated, “They look after [Family member] well.” We also saw a comment which stated, “They treated [Family member] like a human being, making sure they told her what they were doing.” The comments that we received confirmed that people were satisfied with the quality of care they received from the service.

Staff told us they enjoyed supporting people and displayed a caring approach to their work. One staff member told us that people became like an extended part of their family. They told us, “I do this job for the love of it, not for the money. I really get satisfaction from knowing that I have helped someone.” Another staff member said, “My job is not just basic care, it’s about positive experiences with people.” Staff were passionate and enthusiastic when talking to us about the care they provided people with. They were very motivated to provide good care for people and to ensure they felt valued and cared for.

People told us they were supported by a consistent group of staff who understood their needs and supported them with kindness and compassion by staff. One person took great pleasure from telling us the group of carers they had and we saw that it meant a lot to them that they were supported by a consistent group, who they had been enabled to maintain a strong relationship with. Staff told us they regularly supported the same individuals, which they told us helped them build a relationship with people and provide more effective care. The registered manager understood that people preferred continuity of care and

wanted staff that were known to them. They attempted to allocate the same group of staff to people, so that people received continuity of care from the service and were supported to build up meaningful and caring relationships.

People and their relatives told us they were involved in assessing and planning for their individual care needs and how staff could best meet them. One person told us, “The care plans say what I want them to.” They explained that they felt involved and supported in making decisions about their care and treatment and were always listened to when they contributed an idea. It was apparent from our discussions with people that they were given the information they needed to make required changes or discuss any issues that they had.

Advocacy services were available for people and the registered manager had available information for staff and people. Although no-one was using advocacy services at the time of our inspection, information on how to access their services was accessible if it was required.

People confirmed that staff made an effort to protect their privacy and dignity by making sure they were covered when receiving personal care and by ensuring that doors were always closed. They told us that staff did not rush them when they were providing them with support and enabled them to take things at their own pace. The staff we spoke to felt that they always considered a person’s dignity and privacy. One staff member told us, “I know that one person can partially support themselves in the bathroom, so I wait outside the room until they have done what they can; then I check with them if they are ready for me to enter and provide support.” We saw that staff within the service had signed up to a ‘Dignity Charter’ which outlined the expectations that the company had of its staff in terms of treating people with dignity and respect. This approach was also reflected within people’s care plans that we reviewed. Staff worked hard to promote people’s independence, privacy and dignity whilst providing care and to protect people’s confidentiality

# Is the service responsive?

## Our findings

The registered manager and operational managers told us that pre admission assessments of people's needs were carried out prior to a package of care being commenced. They said, "We want to make sure we can take on a package and be successful. We do turn down packages sometimes if we don't think we can meet people's needs." Records confirmed that assessments detailed people's past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. We found that people's level of independence was assessed, so that suitable care could be delivered.

People told us they were asked their views about how they wanted their support to be provided, for example, about their preferences for their daily routine or whether they required support with meal preparation. One person told us, "They listen to me and help me choose the things I might like to do." They said they were able to make changes to their care plans when required. People received care which was personalised and met their specific needs and wants.

People told us that staff were aware of how they wanted their care and treatment to be given to them, for example, in respect of support with medication. During our conversations with staff it was evident that they had a good awareness of people's needs and they told us that they were involved in reviews of care along with the person and their relative if appropriate. One staff member said, "If I notice any changes in someone's needs, then I report back to the office." Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. They were reviewed on a regular basis and updated as and when people's needs changed. People had the opportunity to contribute to their care and tell the agency if the support still met their needs.

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood how to personalise care to an individual's needs. One staff member told us, "It's about getting to know the specifics of how people like to be supported, not just doing things to people without knowing that first." Another staff member said, "One person we support with bathing, we know there is a specific order that they like their body to be washed. It's really important that we

observe that, otherwise it upsets them." Staff understood the support each person required to meet their assessed needs, even when they were visiting people they did not see on a regular basis because of the regular updates they received from senior staff. Any changes in people's needs were passed on to staff through phone calls, handovers and supervisions. This enabled them to provide an individual service that was reflective of people's current needs.

Staff told us they encouraged people to participate in activities they enjoyed if this was part of their care package. For example, those people receiving care in supported living environments. One person told us that staff had taken them to a football match and to a variety of restaurants, which they had enjoyed. Another staff member told us, "I noticed that the person I support really enjoyed watching 'Songs of Praise' on television and singing along. I asked him if he would like to attend an actual church and join in with the singing. He loved the idea, so now we go regularly so that he can sing with others like he sees on TV."

Staff told us they worked with family members to prevent social isolation by encouraging people to participate in daily activities they enjoyed. Where following a particular interest or activity was an assessed part of someone's care needs and package of care, then people were encouraged to maintain their interests.

People and their relatives were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. At the time of our inspection people told us they had nothing they needed to complain about. However, they told us that they would tell a member of staff if they had anything to complain about and were confident the service would listen to them if they had to make a formal complaint.

Staff felt they knew how to deal with complaints from people. One staff member told us, "The manager is very supportive and helps us out. She listens to us and responds when we have questions and comments ourselves." There was an effective complaints system in place that enabled improvements to be made. We looked at the complaints file and saw that the registered manager had dealt with complaints in a timely manner and in line with the provider policy.

People were supported to express their views through means of reviews of their support packages and annual

## Is the service responsive?

surveys. They could contact the office at any time if they wished to discuss anything about their support with the registered manager. There were procedures in place to obtain people's views and monitor and improve the quality of the service provided. The registered manager sent out

questionnaires to each person who used the service to determine how the service was performing. An analysis of the results on any areas that had been highlighted as requiring improvement was due to be completed and would be used to make improvements to service delivery.

# Is the service well-led?

## Our findings

The service had a registered manager in post in accordance with their regulatory requirements. The registered manager led a team which consisted of senior staff, carers and office based staff, who all shared a common goal in providing people with high quality care and support. Staff understood the values and philosophy they were expected to work with and said there was an open culture within the service. They felt confident that if they raised any concerns or questioned practice with the registered manager, they would be acted on appropriately.

Staff received support from the registered manager and senior staff. They described positive examples of being an employee. One staff member told us “It’s a very open place to work. I believe that the manager and directors listen to us and have the right attitude.” Staff were very clear about their roles and responsibilities and told us they enjoyed working for the service. We observed that the service had a mission statement that was visible for all staff to see when visiting the office, and the staff we spoke with all agreed with the positive vision the company had.

Staff members told us that the registered manager was supportive and would regularly go out and meet with the people that they provide support to. They said this enabled her to be aware of the changing needs of people and what the staff were doing. The staff told us that there was always support if they needed it. The registered manager explained the on call system in use for staff which enabled them to contact her or one of the operational managers at all times.

Information CQC held showed that we had received all required notifications and that these had been submitted in a timely manner by the registered manager. We saw evidence that the registered manager learnt from such issues and that information was passed onto staff so that service delivery could be improved upon.

Staff told us that they had access to the provider’s policies and procedures, which included safeguarding, privacy and dignity and complaints. They told us that this was helpful if they needed to reinforce a certain aspect of their working life.

The registered manager told us that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents.

There was a system in place for reporting accidents and incidents to the registered manager and we found that they logged these appropriately for investigation. All possible action had been taken to review risk factors to minimise the risk of reoccurrence and to improve the service for people.

Staff told us they were aware of the service’s whistle-blowing procedure and were able to tell us who they would escalate their concerns to. They said that they would not hesitate to use this process if they felt it appropriate. This meant that any incidents of poor practice would be reported by staff to the registered manager.

Senior staff carried out unannounced checks on care staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care and support plans. The registered manager talked to people who used the service at quality monitoring visits to find out if they had any problems with the care and support they received. This ensured that feedback was used to improve practice and the overall service provided.

The operational managers told us they wanted to provide good quality care and to strive for future improvement and grow the business. However they said that they would rather remain small enough to continue providing a good service than risk taking their ‘eye off the ball’ if they became too big. One said, “We want to make sure the service remains personal to everybody.” We were also told, “We are careful about how many people we provide support to. It is important that the quality of support remains high.” From our discussions it was evident they were continually working to improve the service provided and to ensure that the people who used the service were content with the care they received. It was clear they had a vision for where they wanted to be and the action they needed to take to achieve this.

The registered manager told us about the range of audits that were carried out including, care plans and medication. Daily care logs and medication records were returned to the office for the management staff to monitor and review on a regular basis. There were systems in place to monitor the quality of the care provided and we found the outcome from the audit checks, monitoring visits, complaints and compliments were used to identify areas for improvement; action plans were put in place with realistic timescales for completion.