

Elite Privilege Care Limited

Elite Privilege Care

Inspection report

Bretton Street Enterprise Centre
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection of Elite Privilege Care took place on 4 December 2017 followed by telephone calls to people using the service on 7 December 2017. This was the first inspection of this service as it was registered in September 2016.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It is registered to provide support to adults, some of whom may have a learning or physical disability, or be living with a diagnosis of dementia. On the day we inspected 24 people were using the service.

There was a registered manager in post and we met them during our inspection. 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 and relatives told us they felt safe and staff had good awareness of how to report any concerns. Improvements were made after any concerns were raised. Risks were well managed as the service had detailed, person-specific risk assessments and risk management plans in place.

All staff had been appropriately checked and people told us they received visits from the same care staff showing a consistency of provision.

There were no concerns around medication administration or infection control practices.

The registered manager demonstrated a good understanding of current guidance and best practice, and actively encouraged more experienced staff to undertake a mentoring role.

Staff received supervision and training and the registered manager agreed to ensure this was recorded more clearly along with spot and competency checks to ensure all staff were renewing their training when necessary.

People were supported with appropriate food and drink, and had access to health and social care support as needed. Elite Privilege Care worked with a number of other domiciliary care agencies providing complex care packages and these worked well.

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

All care staff were spoken of very highly by people using the service and their relatives. Staff were described

as very caring, kind and considerate. A number of people said they went over and above their remit to ensure people were left safe and happy. Staff also considered the needs of the informal carer alongside the person using the service.

People were encouraged to be involved in reviews of their care and documentation evidenced this.

Staff sought to promote people's privacy and dignity at every opportunity and showed a sound awareness of different cultural and spiritual needs.

Care records were person-centred with good pen portraits of people. Daily records showed the care staff were responsive to people's needs and would accommodate these wherever possible.

The service had not received any official complaints but did treat concerns well, with appropriate investigation and learning shown, to reduce the likelihood of repeat instances.

There was a clear and shared vision for the service which was embedded in practice delivery. The registered manager and other managers were always available.

Quality assurance processes needed further embedding in the service but the structure was in place. Audits showed the quality of care was being considered along with the actual practice.

The registered manager was constantly seeking to ensure the service offered the best possible outcomes for people through regular information and knowledge sharing, and ensuring staff had access to any training as needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported with consistent care staff who knew how to respond appropriately to any concerns.

Risks were well managed with person-specific management plans in place.

Medication was administered safely and infection control practice correctly followed.

Is the service effective?

Good ●

The service was effective.

The registered manager understood best practice and staff had access to regular supervision and training to support this.

People were supported with all their nutritional, hydration and health needs in line with their requirements and preferences.

The registered manager understood the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People spoke highly of care staff saying they often went above and beyond ensuring all their needs were met.

Regular reviews of care needs took place.

People's privacy and dignity was promoted in every interaction.

Is the service responsive?

Good ●

The service was responsive.

Care records were person-centred and evaluated to ensure care delivery was in line with expectation.

The service had not received any complaints but concerns were logged and dealt with swiftly and effectively.

Is the service well-led?

The service was well led.

The registered manager and care staff shared an embedded vision to provide the best care for people, always seeking to improve where needed and happy to reflect on their own performance.

Quality assurance measures assessed both quality and quantity of care provision.

There was evidence of positive partnership working and engagement with all people involved in providing support.

Good ●

Elite Privilege Care

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 4 and 7 December 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure someone would be in. The inspection team consisted of one adult social care inspector.

Before the inspection we requested a Provider Information Return (PIR) which was returned to us. 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 checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with one person using the service and three relatives. In addition, we spoke with six staff including three care workers, the operations manager, the registered manager and the provider.

We looked at three care records including risk assessments, three staff records including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

One person we spoke with told us, "I feel safe as they are usually the same people who visit. It's rare I have new people." One relative said, "Yes, I feel my relation is really safe. The care is shared between two staff mostly. My relation knows them all by name." Another relative confirmed their care staff were consistent as far as possible.

Staff displayed a sound understanding of what may constitute a safeguarding concern. One care worker explained, "It could be a person neglecting themselves or having no money which we realise as there's no food in the house." We saw evidence of appropriate referrals to the local authority where concerns were identified and action taken to remedy the situation. The service showed it was keen to improve practice and altered its method of training staff as a result of one concern.

Staff showed a good understanding of risk. One care worker said, "We assess people's individual capabilities and make sure there are risk assessments in place. This could include things around the home such as cables or if the person is unwell leaving them at higher risk of falls. We always check equipment before each and every use." Another worker spoke with us about joint working with the local authority to ensure appropriate equipment was in place and suitable for the person. The service had a system for recording and analysing accidents but none had occurred since it was registered.

Risk assessments were detailed and person-specific. If specific equipment was used, such as a hoist or nebuliser, photographic and diagrammatic instructions were provided for staff to follow. Moving and handling risk assessments contained person-specific methodology as did falls reduction strategies. The service also had all manufacturer instructions and breakdown arrangements in place so staff could resolve any issues swiftly, complete with telephone numbers and servicing details. Elite Privilege Care conducted a full home risk assessment prior to any care provision which identified any risk and put measures in place to reduce the likelihood of harm.

We looked at staff recruitment records and found appropriate checks had taken place. References were obtained and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. Staff had completed a general values statement prior to interview to ascertain their motivation for working in care which indicated the service was keen to ensure people were only recruited based on their own value system.

We asked people if calls were made on time and if they had had any missed calls. One person told us, "Yes, they're within five minutes of the call time each time." One relative said, "We had one missed call some time ago but the reasons were explored and it's never happened again." Another person's relative stated, "We've had no missed calls. If the care staff are supposed to be there, they will be there." Staff we spoke with did not indicate any issues with rotas and one told us, "I have plenty of time to support people with what they need." Another one said how they usually had the same people to visit thus ensuring positive relationships were built. The registered manager explained they were due to implement an electronic system in the new

year which would ensure rotas could be shared quickly and easily. These would include electronic signing in and out times for each visit, and enable the service to monitor late or missed calls more robustly.

No one we spoke with identified any issues with medication. The medication policy detailed all relevant requirements including the information required to support someone safely with their medication. One care worker told us, "The office issue a medication sheet every month with a person's medication on it. We always initial and sign it once the medication is given." Staff were also aware of how to report any medication errors or concerns. One care worker stressed it was so important to check it was the right person's medication when they lived with other people showing a good awareness of necessary checks. Staff did receive competency checks but these were not planned in a consistent manner. The registered manager agreed to plan these better in the future. Medication audits checked all details were recorded accurately and were completed correctly.

People told us care staff followed all necessary infection control practices such as wearing gloves and protective aprons.

Is the service effective?

Our findings

One relative told us, "I feel all staff are competent as I've met them all." Another relative said, "Staff are competent and they care. We know very early on if we think they will work well as part of the team. If not, the managers will respond appropriately and move people around."

Staff received an induction in addition to completing the Care Certificate. This included discussion around the rights of people using the service, relevant policies and procedures and the importance of attending supervision. We saw completed induction records which showed all key elements of care support had been covered.

Supervision sessions were held with each worker every three months and staff also had an annual appraisal. Records were signed by employee and manager and allowed the care worker to reflect on their role, what they were doing well and if they needed any further training or support. Some records also reflected where staff had been assigned mentoring roles showing the organisation was keen to use its own talents. One care worker we spoke with said, "I love to support new workers and see them develop. It builds their confidence and mine. I am encouraged to do this." Comments on the supervision records from the registered manager were complimentary and included feedback from people using the service and external health and social care professionals. The registered manager also said the service was happy to fund staff who wished to progress their careers in health and social care through more formal qualifications as they had been the recipient of this themselves.

Each care worker also completed specific training including person-centred care, handling information, communication, dementia, safeguarding, health and safety, moving and handling, medication and infection control. Where this needed annual updates we found relevant documentation to verify this. The service had its own moving and handling equipment facilities from which to provide training. Care workers also told us if people had particular health conditions they also received training around this to ensure they understood how this might impact the person.

Staff were aware and confident to report any health or social care concerns. One care worker spoke with us about a person's living environment and how concerns were shared with the local authority who took action. Another care worker told us how a person's pressure care had been an issue due to the person's own preferences but working alongside other health professionals had resolved the concerns to avoid any likelihood of pressure damage.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Consent to care and other records were signed by people where they had the capacity to do so. The registered manager advised no one using the service currently lacked the capacity to make their own care decisions.

If people had specific dietary requirements due to their culture or health needs, these were detailed in their records and appropriate risk management plans in place such as managing thickener for fluids. The registered manager was very aware of the need to reflect people's preferences including how they liked their coffee.

Is the service caring?

Our findings

One person said, "I am supported to stay as independent as much as possible." A relative told us, "Yes, my relation is absolutely encouraged to be independent. Care staff only help with what's actually needed." They continued, "Staff are very good. They are friendly, ask if anything else is needed before leaving, sometimes going above and beyond." Another relative also said, "Care staff do go the extra mile. One brought some bread the other day as we'd run out but this is not part of their role. The staff care for my relation as if they were their own."

Staff were able to discuss the different people they supported in depth. One care worker was very aware of people's specific cultural and spiritual needs, telling us how they supported them to attend a local church when they wished to do so. They also spoke about another person who was supported with their prayers at home. Another care worker explained how they had built up a relationship with one person who had limited verbal communication skills due to a learning disability but by working with them regularly got to understand their signs and communication symbols. They also stressed the importance of building up people's trust especially when providing intimate care and said they worked at the person's own pace. A further care worker told us about one person whose sexual orientation was different to their own but they said this was discussed openly and no issues arose.

One care worker told us about the importance of ensuring people's privacy and dignity was respected. They discussed a recent event regarding the location of equipment in a person's home and how by moving this away from their window it had reduced the risk of being seen.

The registered manager told us of many examples where care staff had assisted people with tasks over and above their remit. These included arranging home visits from an optician, organising a bus pass for one person and supporting another to access a gym. They told us, "I start from the perspective of, if I was in their position, what would I expect?"

Is the service responsive?

Our findings

One person said, "I feel supported to do what I want to do." One relative said they felt they and their relation were fully involved in the care planning process and any reviews. They told us, "Staff leave notes about everything they have done and my relation reads these to ensure they are accurate. We can contribute to these." Another relative told us, "My relation is totally dependent and relies on specific equipment. However, care staff know how to use this and will change this on my relation's request. If they want something, they do it."

A couple of relatives we spoke with had relations who received shared packages of care with other agencies due to their complex needs. Both felt these were managed well and there were relevant care plans in place to support the care staff.

Care records were comprehensive detailing all relevant contact information including key care agency staff and other related health professionals. Records outlined people's usual daily routines where applicable due to their complex needs and provided staff with a basic overview of a person's key needs. Any allergies or other crucial information was evident to ensure staff knew at the outset of areas to cover. Guidance for staff was step by step for each task required, especially when dealing with more specialist equipment. The impact of people's conditions was also noted with information about these conditions to staff could understand a person better.

Where people's needs changed significantly we saw the service arranged meetings for the whole care team to ensure they had the latest advice and recommendations to follow, such as from the Speech and Language Therapy team. All care staff were given copies of the guidance and their understanding was checked to ensure they delivered care in line with it. One care worker told us, "All the information we need is in the care file. I know I need to look at it each visit. It has all the medication and emergency contacts as well." Care staff also told us how important it was to complete people's daily notes so it was evident what support had been provided including positional changes. These records included the person's daily routine, food and fluid intake and medication support. Care documentation was reviewed regularly and updated as necessary.

One care worker told us how one person's needs kept changing and they tried to ensure these were met as far as possible. This included trips into the local community. They told us people were allocated blocks of time and these were adjusted according to what the person wanted to do.

One relative told us, "There were a few minor issues when we started but these were all dealt with very professionally. I've nothing to complain about now." A different relative explained to us about how specific care support needs had not always been met but upon raising the concerns with the management at Elite Privilege the issues were discussed in depth. The service apologised to the family and evidenced what they had done to minimise the likelihood of repeat incidents. We saw evidence of regular reviews to ensure care delivery was in line with the recommendations.

People had individual concerns logs in their files which showed if there had been any issues. This was followed up with an investigation outlining what had been addressed and action taken to remedy the situation.

Staff told us compliments were shared with them. One care worker told us, "I have received lots of positive feedback from family and service users. If people are really happy they let the office know and they share this with us. One person once told them I needed a pay rise!" We saw two written compliments which included, "Many thanks for the excellent care you gave me. You anticipated all my needs and worked quickly and efficiently at all times. Your services are to be highly recommended" and "We would just like to say a very big thank you for all the love and care you have given."

Is the service well-led?

Our findings

We saw in one care staff's supervision record a comment made by a person using the service, "[Name] has made a positive impact on my quality of life. I enjoy being at home as it is now so clean."

We asked people and their relatives if any improvements could be made. "Apart from winning the lottery, nothing could be better!" one person told us. One relative did request earlier receipt of rotas due to the complexity of the care package. However they stressed they had never been left without support and staff were consistent. The relative also added, "Care staff are absolute angels. They will stay and complete the tasks, check nothing further can be done and then leave. If it needs doing, it will be done. They are by far the best agency we've ever had."

We asked staff how they felt working for Elite Privilege Care. We saw in one record "I really enjoy working as a carer. I've gained many new skills and had the opportunity to work with wonderful service users and staff." One care worker told us, "It's a brilliant company and service. I feel really supported. I feel we provide a good service and people get good care." Another care worker said they felt the service had a shared vision for "providing the best possible care. We do that by ensuring on leaving a person, everything is done and records are 100% accurate. I always make sure I leave with a smile on my face as this is what the person remembers." The registered manager echoed this by stating, "I want people to have the best experience with good quality carers."

We found staff meetings were sporadic but were detailed and considered issues in depth such as how to complete records properly and ensured staff understood the purpose of such documentation. We saw evidence of meetings about particular people using the service, especially where their needs were more complex. These involved the person, and their relative where appropriate, and ensured all aspects of care delivery were discussed which were then reflected on revised detailed care plans. The registered manager agreed to plan more regular service-wide meetings.

Staff said there was always someone available to speak to if needed. One care worker said, "I visit the office regularly and there is always someone around. The manager always offers support. If I leave a message I will always get a response." Care staff said there was always someone available outside of office hours as well. Other staff explained how the management team would ensure staff got to calls even if their car broke down by picking them up and taking them as they said everyone was in agreement, the person receiving the service was paramount. The registered manager said they had recently provided an anonymous suggestions box for staff to add any comments they may not feel able to directly and all these would be seriously considered. They were constantly seeking to improve and regularly liaised with other agencies to ensure they were working together as well as possible.

We asked staff what they thought was done well at Elite Privilege Care. One care worker told us, "We get the right care worker with the right person which makes the relationship very good. We also ensure we look after the informal carer as much as the person as they are so important." They also said, "I feel very comfortable working here and am able to raise any issues. We always remember people's birthdays as well and the office

ensures people get a telephone call."

The registered manager was asked about the achievements and told us, "Staff support and ensuring a good service are key. We have regular contact with people and tackle any issues straightaway. I also have good office staff."

The registered manager and care staff advised us staff were reviewed in spot checks in people's homes to ensure they were carrying out care as required. One care worker told us they had had a spot check two weeks previously and we saw evidence of this. Spot checks were recorded and the information stored in the care files making it difficult to determine the frequency. The registered manager agreed to add to the supervision matrix to ensure there was a clearer oversight. This was an opportunity to receive feedback on their performance and to attend additional training if they felt this was needed. Staff responded positively to this scrutiny as it was done with positive intent.

Elite Privilege Care had been awarded ISO9001 as a benchmark for ensuring consistent quality delivery but had not yet fully implemented all elements of this. Their quality assurance process included monthly audits of daily records including all medication and food logs. Records were checked to ensure care works had arrived on time and stayed the required length of the call, had provided care in line with the care plan and attended every call.

The registered manager displayed a good understanding of current best practice and guidance for care staff, telling us about various initiatives they had recently undertaken and implemented. They had linked into a forum for registered managers which provided them with support and guidance when legislative or other procedural changes were made. They ensured all staff had access to current information including the use of guides from recognised social care networks