

Care Elite Limited

# Care Elite

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Care Elite is registered to provide personal care for people with mental health needs and additional needs such as autism or learning disabilities. The service was being provided to four people living at a supported living scheme at the time of this inspection.

At our previous inspection in March 2017, we found a breach of legal requirements as the service was not supporting staff well in relation to training and supervision and we rated the service 'requires improvement' overall. After the inspection the provider wrote to us to tell us what they would do to meet legal requirements in relation to staff support.

We undertook this focused inspection to check that the provider had followed their plan and to confirm that they now met legal requirements. In addition, before our inspection we received information indicating the provider was not meeting the mental health needs of a person using the service. We looked at these concerns as part of our inspection. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Elite on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This unannounced, focused inspection took place on 28 September and 10 October 2017.

The service had a registered manager in post. 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.

At this inspection we found the provider had not followed their action plan to become compliant in relation to staff support. We identified the provider did not provide staff with the training they required to understand their role and the needs of the people using the service well. We are taking further action against the provider in relation to this repeat breach and we will report on this when our processes are complete.

At this inspection we found the governance in place had not identified a continued breach in relation to staff training. The action plan the provider put in place to improve the service after our inspection was ineffective as the service had not improved the training provided to staff. In addition, the governance in place had not identified the service was not meeting the mental health needs of a person. We identified a breach relating to good governance of the service, and you can see the action we asked the provider to take at the back of the full version of this report.

The provider had improved the support staff received in relation to supervision. Records showed, and staff and the registered manager confirmed, staff received supervision every month.

At this inspection we identified the provider was not responsive to the mental health needs of one person

using the service. The person and their social worker agreed the provider could improve the way they supported the person to manage their mental health to reduce their anxiety. In addition the provider had not put in place effective strategies to support the person to manage their anxiety and the person's care plan provided staff with little guidance on how best to support the person in relation to this. Staff had not received training in relation to the person's mental health needs so may not have understood the person's needs well. However, the provider told us they would arrange training as soon as possible. We identified there was also conflicting information in the person's care plans about their mental health diagnosis and some staff were unaware the person had received a specific diagnosis.

After the inspection the director gathered detailed information about the person's mental health history. The person's keyworker confirmed they were updating their care plan to ensure it contained accurate information for staff to be aware of. The provider confirmed they were liaising closely with the person's social worker and other professionals to put in place more appropriate support for the person to help them manage their mental health.

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

We always ask the following five questions of services.

### Is the service effective?

The service was not always effective. Staff did not receive training necessary to understand their role and the needs of the people they supported.

Staff received monthly supervision from the provider.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive. The provider was not responsive to the mental health needs of one person using the service.

Information about the person's mental health needs in their care plan was not always accurate.

There was insufficient guidance in place to guide staff on the best ways to support the person in relation to their mental health.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

We found a breach of regulations during this inspection with shortfalls identified around staff training and supervision.

There was now a registered manager in post.

There were systems in place to monitor the quality of the service and make improvements where needed.

**Requires Improvement** ●

# Care Elite

## 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 unannounced focused inspection was undertaken by an inspector on 28 September and 10 October 2017. This inspection was arranged to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in April 2017 had been made. In addition we inspected this service to check information of concern we received about the service. We inspected the service against two of the five questions we ask about services: Is it effective? Is it responsive?

Prior to our visit we reviewed the information we held about the service. This included previous inspection reports, complaints about the service and notifications that the provider sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also received feedback from social workers for two people using the service and a person using the service.

During the inspection we spoke with two people using the service, the registered manager, the director and one member of staff. We looked at records about people's care, including care plans and risk assessments for two people who used the service. We checked the records relating to staff training and other records relating to the management of the service.

After the inspection we communicated with the registered manager via email and telephone and a second care worker via email.

# Is the service effective?

## Our findings

At our previous inspection on 27 and 30 March 2017 we identified a breach in relation to staff support. This was because systems did not effectively monitor when staff mandatory training required updating. Training records did not identify those staff members who were due to refresh their mandatory training or highlight when training had expired. We were therefore unable to see evidence that staff training was refreshed at regular intervals and kept up to date. In addition, there was no evidence that staff were receiving regular supervision with their line manager.

After the inspection the provider sent us an action plan setting out how they would become compliant. The registered manager told us they would review the programme of training and supervision in place and ensure staff received better support by September 2017.

At this inspection found the provider had not taken sufficient action to become compliant with the regulation concerning staff support. Staff had not received training in topics required to understand their role and the needs of people's using the service. The service employed four staff, including the director and the registered manager and four regular agency staff worked at the service to whom the provider also offered training. Staff training records showed, and the registered manager confirmed, no staff had received any training in fire safety, the Mental Capacity Act 2005 and equality and diversity. Only one staff member had received training in first aid in May 2014 and only one staff member had received training in mental health awareness even though this was a service for adults with mental health issues. No staff had received training in diabetes awareness, autism awareness or in supporting people with anxiety even though people at the service had specific needs in these areas. Only two staff had received training in safeguarding adults at risk, health and safety awareness, infection control and medicines management. This meant the provider was not offering staff the necessary training to help them carry out their roles and meet people's needs well.

This was a repeat breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us the provider had booked group training in September 2017 for fire safety but the trainer cancelled and the training would be rearranged. The registered manager also told us group training was also being arranged for health and safety, first aid, managing anxiety and equality and diversity. Three staff had received training in managing behaviour which challenges in June 2016 and the registered manager told us more training was being arranged. The registered manager also told us they would explore online training to fill in other gaps in staff training requirements.

At this inspection we found the provider had ensured all staff received supervision each month. The director had also supervised the registered manager each month to ensure they were better supported. The registered manager had put in place a matrix showing the dates staff received supervision to enable them to check staff received regular supervision. We checked supervision records against the matrix and found it to be accurate. Supervision records showed staff were provided with guidance on the requirements of their role and feedback on their performance. A staff member confirmed supervisions had been taking place

frequently since our last inspection and they felt well supported. This meant people were supported by staff who had an opportunity to discuss any concerns and receive support from their line manager.

## Is the service responsive?

### Our findings

Before we inspected the service we received information which indicated the service may not be meeting a person's needs well. The person and their social worker told us they believed the service was not supporting the person in relation to their anxiety well. During our inspection we identified the person's care plans contained conflicting information about their mental health diagnosis and the guidelines in place for staff to follow in supporting the person to reduce their anxiety were poor.

The issue relating to poor record keeping forms part of the breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

After our inspection the director gathered detailed information about the person's history relating to their mental health diagnosis which they forwarded us. The person's keyworker told us they were updating their care plan with accurate information. The director also confirmed they were liaising with the person, social services and other professionals to improve the care they provided to the person in relation to their mental health needs.

A second social worker for a different person told us the service was managing their clients' needs well and a second person using the service told us they were satisfied with the way they were supported.



## Is the service well-led?

### Our findings

At our last inspection we found the service was not always well-led as the governance in place had not identified short falls in relation to staff training and supervision, although we did not identify any breaches. We rated the service 'Requires improvement' in the key question 'Is the service well-led?'.

At this inspection we found the provider had not identified there was a continued breach in relation to staff training. The action plan the provider put in place to improve the service after our inspection was ineffective as the service had not improved the training provided to staff. The director held monthly meetings with the registered manager. However, these meetings had not been used to suitably review progress in relation to the action plan in place and to improve the training programme.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not ensured effective systems were in place to assess, monitor and improve the quality of care and to assess, monitor and mitigate the risks to service users.</p> <p>The provider had not ensured effective systems to ensure accurate, complete and contemporaneous records were maintained. Regulation 17 (1)(2)(a)(b)(c)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Persons employed by the service provider were not receiving appropriate levels of training and supervision as necessary to enable them to carry out the duties they were employed to perform. Regulation 18 (2)(a)

### **The enforcement action we took:**

We served a warning notice on the provider.