

Elite Assistance 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Elite Assistance Limited is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit the agency supported 43 people with personal care and employed 33 care workers.

We visited the offices of Elite Assistance Limited on 3 December 2015. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has 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 using the service and care workers understood how to protect people from abuse. There were processes to minimise risks associated with people's care. These included assessing individual risks such as medicine management to make sure people's needs were safely met. People told us care workers supported them to take their medicines when needed. Care plans and risk assessments contained relevant information for care workers to help them provide the personalised care people required. People we spoke with told us about decisions they had made regarding their care which demonstrated their involvement in planning and agreeing their care support arrangements.

Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service. People had a consistent group of care workers to support them who usually arrived on time. People told us care workers always stayed the agreed length of time and did not rush their care and they felt their needs were met.

All staff completed regular training to make sure they had the skills and knowledge to meet people's needs safely and effectively. Where appropriate, people were supported by care workers to access health and social care professionals to address their healthcare needs.

People's nutritional needs were being met by the service where appropriate. People who were reliant on care workers to assist with meal preparation said they were offered a choice of meals and drinks whenever this was possible.

The registered manager and care workers understood the principles of the Mental Capacity Act (MCA) and how to put these into practice. Care workers told us they gained people's consent before giving care and people told us care workers respected their right to make their own decisions about their care.

People felt the care workers were caring and respectful towards them. People told us care workers maintained their privacy and dignity and supported them to maintain some of their independence when

providing personal care.

Most of the people we spoke with were not clear on the formal process to raise a complaint. However people told us they were satisfied with the service they received and if they had any concerns they would make contact with the 'office'. People told us concerns they had raised had been listened to and acted upon.

The provider ensured people were the main focus of the service and central to the processes of care planning, assessment and the delivery of care. The management team were knowledgeable about people and their care needs and were open to people's views. There were quality checks undertaken by the provider to ensure people received care and support in accordance with their needs and preferences.

People were asked for their opinions of the service through telephone calls, care plan reviews and quality monitoring surveys. Surveys returned showed mainly positive responses from people which demonstrated their satisfaction with the service.

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.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care workers understood the risks relating to people's care. People received their medicines as prescribed. There were enough care workers to provide the care and support people required and recruitment checks made sure care workers were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The registered manager understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People received care and support from a consistent group of care workers who understood their individual needs. People were supported by care workers who they considered to be caring and respectful. Care workers ensured people's privacy, dignity and independence was maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people's preferences and choices in regards to their support were taken into consideration when planning their care. Care workers understood people's individual needs and people told us their needs were being met. People felt concerns they had raised had been effectively acted upon.

Is the service well-led?

The service was well led.

People were satisfied with the service and said they were able to contact the office and speak to management if they needed to. Quality checks undertaken by the provider ensured people received care and support in accordance with their needs and wishes. Care workers told us they felt supported and enjoyed working for the service. The provider regularly checked that care workers worked in accordance with policies and procedures to keep people safe.

Good ●

Elite Assistance 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.

We reviewed information received about the service, for example, the statutory notifications the service had sent us. A statutory notification is information about important events, such as an accident that occurred in a person's home. The provider is required to send these to us by law. We also spoke with the local authority to check if they had any concerns about the service. They had found some people had not received visits within the timeframes that had been agreed.

The office visit took place on 3 December 2015 and was announced. The provider was given 48 hours' notice that we would be coming. This was so they could make sure they and care workers would be available to speak with us. The inspection was conducted by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the office visit we contacted people who used the service by telephone and spoke with 14 people. During our visit we spoke with five care workers and the registered manager, who is also the provider. We also spoke with a care manager.

We reviewed six people's care plans to see how their care was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including quality monitoring checks, satisfaction surveys, records of complaints, home visit logs, training schedules and medicine records.

Is the service safe?

Our findings

People who used the service said they felt safe with their care workers and knew what to do if they did not feel safe. Most said they would contact the 'office' where the registered manager was based or speak to a family member. They told us, "Quite safe. I would ring the office I suppose, I have their number." "Oh absolutely safe, they are lovely." "Yes (safe). Speak to their boss, I have the name." "I do feel safe, yes. I would ring Elite if I didn't feel safe, the numbers in the book."

Care workers we spoke with had a good understanding of abuse and how to keep people safe. We gave care workers scenarios of abuse and asked what they would do. For example, unexplained bruising on people, financial mismanagement and people experiencing poor staff attitudes. Care workers understood their responsibilities to report this to the managers and knew what constituted abusive behaviour. One care worker told us, "If I have any concerns I would document it and report it to [office manager]. She would look into it and refer it to social services."

The registered manager was aware of her responsibilities to report any safeguarding concerns to the local authority and us. They explained about a concern that had been identified and appropriately referred to the local authority. They also told us how they presented care workers with safeguarding scenarios and asked them what they would do in certain situations. This was to make sure they fully understood their responsibilities around reporting concerns and safeguarding people.

There was a procedure for recording any accidents and incidents that occurred whilst care workers were supporting people in their own homes. The registered manager told us when these occurred, any risks were assessed and care plans updated to show how care workers should manage these to keep people safe.

There was a procedure to identify and manage risks associated with people's care, such as risks in the home or risks to the person. Care workers knew about the risks associated with people's care and how these were to be managed. For example, care workers used moving and handling equipment to support people who needed assistance to get out of bed. They checked people's skin where they had been assessed as at risk of developing skin damage. We asked care workers about monitoring people's skin to make sure it remained intact. One care worker told us, "I check people's skin for any changes in colour. Any concerns I would record it and report it to the office, I would also let the family know. The office would phone the district nurse."

We found that information in care plans about managing risk was not always sufficiently detailed to ensure risks were managed consistently by care workers. For example, one person declined to let care workers support them using a hoist. There were instructions for two care workers to assist the person with transfers but the information was not sufficiently clear how this should be done. The registered manager agreed to review care plan information to ensure this was clear.

People told us there were enough care workers to meet their needs. Seven people told us the care workers were on time and seven said that times varied. However, some people said if care workers were going to be late they telephoned to let them know. There were no issues of concern raised about the length of time care

workers stayed to deliver care. Comments included, "One carer comes. They are usually on time, might be a little early sometimes." "Two carers come always together. They are always on time, they stay the full time." "I have one carer. It varies when they arrive, they are half an hour late all the time but they stay the full time."

The registered manager confirmed there were enough care workers to allocate all the care visits people required. There was an out of hour's system when the office was closed. One care worker told us, "I will phone if I need help or advice, there is always someone on call." Care workers told us this reassured them that someone was always available if they needed support.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who used the service. Care workers could not start working in people's homes until their disclosure and barring certificates had been returned and references received. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Records confirmed care workers had a DBS check, and references completed before they started work.

People told us where they needed support with their medicines this was provided by care workers. They felt their medicines were appropriately managed. They told us, "I take my medicines myself before they come. They always check I've taken it." "They give me my medicine; they make sure I take it." "They give me my tablets; they stay by me because I get a bit light headed."

Care workers we spoke with knew how to give people their prescribed medicines safely and said they recorded any medicines they gave on a medication administration record (MAR). Care workers said they had completed training to give medicines safely and had been assessed as competent before they could give people medication.

The registered manager stated that care workers were encouraged to report any errors they had made so that they could look at what went wrong and ensure any health professional advice could be sought if necessary. This ensured risks associated with medicine management were safely managed.

Is the service effective?

Our findings

Most of the people we spoke with told us the care workers who supported them had the correct training and knowledge to meet their needs. Comments included, "They are very polite, they have been with me a long time, they don't need to ask, they know what to do." "They come over as being very skilled." "Most of them are well trained; it's the odd one that isn't."

Care workers told us they had regular training to help them gain the skills required to support people effectively. New care workers told us they completed an induction to the service as well as induction training. We saw the training schedule which showed new care workers completed key areas of training to help them eventually gain the Care Certificate. The Care Certificate sets the standard for the skills and knowledge expected from staff within a care environment. Training completed included, food and nutrition, first aid, dementia awareness and person centred care. New care workers worked alongside more experienced staff so they got to know about people's needs and felt confident in their role before they supported people independently.

Care workers had regular supervision meetings with their manager and annual appraisals where they had opportunities to talk about their ongoing development and training needs. Two care workers we spoke with said they had recently completed refresher training in safeguarding, medicine management and 'moving and handling' people. They told us, "We have regular refresher training to keep our skills up to date. The senior carers carry out spot checks to make sure we have understood the training and know what we are doing." Care workers told us the managers supported them with further training. Four of the five care workers spoken with had attained a National Vocational Qualification (NVQ) level 2 or 3 in care. One care worker said, "We get all the training we need, it's really good."

Care workers had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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.

Care workers told us they had completed training in the MCA and gained consent from people they provided support to. All the care workers we spoke with said people they visited were able to make their own decisions or had someone to support them to do this. Care workers told us the MCA meant, "Allowing people to make their own decisions and giving people choice." Another said, "All the people I visit have capacity to make decisions, I always get their consent by telling them what I have come to do and asking if it's okay with them."

Eight people we spoke with told us the care workers asked them for their consent before they provided support to them to confirm their agreement. Two people said they didn't and four said they didn't need to. People said the care workers would ask them, "Are you ok for me to shower you?" "Have you had your

breakfast, do you mind if I do that?" One person told us, "We have such an understanding, it's like father and daughter, she knows exactly what to do, doesn't need to ask."

People's nutritional needs were met by the service where appropriate. People who were reliant on care workers to assist with meal preparation said they were offered a choice of meals and drinks whenever this was possible. People told us, "If I haven't had my breakfast they always offer. They say do what you want, cereal, toast. I can get my own drinks now." "They come and make my breakfast and lunch. They always ask me what I want; they are very good at it. I do it myself (drinks) and they do it as well. They make me a drink and always leave one for me."

Care workers confirmed they prepared meals and drinks for people. They stated no one they visited had any specific needs in regard to eating and drinking and there were no people they visited who were dependent on them for all of their food and drink.

The registered manager told us that if care workers noted any concerns with people eating and drinking these concerns were followed up by reporting them to a health professional such as a doctor or dietician. They told us, "We have had people on thickener because they had difficulty with drinking. They (people) could be on special diets, soft diets." They went on to tell us that when concerns had been identified, care workers would record what meals had been prepared for people and how much they had eaten. This was to assist health professionals in ensuring person's nutritional needs were met. The registered manager said there was no one who needed food charts to be completed at the time of our inspection.

Most people told us if they had concerns about their health, they made their own arrangements to see a doctor or health professional. Sometimes family members arranged appointments on their behalf. Where people needed support from care workers, they told us this was provided to ensure their healthcare needs were met. Comments included, "I arrange my doctor and all my health needs." "My carer arranged the doctor to come about my swollen legs. I arrange the health checks myself." "If I am not well the carers do it (call the doctor). I arrange my chiropodists."

Care plans detailed information about health professionals involved in people's care. Daily records completed by care workers detailed the care and support they had carried out during each of their visits to confirm people's care needs were being met.

Is the service caring?

Our findings

All of the 14 people we spoke with felt the care workers were caring and respectful towards them. Comments included, "They are lovely, they are always concerned for you, always help if you need it." "Yes they are caring, the girls are nice, never had any trouble with them." "Oh yes, they are very nice, very caring, respectful."

Most people felt they received care and support from a consistent staff team that they were able to build relationships with. People told us, "Mostly the same staff, I know them all. Twice someone came who I didn't know." "Pretty well the same carer all the time." "Mostly the same carers, very good and very kind. I always know them but I don't know who will come."

Care workers told us they supported the same people regularly and knew people's likes and preferences. Care workers said they were allocated sufficient time to carry out their calls without having to rush and had time to sit and talk with people. We looked at the call schedules for three people who used the service and four care workers. These showed people were allocated regular care workers where possible.

People felt that care workers respected their privacy and dignity when supporting them with their care whilst also supporting their independence. People told us, "They take on board that I'm [age] and have respect for myself. I wash parts of myself at the sink, scared of showers, they don't force me." "They shut my bathroom door to keep me private." "When I go in the shower they make sure I have a towel over me and the same when I come out. They always close the door."

Our discussion with care workers confirmed they knew how to maintain people's privacy and dignity. They gave us examples of how they did this. Care worker's told us, "I treat everyone how I would want to be treated myself." "I treat my clients as if they were my grandparents, it's important to make sure they know we care about them." "I make sure their bottom half or top half is covered while I'm washing them," and, "I make sure curtains or doors are closed before providing care."

People confirmed that care workers respected their independence when supporting them with their care. For example, one person who liked to shower independently told us, "I like to think the girls are here when I have a shower, they wait outside." Other people told us, "I like to do my own personal things. They stay around while I am doing them. I wash and bath myself." "Yes, they support me very well (to be independent). I unload the dishwasher and make a drink."

We asked care workers what 'caring' meant to them, one care worker said, "Being understanding and taking time to listen. Someone who is cheerful and can lift people's spirits." Care workers said they had time to support people to do things for themselves to maintain their skills and independence.

Is the service responsive?

Our findings

People told us their care and support was planned with them or a family member prior to them using the service and they were involved in ongoing decisions about their care. People told us, "Yes, I have a care plan, I think it was discussed with a senior carer recently, there were no changes." "A month ago we discussed my care and mutually agreed it. We reduced the time to three quarters of an hour." People told us care workers knew about their care needs and information about these was kept in a folder in their home for care workers to use. We found people did not necessarily recognise that information kept in a folder in their home was their "care plan" but they knew care workers used information within these folders when providing care.

People told us they usually received their care around the times expected and the service was responsive to requests about their care to ensure their needs were met. One person told us, "They never rush or leave early, do everything they should." Two people did not feel their visit times were in accordance with their preferences. However there was a care plan review process where people could make requests to discuss changes to their care requirements including visit times.

We asked people if care workers knew about their likes, dislikes and preferences related to their care. They told us, "I would think so (know my likes). They know I like doing things myself." "I'm sure they do now. They know I like tea with no sugar and a little milk." "Yes they do. They know how to get me out of bed." Most people told us their preferences about their care were met.

Care workers told us they had regular people who they supported so they knew how people liked their care provided. They had good understanding of people's care and support needs and told us they had time to read care plans to keep up to date with changes. Care workers told us they referred any changes they felt were needed to people's care to the managers. They said plans were reviewed and updated quickly so they continued to have the required information to meet people's needs. One care worker told us, "Everyone has a care plan, but the information in some plans is clearer than others."

We looked at six care plan files. We found information in these files was not always sufficient to inform care workers what tasks they were expected to carry out on each call, or how people liked to receive their care. For example, where people required assistance with washing and dressing the care plan said "Assist with personal care", there was no information about how the person liked this to be carried out or what assistance they needed. We discussed this with the managers who said they would revise the care planning format to ensure this information was included.

Care workers told us they had regular scheduled visit times. They said they had enough time allocated to carry out the care and support people required. We looked at the schedules of visits for the people whose care we reviewed. Visits had been allocated to regular care workers and scheduled in line with people's care plans. We noted that time for care workers to travel between visits was not included in their schedules. Care workers we spoke with said visits were "patched" (arranged for people who lived in the same area). Two care workers said they were able to arrive near to the time arranged as most people they visited lived in close

proximity to each other. However, other care workers who travelled to people who lived in different areas told us not having travel time included on their schedules caused a problem as they could not arrive at people's homes at the time arranged. We spoke with the managers about this who told us they would review schedules to add travel time where needed.

We looked at how complaints were managed by the service. Most people said they had not seen a complaints policy and had no information about how to complain. However, people knew they could contact the 'office' if they needed to. Some people who had contacted the office with a concern told us it had been resolved to their satisfaction. Comments included, "Yes, I would complain, not sure who I would speak to, I've never had cause to complain." "I would speak to the office. I have a number and a name, X. One concern raised, once. I was happy with the result." "I would complain if I had to, speak to the office."

The registered manager told us they closely monitored any complaints to identify any "root causes" so that appropriate action could be taken to prevent them from happening again. For example, there had been concerns raised about staff not covering left over food when in people's homes. The manager had included this information in a newsletter to all staff so that they could make sure this was addressed. Ongoing checks by management ensured this continued to be acted upon.

Is the service well-led?

Our findings

People were complimentary in their comments about the service. They told us, "My care is very good, I've had no problems, they are very professional. I would recommend them." "I can't think of anything to improve. Certainly recommend them."

The provider ensured that people were the main focus of the service and central to the processes of care planning, assessment and the delivery of care. The management team were knowledgeable about people and their care needs and were open to people's views. The registered manager told us, "Underpinning everything is independence, choice and control and they (people) are at the heart of everything we want to do."

We asked care workers about the support they received and about leadership within the service. Care workers told us they felt supported by the managers and said the service was generally well run. Care workers confirmed they had regular staff meetings to help them keep up to date with what was happening in the service and could voice their opinions about issues related to the operation of the service. Care workers had work supervision which included observed practice by managers to make sure they were working to the policies and procedures expected by the provider. Care workers knew about whistleblowing (reporting any wrong doing) and felt confident to voice any concerns they had about the service with the management team.

We asked care workers what the service did well. They all said there was good "team work". They told us they enjoyed their work. Comments included, "I love my job, absolutely love it." "It's a great job, I love it." "I enjoy coming to work as I look forward to seeing my clients."

We asked care workers if there was anything that could be improved. Four of the care workers we spoke with said that communication from the management team could be improved. Care workers said they were not always told when visits were cancelled and sometimes arrived at people's homes to find the visit was not needed. They also said that when they shared their views and opinions during meetings, they were not sure if these were listened to and acted upon as they did not receive feedback. We noted when we looked at the notes of staff meetings; it was not always clear what staff had talked about and what actions had been taken in response to issues raised. The registered manager agreed to review this issue.

We asked people if they had been asked about their views of the care and services they received through meetings, satisfaction surveys or any other means. People could not recall having completed any survey. However, 13 of the 14 people we spoke with felt that the service was well managed. People commented, "I would think so yes (well managed)." "Oh definitely know how to do their job. I think it's managed ok." The registered manager told us a range of quality checks were carried out to drive improvement within the service and make sure people's ongoing needs were met.

Records confirmed people were asked for their opinions of the service through telephone calls, care plan reviews and satisfaction surveys. We looked at a sample of returned surveys from people and saw responses

and comments made were mainly positive about the service. An analysis of the results had not been undertaken to identify if there were any areas requiring action. However, through discussion with the registered manager, it was evident action had been taken to address issues of concern people had raised. For example, one person said they were not happy with a care worker who was supporting them. The registered manager told us they had spoken with the person and had discussed the situation with them. This had resulted in them agreeing to the care worker continuing to support them and confirming they were happy with this decision.

Records were regularly audited to make sure people's care was delivered as outlined in their care plans. Where we had found areas needing improvement in regards to the care plans, the registered manager gave a commitment to review these as soon as possible. This demonstrated the registered manager was committed to the ongoing improvement of the service.