

Elite Carers & Home Support Ltd

# Elite Carers & Home Support Ltd

## 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

This inspection took place on 3 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be in the office. The service provided domiciliary care and support to people living in the Leicester and Leicestershire area. At the time of our inspection there were six 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 2008 and associated Regulations about how the service is run.

People told us they felt safe with the staff team from Elite Carers & Home Support Ltd. They told us they were looked after well and their relatives agreed. The management team and support worker we spoke with knew their responsibilities for keeping people safe and knew the signs to look out for should they become concerned for someone.

The majority of risks associated with people's care and support had been assessed, though the risks associated with dealing with one person's finances had not. This was immediately addressed and showed us that the management team took the risks to people using the service seriously.

An appropriate recruitment process was followed to make sure that only suitable people worked at the service. Once recruited new members of staff had been provided with an induction into the service and relevant training had been completed.

The staff team understood their responsibilities around medicines and understood what they could and could not do when supporting people.

People were provided with care and support from a staff team who knew them well, who arrived on time, stayed the right amount of time and who never missed a visit.

The support worker we spoke with felt supported by the management team and they told us there was always someone available to speak with should they need any help or advice.

A comprehensive assessment had been carried out prior to people's care and support commencing and the people using the service had been involved in the development of their plan of care.

The management team and the support worker we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities around it. People using the service told us that the staff team always obtained their consent before they provided their care and support.

People's wellbeing was supported and maintained. People were supported to access healthcare services when needed and they received on-going healthcare support.

People told us that the staff team were kind and caring. They told us that they were provided with choices when they were being assisted and their care and support was provided in a way they preferred.

People using the service and their relatives knew what to do if they were unhappy with the service they received. They knew who to speak with and were confident that any concerns would be dealt with properly and in a timely manner.

People had the opportunity to be involved in how the service was run. They were asked for their opinions of the service on a regular basis. This was through the use of surveys and visits to people's homes. This was to make sure that they remained happy with the service they received.

The management team monitored the service being provided on an on-going basis to ensure that the care and support that people received, was the best that it could be.

## 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 using the service told us they felt safe with the staff team who supported them.

The majority of risks associated with people's care and support had been assessed.

The staff team understood their responsibilities with regards to people's medicines.

An appropriate recruitment process was in place so that only suitable people worked for the service.

### Is the service effective?

Good ●

The service was effective.

The staff team had the skills and abilities they needed to meet the needs of those they were supporting.

The staff team understood the principles of the Mental Capacity Act 2005 (MCA) and people's consent was obtained before their care and support was provided.

People were supported to maintain good health and were assisted to access relevant healthcare services when needed.

### Is the service caring?

Good ●

The service was caring.

People told us that the staff team were kind and caring and they treated them with dignity and respect.

People were supported and encouraged to make choices about their care and support on a daily basis.

The staff team knew the people they were supporting well and knew their personal preferences in daily living.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been comprehensively assessed before they had started using the service. This was to ensure that their needs could be met.

People had been involved in the development of their plan of care.

People knew what to do and who to go to, if they had a concern of any kind.

### Is the service well-led?

Good ●

The service was well led.

People told us the service was well managed and the management team were open and approachable.

People were visited regularly to ensure that they were happy with the service they received.

People were given the opportunity to provide feedback on the service they received.

# 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 was 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 3 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to assist us with our inspection.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included any notifications we had received. Notifications tell us about important events which the service is required to tell us by law.

We reviewed a range of records about people's care and how the service was managed. This included two people's plans of care and associated documents including risk assessments. We also looked at one staff file including their recruitment and training records and the quality assurance audits that the registered manager completed.

We visited one person who was using the service. This was to check that they had an up to date plan of care in place and to determine whether they were satisfied with the support they were receiving.

During our visit to the provider's office we were able to speak with the registered manager and the nominated individual.

After the inspection visit we telephoned one person who was using the service and one relative. This was to gather their views of the service being provided. The one support worker currently employed was also contacted by telephone following our visit.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using Elite Carers & Home Support Ltd and felt safe with the staff team who helped them. One person told us, "[Relative] is very safe with the carers, 100% safe." Another told us, "They [the staff team] make sure I'm safe every time they leave."

The support worker we spoke with understood their responsibility for keeping people safe from harm. They were aware of the signs to look out for and they knew the process to follow if they identified anything of concern. They told us, "If I saw anything that concerned me, I would talk to [the registered manager] or [the nominated individual] straight the way. If they were involved though I have the number for the Care Quality Commission (CQC) and the safeguarding team and I would contact them."

The management team, who also carried out care and support calls on a daily basis, were aware of their responsibilities for keeping people safe. They told us that any allegation of abuse would be referred to the relevant safeguarding authority and also to the CQC. They told us, "There are signs that we look out for, for example changes in behaviour, someone becoming withdrawn or signs of bruising. Any safeguarding would be passed on straightaway."

Risk assessments had been completed prior to people's care and support packages commencing. This was so that the management team could identify and act on, any risks presented to either the person using the service or the staff team during the delivery of the person's care. Risk assessments seen included a health and safety risk assessment, a moving and handling risk assessment and an assessment on the environment in which the care and support was to be provided.

One person was supported with a shopping call. We noted that the management of this person's finances had not been risk assessed to ensure that this was handled in the safest possible way. We also noted that the current process for handling this person's finances did not fully safeguard the person using the service or the staff team that supported them. This was immediately addressed at the time of our visit. Advice was sought from the local safeguarding team and an action plan was put into place to support this person moving forward.

Appropriate recruitment processes were being followed. Background checks had been carried out and a check with the Disclosure and Barring Scheme (DBS) had been made. A DBS check provided information as to whether someone was suitable to work at this service.

We looked at the staffing rota. We found that the current staffing levels were sufficient to meet the needs of the six people using the service and the people we spoke with agreed. One person told us, "I never feel rushed, you would think I was the only one they had to see. It feels like they've got all morning." A relative explained, "They are here for at least an hour and they never rush [their relative]."

People were provided with a rota each week. This showed them which member of the staff team would be attending. One person told us, "We know who is coming and that is nice, it's good to know in advance." The



rotas seen during our visit showed us that appropriate time had been scheduled in between calls. This enabled the staff team to arrive at each call at the agreed time.

The management team explained that training in the safe handling of medicines had been completed during an induction into the service and refresher training had been arranged for April 2016. The support worker we spoke with understood their responsibilities around medicines and understood what they could and could not do. They told us, "We can only prompt people to take their medicines." A list of each person's medicines was recorded in their plan of care and a medicine administration record was used to record when medicines had been prompted.

The management team were in the process of developing a business continuity plan to include specific actions to take in the event of an emergency or untoward event occurring. This would make sure that they were prepared for any such incidences and enable them to continue providing care and support to the people using the service.

# Is the service effective?

## Our findings

People told us that the staff team knew them well and had the skills and knowledge they needed to look after them properly. One person told us, "They [the staff team] are all competent, they know what they are doing and they know what help I need." A relative explained, "We are very happy, we have not had one [member of staff] that has been disappointing. They know exactly what needs to be done and they do it in such a way so as to put us at ease."

The support worker we spoke with told us that they had received an induction into the service and a period of shadowing had also taken place. This had provided them with the opportunity to learn the role they were required to carry out. They told us, "They [the management team] took me to the service user's houses to see if it was something I would want to do. I observed them and then they shadowed me and I decided it was right for me." The support worker had been issued with a terms and conditions of service and information on the service and its expectations of them had been provided. This meant that the support worker was aware of the expectations that the provider had of them and that they worked in line with best practice.

The support worker we spoke with felt supported by the management team. They explained that they had the opportunity to meet with them on a regular basis and spot checks on their work had been carried out. This enabled the management team to check that the support worker was carrying out the care and support they were required to do. The support worker told us, "They come in off guard to check that everything is okay and I'm doing as I should."

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 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 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. The management team understood their responsibility around the MCA. They explained that if a person was unable to make a decision about their care and support, a decision would be made in their best interest with someone who knew them well. At the time of our visit there was no one receiving care or support who was unable to make decisions for themselves.

The support worker we spoke with gave examples of how they obtained people's consent before providing their care and support. They explained, "I always ask first if it is alright for me to help them, I explain what I am doing and check that they are happy with it."

People told us that they had been involved in deciding what care and support they needed and the staff team always asked for their consent before they supported them. One person told us, "They [the staff team] always ask me if I am happy for them to help me and they never do anything I don't want them to do, they are all very good."

The staff team supported people to have sufficient food and drink when they carried out a call at mealtimes. A relative told us, "They always make sure that [their relative] has tea and toast in the morning." The staff team had been provided with food hygiene training during their induction into the service and were aware of the importance of making sure people were provided with the food and drink they required to keep them well.

Records showed us that the staff team acted when concerns were identified regarding people's health and welfare. This included contacting a person's GP when they had become unwell. This showed us that the staff team ensured that people's wellbeing was supported and maintained.

## Is the service caring?

### Our findings

People we spoke with told us the staff team who looked after them were kind and caring and treated them with dignity and respect. One person told us, "They [the staff team] have always got time to talk to me, they treat me with respect, they are excellent." They went on to say, "They put you at ease and don't make you feel embarrassed at all." A relative told us, "They do treat [their relative] with respect. I was worried about [their relative] not being treated with dignity, but they put [their relative] at ease."

The support worker we spoke with knew the care and support needs of those they were supporting and they told us that any concerns in people's health and welfare would be reported to the management team straightaway. They told us, "If there is a problem I can contact them [the management team] and they will deal with it there and then."

Details of advocacy services were available to everyone using the service and the management team explained that people would be supported to access these services if and when they needed them.

People using the service felt that the staff team knew them well. They told us the staff listened to them and made them feel that they mattered. One person told us, "They have got to know me and they treat me like I am an interesting person."

The staff team gave us examples of how they maintained people's privacy and dignity when supporting them. One explained, "I always close the curtains when providing personal care. I make sure they [the people using the service] are comfortable, I let them know what I'm doing and talk to them throughout."

People had been involved in deciding what care and support they needed and they had been able to share their personal preferences in daily living. People's plans of care included their likes and dislikes. This provided the staff team with the information they needed to enable them to meet the individual needs of those they were supporting. One person told us, "They know me really well they know what I like and don't like and that is important to me."

Prior to people's care and support commencing, the management team had spent time with them and their relatives to discuss what they wanted from the service. One person's records showed us that they wanted their visits at regular times, they wanted regular carers and they wanted a timetable so that they knew which member of staff would be attending. These were all things that their previous care company could not fulfil. When we checked the persons daily records we found that these wishes had been respected and provided.

People using the service had been introduced to the staff team before their care package had commenced. This had provided them with the opportunity to get to know the staff member who would be providing their care and support and to put them at ease.

## Is the service responsive?

### Our findings

People using the service and relatives we spoke with told us that they had been involved in deciding what care and support they needed. One person explained, "They [the management team] came at the beginning and listened to us and listened to what we needed." Another person told us, "They came to see me, I was worried at the start but they [the management team] were really easy to chat with."

The management team explained that people's care and support needs were always assessed prior to their care package starting. This was confirmed on checking two people's care records. We were told that the reason for this was to make sure that the staff team could properly meet each person's individual needs. From the initial assessment a plan of care had been developed.

The plans of care we looked at included people's individual preferences with regard to how they wanted their care and support to be provided. They also included the tasks that the staff team were required to carry out at each visit. This provided them with the information they needed in order to provide the care and support that people preferred.

People's plans of care also included activities that people liked to do. This information enabled the staff team to encourage people to continue to participate in the activities that they enjoyed.

Plans of care were being reviewed on a three monthly basis or sooner if changes in a person's circumstances were identified. A visit was carried out by a member of the management team in order to check that people's plans of care were up to date and that they remained happy with the service they received. One person told us, "When they [management team] visit they always ask if we are happy with everything."

People using the service told us that they received the care and support they needed. They told us that they had regular members of the staff team who supported them. They told us that they [the staff team] came at the same time each day and stayed the right amount of time. They also told us that they never felt rushed. One person told us, "I never feel rushed, you'd think I was the only one they have to see." Another person explained, "They are always here for at least an hour, we've never felt rushed."

People knew who to contact if they had a complaint, concern or query of any kind and the office contact details were included in the information held in people's homes. One person told us, "I have their [the management team] telephone number if I need to get them in a hurry." Another explained, "There is a telephone number to ring if we need anything."

A formal complaints process was in place and a copy of this was included in the documentation given to the people using the service. The registered manager confirmed that the management team had received no complaints since setting up the service in February 2015.

# Is the service well-led?

## Our findings

People told us they felt Elite Carers & Home Support Ltd was well managed and the management team were open and approachable. One person told us, "I am absolutely delighted with them, [the management team] are absolutely superb and so is [support worker]. They all know what they are doing and nothing is too much trouble." A relative told us, "They [management team] are very professional, they have all been excellent, I would recommend them to anyone."

People using the service had been given the opportunity to share their views and be involved in developing the service. A member of the management team visited the people using the service on a regular basis and three monthly care reviews had been completed. This provided the management team with the opportunity to check that people's care and support needs were being met and people remained satisfied with the support they received. One person told us, "They [the management team] come and see that everything is alright and always ask if there is anything they could improve on, but there isn't."

Six monthly surveys had recently been devised and these were being sent out at the time of our visit. The registered manager explained that the information within the surveys would be collated and the results sent out to the people using the service, their relatives and the staff team for their information. This showed us that people's views and opinions of the service were important to the management team.

The registered manager explained that regular audits were carried out to monitor the service being provided. This included the monitoring of incident and accident records, people's care records and the records of each visit carried out. We looked at the daily records that the staff team were required to complete. These showed us the times staff members arrived and left each visit, the duration of each visit and the staff members who attended. They also included the tasks that had been completed. These records showed us that the people using the service had received the care and support that they had agreed too.

The support worker we spoke with felt supported by the management team and they felt able to speak to them if they had any concerns or suggestions of any kind. They told us, "I love my job, I feel supported 100%, I can talk to them [the management team] about anything and they are always available."

Staff meetings and meetings with the people using the service had been carried out and these provided the opportunity for people to share their views on the service provided. The registered manager explained, "We involve people and encourage people to bring suggestions and ideas to improve the service we provide. They [the people using the service and the staff team] are involved as much as we are." The support worker and the people using the service agreed.

A statement of purpose, setting out the provider's aims and objectives was in place and a copy of this had been provided to everyone using the service. The staff team were aware of the aims and objectives of the service and explained that these were fundamental in everything they did. One staff member told us, "We aim to provide quality care that is person centred and consistent, we aim to be the best."

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service.