

Elite Care North West Limited

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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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Elite Care Wigan is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and younger adults with various needs. At the time of this inspection 231 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction. Staff had received training in how to safeguard people. People were protected from the risks of abuse and staff were trusted to keep them safe.

Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received competency checks to ensure they administered medicines safely.

Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them.

People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Person-centred care was promoted. The registered managers and staff demonstrated a commitment to people, and they displayed person-centred values.

People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Staff views were sought through regular meetings, supervisions and surveys.

Governance systems were in place to monitor the standard of care people received. The registered managers worked effectively in partnership with other health and social care organisations and commissioners.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (report published 18 July 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Elite Care North West Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and 2 Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

#### Notice of inspection

We gave the service under 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 24 May 2023 and ended on 5 June 2023. We visited the location's office on 24 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and 9 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered managers, deputy manager, care co-ordinators and care workers.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- The provider had systems in place to monitor staffing levels and ensure people received their visits. An electronic system was used to determine staffing levels, issue staff rotas and deploy staff to people's care visits. Staff told us, "I enjoy working my rota. I have regular clients and I have enough time to get to my clients" and, "The staffing levels are fine."
- Some people told us staff sometimes run late for their visit and people are not always informed. We fed this back to the registered managers who assured us they would investigate.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to safeguard people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate them. A staff member told us, "I have had training in safeguarding. I would report concerns to the office and I would report the concerns further if needed."
- People were protected from the risks of abuse and staff were trusted to keep them safe. A relative told us, "They [staff] are all very good, they have never missed a call."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed.
- Accidents and incidents were minimal, however, systems were in place for recording and analysing any trends and looking at any lessons learned.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. People's care plan contained information about people's cognition and how best to support them. However, the provider had no specific mental capacity assessments in place. The registered managers started to implement mental capacity assessments during the inspection process.

#### Using medicines safely

- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received competency checks to ensure they administered medicines safely. One staff member told us, "I have had administering medication training and I have had an observation."
- Medicines were managed safely. People received their medicines as prescribed and medication administration records [MARs] were completed daily.

#### Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them. A relative told us, "Care staff wear masks when visiting."



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Person-centred care was promoted. The registered managers and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes.
- The culture was open and inclusive. Staff said they enjoyed their roles and the culture between staff and people was positive. Staff told us, "Staff work well together and we have good relationships with clients" and, "We have brilliant relationships and the culture between staff and clients is good. We have a good staff team who work well together."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems were in place to monitor the standard of care people received. The registered managers had good oversight of the service.
- Auditing systems were in place. The provider had auditing systems in place and various areas were reviewed to maintain compliance, however, the auditing process was not always recorded. Therefore, the provider had recently introduced an auditing tool to review people's care files and medicine records. Staff had started to use this tool, however, this system was yet to be embedded.
- Staff praised the registered managers and wider management team, they felt supported in their roles. Staff told us, "The deputy manager is lovey, friendly, and approachable" and, "To be honest they [registered managers] are absolutely brilliant, I could not fault them, they are really supportive and always there."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Feedback from people was positive and any negative comments were followed up.
- Staff views were sought through regular meetings, supervisions and surveys. A staff engagement survey had been completed last year and an action plan had been developed. Part of the action plan involved

increasing staffs' cooking skills. The provider had facilitated a cooking area in the office where staff received extra training and practise to improve their skills.

#### Working in partnership with others

- The registered managers worked effectively in partnership with other health and social care organisations and commissioners. A professional who worked with the service told us, "They [service] are a very responsive provider who work very well with Wigan council. They get excellent feedback from both client's families and their staff."
- The registered managers worked with the community to build connections and achieve better outcomes for people using the service. For example, the service built relationships with local community organisations and used resources to facilitate coffee mornings and provide people access to oral care packs.