

# Elite Carers & Home Support Ltd

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## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 11 and 18 June 2018 and was announced.

At the last comprehensive inspection on 3 February 2016, the service was rated Good.

At this announced inspection on 11 and 18 June 2018, we found the service remained 'Good'.

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

Elite Carers provides care and support to people living in the Leicester and Leicestershire area so they can continue to live in their own homes. At the time of our inspection there were 15 people using the service.

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 and associated Regulations about how the service is run.

People and relatives told us that they were supported by very kind, caring and compassionate staff that often went the extra mile to provide them with exceptional care. The staff and the management team were extremely passionate about providing people with support that was based on their individual needs, goals and aspirations. We saw that people were at the centre of their care and goals and achievements were celebrated. Each person was treated as an individual and as a result, their care was tailored to meet their exact needs.

The staff and the management team were always available and listened to people and their relatives, offered them choices and made them feel that they mattered. The staff were passionate about the person-centred approach of the service. Without exception, people spoke positively about their experience of the service and it was clear the culture within the service valued people as individuals.

People continued to receive safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with best practice that met their diverse needs. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Records showed that people and their relatives were involved in the care planning process. There was a complaints procedure in place to enable people to raise complaints about the service.

The management and leadership within the service had a clear structure and the management team were knowledgeable about people's needs and key issues and challenges within the service. Staff felt supported and valued. There were systems in place to monitor the quality of the care provided and to ensure the values; aims and objectives of the service were met. The registered manager was aware of their responsibility to report events that occurred within the service to the Care Quality Commission (CQC) and external agencies.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Outstanding ☆

The service was very caring

Everyone without exception praised the caring approach of staff at every level. Staff had an excellent understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their care and treatment.

Managers and staff were committed to a strong person-centred culture. All staff were enthusiastic about their role and the quality of care they provided. Involvement, compassion, dignity, respect, equality and independence were key principles on which the service was built and these were reflected in the day-to-day practice of the service.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Elite Carers & Home Support 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 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 was an announced comprehensive inspection that took place on 11 and 18 June 2018 and was completed by one inspector. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to assist us with our inspection.

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 reviewed the previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. This was used to inform our inspection judgements.

During the inspection visit we spoke with three people who used the service and three relatives. In addition, we also had discussions with the registered manager, the commercial manager and nominated person and three care and support staff.

We looked at the care records of three people who used the service. We also looked at other information relation to the management of the service. This included four staff recruitment records, training records, information about the service such as policies, procedures and arrangements for managing complaints care and how the quality of service was monitored.

# Is the service safe?

## Our findings

People using this service continued to receive a safe service because staff understood how to support them and they were flexible, when they needed extra help. One person told us, "[My relative] is safe because the staff know them well and they know how to look after them. If they need any extra time staff will always stay until everything is finished." There was a clear safeguarding procedure in place and staff had access to the whistleblowing policy if they wanted to raise concerns. Staff had received training and all staff we spoke with knew how to recognise the signs of abuse and what action to take should they suspect abuse. There had been no issues in relation to safeguarding people from harm since the last inspection. The registered manager was fully aware of their responsibility to notify the local authority and us, the Care Quality Commission (CQC), should any concerns about safeguarding arise.

Systems were in place to identify and reduce the risks to people using the service and risk management plans that we looked at were detailed and informative. All risk assessments were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. These covered a variety of subjects including, moving and handling, falls and risks within the home environment. These were used to promote and protect people's safety in a positive way.

People and relatives told us that there was enough staff available to meet their needs and to keep them safe. One person told us, "My carers always turn up when expected, they stay for the correct amount of time and I get the same carers which I love." Staff told us they supported the same people regularly. The care records completed by staff and the staff rotas we viewed showed that people received care and support from a regular team of staff, which promoted continuity of care. The management team also undertook regular shifts which they said was a good way to check that people were still receiving the care they needed or if any changes were required.

We saw criminal records checks had been completed with the Disclosure and Barring Service (DBS). This demonstrated that steps had been taken to help ensure staff were safe to work with people who used care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in files to show that staff were suitable to work with vulnerable people.

Systems were in place to manage people's medicines safely. People told us they received their medicines when they expected them. One person said, "My carer reminds me to take my tablets." Another told us, "I do get my tablets when I need them and always on time." Staff explained that they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One said, "I completed medication training which was good and makes me feel confident to help people to take their prescribed medicines."

Records confirmed that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. We saw medication administration records (MAR) were completed accurately after each person had received their medicine.

Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

People were protected by the prevention and control of infection. Staff received training in relation to Infection Control and food hygiene. There was guidance and policies that were accessible to staff about Infection Control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents; however, the registered manager told us there had not been any accidents or incidents so far. They also told us that any issues would be communicated with the staff team to ensure lessons were learnt and improvements made.

# Is the service effective?

## Our findings

People's needs were assessed before they started to receive care so that staff could fully meet their needs. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. The registered manager told us it was their role to complete the initial assessment for people before a care package was offered. They added that they always tried to involve family members if appropriate. Following the initial assessment, if there were areas that required the advice or input of specific healthcare professionals the registered manager would make a referral to the relevant agency. This ensured that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice.

Staff had a good knowledge and understanding of the needs of the people they were supporting. One person said, "I like the staff, they are very good." People and their relatives expressed their confidence in the staff. One person told us, "The girls know what to do for me and they do it well." A relative commented, "The staff are very professional and know what they are doing. They are very confident when looking after [relative]."

Staff received training and supervision to enable them to confidently and competently support people with a wide range of needs. Staff had an induction when they first started working at the service. One staff member said, "Right from the start we get good support. The training is really good." Training records confirmed staff had received on-going training that was appropriate to their roles and the people they were supporting

People were supported to maintain a healthy and balanced diet if this was an assessed part of their care package. One person told us, "The girls help me with my meals and always make sure I get something I like." Staff understood their responsibilities to report someone who may be at risk of not eating or drinking enough. One staff member told us, "I would report any concerns I had to one of the managers. I know they would take action." Within the care plans, we saw there was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people, and had good communication with the local authority professionals including social workers, reviewing officers and other healthcare professionals. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information. Staff supported people to go to see their doctor or attend other health appointments if this support was required. One person told us, "If I'm poorly they are quick to get the doctor." A relative commented, "If I'm not around the girls will contact me if they think [relative] is not well and needs a doctor or the district nurse. The communication is very good."

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered manager had a good understanding of the principles of the MCA and when to make an application. The staff team explained they always sought people's consent before providing any care or support and people agreed with what staff told us. A member of staff confirmed this and said, "Before we do anything we always ask for a person's permission. If they want to refuse help we will respect that too."

## Is the service caring?

### Our findings

Without exception all of the people we spoke with were extremely complimentary about the staff and were impressed by the levels of care they received. People who used the service and their relatives all felt the care they received was exceptional and people were enabled to have a good quality life.

Feedback about the care included, "The carers are brilliant. The best. They are all so kind and caring." and "They are all so special. I call them my angels." Another comment from a relative was, "They go over and above from the second they step into [relatives] home until they leave."

People were involved in decisions made about their care and their care plans, which meant the care and support they received met their expectations. One person told us they were supported by a small team of staff, who they had developed positive relationships with. They said, "I am more than happy with [staff]. They are all lovely and always willing to help. I can't ask for more."

Comments received from people and their relatives in the latest satisfaction survey were overwhelmingly positive. One read, 'Thank you for your care with [relative]. It is very much appreciated. You girls do a great job and there is a world of difference between attending and caring. It doesn't go unnoticed.'

The continuous training and development staff received had embedded a culture within the staff team that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported. One staff member told us, "It's all about supporting people to live the rest of their life to the full." Staff clearly all shared this ethos and people using the service agreed. Staff demonstrated their awareness of people's likes, dislikes and the care needs of the people who used the service.

We saw examples where staff went over and above their expected roles. For example, at Christmas last year all people using the service were invited out for a Christmas dinner. One member of staff chose to take on the challenge and in their own time, went around to a few different venues to choose the best one. They took into account having disabled access for the wheelchairs, disabled toilets, spacious seating area and a varied menu that wasn't too expensive. One member of staff organised the venue, one arranged to have fun staff lanyards made, another arranged the food and another member of staff arranged the crackers. All employees choose to attend which was outside of their working hours and most carers even arranged to collect and return people to their homes. We saw photographs of the event and it was clear that everyone had a good time. The registered manager informed us that because they received such positive feedback they had arranged to do a summer event.

There were numerous examples where staff went beyond their roles and we saw this happened on a regular basis. For example, staff often collected items for people from the shop when passing, they regularly collected people's prescriptions and if a person was on their own for Christmas management and staff would take them a Christmas dinner. Staff helped people wrap Christmas presents and write cards and staff would often return to a person's house to hang out washing later in the day. In addition, the management

and staff sourced dentists and opticians that could visit people in their own homes and for one person they had applied and received free veteran tickets for an air show who they took for the day. This demonstrated a caring and compassionate approach to people using the service.

People's choices and preferences were recorded in their care plans and staff were introduced to the people they would support. One person decided they wanted to do some cooking and the staff member bought the ingredients so they could make pancakes together. Another person had a leak in their kitchen. The staff member who was attending their care call offered to go and order a tap and collect it for them while the plumber was there. They returned 30 minutes later with the tap and the plumber was able to replace and solve the leak.

The service had a very strong, visible and person-centred culture. This was reflected in discussions with the management, staff, people who used the service and their family members. Care plans contained a detailed account of people's life experiences, preferences and desires, to help ensure they received person centred care. They also described how people communicated their needs. In people's care plans we saw recorded, 'Make sure you have time for a chat with [name of person]'. Daily communication records demonstrated a very kind and sensitive approach from the staff in the care delivery and support. The manager explained how the service prided itself on the provision of inclusive care and that the care provision was dependent on relationships built on trust, choice and control and absolute respect.

Staff had taken the time to listen to people and their relatives and form a detailed account of their life experiences, preferences and desires, to help ensure people received person centred care. One person missed their dog so staff would regularly take their dog round to visit them which we were informed they loved. People were fully involved in making decisions about their own care. Regular formal reviews encouraged people to express views about their care and be fully involved in how their support was delivered.

Staff we spoke with were caring and passionate about the people they cared for. The registered manager informed us that as a service they bought Christmas presents for everyone. Staff told us that working with the same people helped them to build up relationships and get to know people as individuals and not someone who was just part of the service. One staff member told us, "We are all like a big family. We all care about each other."

Staff told us that they had been able to shadow experienced staff when they first commenced at the service so they could get to know people well and to see if they were a good match to work with them. One staff member told us, "We are small team They try to match us with people who have the same interests and who are suited to each other. Being able to work with the same people means you really get to know them and can support them with their needs."

The management of the service spoke passionately about the people they cared for and were prepared to do all they could to make sure people were happy and well supported. For example, if people using the service went into hospital the management and staff would visit them. One of the staff members went up to Sheffield hospital with a family member on one of her days off.

People were treated with dignity and respect. Without exception people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person told us, "The staff listen to me and respect what I say and I am listened to." A relative commented, "They [meaning staff] treat both me and [name of relative] with respect. They make sure that [name of relative] is at the centre of their care."

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up during personal care support and providing personal support in private. One member of staff described how they gave people time to complete their personal care themselves where possible, for example they waited outside the toilet or bathroom until the person asked for their support.

Advocacy service details were included in the information pack people received with their contract of care. An advocate is a trained professional who supports, enables and empowers people to speak up.

People had signed to confirm they agreed to the package of care and support to be provided. This included information as to how data held about people was stored and used. The provider had a policy in relation to the data protection act which was followed by staff. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work. This assured people that their information was held in accordance with the data protection act.

## Is the service responsive?

### Our findings

People received personalised care that met their needs. People and their relatives told us they were very happy with the care they or their family members received. One relative said, "My [relative] gets such good care they have been well for quite a long time now without having to go into hospital." Another commented, "It's the best care company we have had. We struck lucky and I can't speak highly enough of it."

Records confirmed that a thorough assessment of people's needs was completed before a care package was agreed. These had been completed with people or their relatives if necessary. The assessment gathered information about the person's care and support needs and provided a 'whole picture' of the person including any care needs due to the person's diversity. Assessment information was used effectively to develop a plan of care that provided detailed information to guide staff and ensured consistent delivery of care.

Care plans reflected people's physical, emotional and social needs, including those characteristics protected under the Equality Act. Staff told us care plans were valuable guides to what care and support people needed and therefore needed to be kept up to date so they remained reflective of people's current needs. One member of staff commented, "I always check the care plan to make sure nothing has changed." Staff maintained daily records about people's care, including how they were in mood. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day. People's care plans were very personalised and tailored to their individual needs. Staff told us how they tried to encourage people to resume their normal activities where possible as this tended to help them to regain as much of their independence more quickly.

Care plans were individual to each person and recorded how to support them to maintain their independence in areas that they were able to, including choosing their own clothes, what they wanted to eat and how they spent their time. For example one said, 'Be patient, [the person] does not like to be rushed. Take time to listen to them.'

People talked to us about how staff included them in all decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives echoed these sentiments and praised how well staff cared for their family member. One relative told us, "The girls never rush [relative], they take time to get it right and never leave unless [relative] is happy."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People who shared their views told us they would be confident to raise complaints. One person said, "I don't have any complaints but I know I could complain if I needed to." A relative said, "Initially we did complain

about the lack of communication when staff were late and this was addressed quickly. I know [registered manager] takes concerns seriously."

The information pack given to each person who used the service included 'how to make a complaint'. The complaint policy and procedure was clear and detailed the timescales involved and included contact details for external organisations such as the local authority and Local Government Ombudsman (LGO). Records showed the service had received no complaints since the last inspection.

At the time of our inspection there was no one receiving end of life care. The registered manager said they wanted to ensure when they did support someone at the end of their life they wanted to get it right. Therefore, all staff were due to attend end of life training the week following our visit.

## Is the service well-led?

### Our findings

The service was managed by two managing directors. One was the registered manager and one was the commercial manager and the nominated individual. People were positive about the management team and were very satisfied with the service they received. One person said, "We have been blessed to find such kind and caring people." A relative told us, "My [relative] is very happy with the care they get so we are happy and can relax and have peace of mind. No amount of money can buy you that."

The management team promoted a positive and open culture within the service and clear leadership. They also provided care to people and worked alongside staff which enabled them to closely monitor the quality of care being provided and gather feedback from people. A staff member told us that the management team also carried out unannounced spot checks on staff and shared people's views about staff performance. One staff member said, "You never know when they will turn up. It keeps you on your toes."

Staff told us the management team were approachable and supportive. Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues and said they had a voice and were listened to. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place. Staff knew about the provider's 'whistle blowing policy', this policy supported staff to raise concerns should they need to.

People's views about the quality of care were sought formally through surveys and individually through reviews. The latest survey results were positive about the quality of care people received. Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits, which highlighted areas where the service was performing well and areas which required further improvements. This supported the provider's commitment to quality assurance and development of the service and indicated the service continued to be well led.

The registered manager liaised with health and social care professionals and attended training and social care events. This helped them to ensure their knowledge was up to date with legislation, best practice, developments in the health and social care sector.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.