

Elite Livein Care 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 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 took place on the 16 August 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

Elite Live-in Care is a domiciliary care agency providing 24 hour live in care to people within their own homes. The service is registered to provide personal care and support to both young and older people some of whom may be living with Dementia, Physical Disability and or Sensory Impairment, The service was not registered to provide nursing care. At the time of our inspection the service was providing care and support to four people.

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 were safe because staff understood their role and responsibilities to keep them safe from harm. Staff had received training to deliver care safely and to an appropriate standard.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Care plans reflected people's individual needs and preferences and were regularly reviewed to ensure that they continued to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team.

Systems were in place to monitor and improve the quality of the service provided.

## 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 safe because staff understood their role and responsibilities to keep them safe from harm.

Risk was assessed and measures in place to reduce identified risk.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective. Staff had received training to deliver care safely and to an appropriate standard.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

Staff were supported in their role through regular supervision meetings with the registered manager.

### Is the service caring?

Good ●

The service was caring. Staff were kind and caring and had developed positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that maintained their dignity.

### Is the service responsive?

Good ●

The service was responsive. Care plans reflected people's individual needs and preferences.

Care plans were regularly reviewed to ensure that they continued to meet people's needs.

The provider had a complaints policy which set out the process

and timescales for dealing with complaints.

**Is the service well-led?**

The service was well-led. Effective audits and systems to measure the quality of the service were in place and actions identified were acted upon.

The registered manager and staff knew their role and responsibilities in ensuring a high standard of care.

Records relating to people's care were accurate, up to date and stored appropriately.

**Good** ●

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## 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 checked 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 16 August 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. A notification is information about important events which the provider is required to tell us about by law. Providers are required to inform the CQC of important events which happen within the service.

We asked the provider to complete a Provider Information Return (PIR) before our inspection. 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 used a variety of methods to inspect the service. We looked at the provider's records. These included four people's care records, six staff files, a sample of audits, policies and procedures.

We spoke with the registered manager, service co-ordinator and four members of care staff in telephone interviews due to the geographical locations of their care placements. We also telephoned and spoke with four relatives to obtain feedback on the delivery of their care. Before our inspection we contacted two health and social care professionals in relation to the care provided by Elite Live-in Care.

This was the first inspection since the provider registered with the Care Quality Commission in April 2015.

## Is the service safe?

### Our findings

Relatives of people and health care professionals told us the care and support provided was safe and staff understood people's needs. One relative told us, "I feel very assured that (person) is very safe with their carer. I can sleep soundly at night knowing they are in safe hands". Another relative told us, "The carers are very safety conscious. I have seen them at work and safety is always paramount. I have no worries or concerns whatsoever". A health and social care professional told us, "Yes they utilise all equipment to ensure safe care".

Staff demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. They were able to tell us about risks individual people faced and spoke confidently about how they maintained their safety. Staff told us the one to one care they provided enabled them to develop a greater understanding of the person and so they were able to quickly identify any concerns.

The provider had policies and procedures which protected people from the risk of abuse. Staff had received training in safeguarding and all staff completed regular refresher courses. Training records and discussions with staff confirmed this. One member of staff told us, "I have never had to report anything but would know what to do if I did see it". Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included, "I know how to report safeguarding and would have no hesitation in speaking to the office if I had any concerns at all", and "If I thought someone was at risk I would pick up the phone a call (person ) registered manager at once".

There were sufficient numbers of staff deployed to meet the people's needs. The registered manager told us they did not accept any new care packages if they felt there were not enough staff with the right skills to meet people's needs and deliver the care safely. Staff told us they knew the people they supported well and were allocated to work with them on a regular basis so they were able to provide a consistent service. This was confirmed by the relatives we spoke with. One relative told us, "It's usually the same carer most of the time. It only changes when they have a day off but the other carer that comes knows what to do so we don't really notice anything differently".

Assessments were undertaken to assess risks to people and to the staff supporting them. The provider had carried out comprehensive environmental, health and safety and home working' risk assessments which included information about action to be taken in order to minimise the risk of harm occurring. For example, we looked at a moving and handling risk assessment for one person that had been recently updated in

response to a person's changing needs. This included training and input from an occupational therapist to ensure staff were fully aware of how to support the person safely. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. Three members of staff were 'self-employed'. The provider held copies of Carer and Personal Assistance Insurance certificates.

Each person whose care involved the administration of medicines had a medicines administration record (MAR) and the provider or registered manager carried out regular audits to ensure that people were receiving their medicines correctly. MAR's also included a brief explanation of what the medication was prescribed for. Medicine administration records (MAR) where applicable were accurate, up to date and contained no gaps. A relative told us, "The carers know what they are doing with the medicines I have every confidence in them".

There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as adverse weather or utilities failures. There were arrangements in place to ensure that staff had access to management support out of office hours. The registered manager told us either they or the provider were always available outside these hours should staff or people need advice or support. Staff and relatives of people confirmed they could contact management at any time, night or day, for advice, guidance and support.



## Is the service effective?

### Our findings

Relatives and health and social care professionals told us people were cared for by staff who had the skills and knowledge they needed to meet people's needs. People spoke highly of the calibre of the care staff that supported them. They told us they were well trained and competent in their work. One relative told us, "They are very good at providing my care. They know what they are doing". Another relative told us, "They are excellent, very skilled".

People had access to healthcare services to maintain good health. Relatives told us that health care appointments and health care needs were usually organised by themselves or health care professionals. One health and social care professional told us, "There have been changes with my patient over the 18 months they have been on my caseload. Staff have received additional training in manual handling via Occupational therapy and also training in other specialised areas to be able to care for my patient safely and effectively. Another health and social care professional told us, "On each of my visits they (staff) are present to give me an update on my patient and their condition and any changes. My patient has communication difficulties and the carer's information is invaluable, it allows me to gain further information that allows optimum care".

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate. Training included for example, moving and handling, infection control, food hygiene, safeguarding, medicines management and dementia awareness. Training records for all staff members confirmed that training had been completed in all areas and was up to date. One person needed help and support with eating and drinking because of a specific condition. Staff received on-going training and support from a specialist nurse to ensure they were fully aware of how to support the person safely.

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. This was confirmed in records which showed they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. One member of staff told us, "I think it's great that we get the opportunity to review how we work and to discuss the people we care for. The registered manager is in constant contact with me during the week and comes to see me very month for my supervision. I think it's great that she supports us this way". Relatives told us that staff always sought their consent before they carried out any care or support. One relative told us, "They (care workers) are very aware of seeking permission for virtually everything they do for (person. From what I have observed they never assume anything". A member of staff told us, "It's very important to ensure people are encouraged to maintain as much independence as possible. I always ask how they are and how I can support them before we do anything".

Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make

sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The 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. The registered manager and care co-ordinator told us they would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest.

People's dietary and hydration needs were an important focus during assessment and care planning. People's likes, dislikes and preferences with regard to food and drink had been recorded in their care plan. The guidance given was personalised and reflected people's individual choices. A relative of one person who had their meals prepared by staff told us they were always asked what they wanted to eat and staff knew their dietary requirements. One person was at risk of de-hydration and fluid intake was monitored effectively using fluid intake charts as directed by the person's general practitioner (GP). Where fluid intake was low staff actively encouraged the person to drink more fluids and sought the advice of the GP if there was any concern for the person's well-being. Staff fully understood the need for people to eat well and to have good hydration to maintain their wellbeing. The registered manager told us if people were not eating or drinking adequate amounts, staff would report it and this would be passed on to their GP or family.

## Is the service caring?

### Our findings

Relatives were positive about the care and support people received. One relative said, "We were really not sure how having a live in carer for (person) would work but it has worked out extremely well. The manager came out initially and then again 48 hours after it had started just to make sure all was well. Apart from the caring side of things the companionship our relative receives is invaluable". Another relative told us, "Recently the carer supported (person) to visit some friends in Cornwall for two weeks. It went really well and I think they are planning to go again".

Relatives told us staff provided their family members' care in private and ensured their dignity was upheld when receiving personal care. One relative told us, "The carer certainly treats (person) with respect, I have no concerns about that, and she always provides her care in private". Another relative told us, "They are very respectful and they know how to help (person), yes I'm very happy". A health and social care professional commented, "I only have one client using them but the service has been excellent".

Staff spoke about the importance of developing good positive relationship with the people they supported and their families. They spoke about people respectfully and described the importance of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. One member of staff told us, "I live and work with the person I support and I feel very much part of their family. It's important I have a good relationship not only with the person I care for but also the family".

Staff told us they were proud of working for the service and staff, people and relatives attributed this to a solid staff team and good positive teamwork. Staff understood how to promote and respect people's privacy and dignity, and why this was important. Staff were able to tell us how they made sure people received support with their personal care in a way which promoted their dignity and privacy by closing doors and covering people whilst providing personal care. One member of staff described how they gave people time to complete their personal care themselves where possible, for example they waited outside the toilet or bathroom until the person asked for their support.

We saw letters of thanks and written extracts of care provided and the common theme was that the service worked hard to provide support that was personalised and special to each person. Comments included, "The service has made us feel like an elephant has stepped off our shoulders. We are more peaceful knowing (person) is safe, loved and cared for when we can't be there" and "It is very unfortunate that our connection with Elite was so short. During that time however we found the support we were given to be exemplary, caring and professional".

People had access to information about their care and the provider had produced information about the service which included a statement of terms and conditions which set out their rights and what they could expect from the provider. This included the aims and objectives of the company in providing care, types of services provided and how to make a complaint. It also contained information on how to contact organisations such as, Care Quality Commission, Local Government and Ombudsman Service.

## Is the service responsive?

### Our findings

Relatives and health and social care professionals were complimentary about the service and told us that the care provided was responsive to people's needs. One relative told us, "They're very good they do everything we ask of them". Another relative told us, "Knowing (person) is being well cared for has a positive impact on her life and mine". A health and social care professional told us, "When the service was initially introduced to my patient there was a period of settling for my patient. My patient is very particular with regards people who are involved in their care. Elite were flexible to their needs and have accessed additional training to be able to provide safe and effective care". They also added, "They are good and quick in responding to any changes that I recommend, for example if I visit and recommend medication changes, I email this information to the manager who responds very quickly in having the MARS sheets updated to ensure changes are met quickly and safely".

Before receiving care people's needs were assessed by the registered manager to ensure the provider could meet their needs and expectations. Assessments identified any needs people had in relation to mobility, communication, medical conditions, nutrition and hydration, medicines and personal care. One relative told us, "They came to see (person). We went through what they could do and what they couldn't do and where (person) needed the help. The relative went on to say that the process was extremely thorough and covered the care (person) needed and to make sure the home was safe to work. People's care plans were routinely reviewed annually or if needs or circumstances changed. A health and social care professional told us, "My patient has maintained a good level of health aside from his diagnosis, I feel that the care they have has contributed to them exceeding expected prognosis".

Care plans were easy to read and contained detailed information to inform staff of each person's individual needs and wishes. People's preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this. Care had been taken to ensure staff understood the importance of personalised care and to respond to changing needs. Care plans included the initial needs assessment, a daily log, risk assessments, personal history and what people required assistance with. Some people required full assistance with personal care such as bathing and dressing, some required prompting and support with taking medicines. Staff were clear about people's individual needs and the level of support they needed. People's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to receive care and support. Between September 2015 and November 2016 the provider had received nine formal complaints. The registered manager was able to show us how they had responded to concerns that had been raised and how they had communicated their outcomes to the complainants. There had been no recorded complaints in 2017 at the time of our inspection.

Relatives told us they were confident that if they needed to make a complaint the provider would take this

seriously. Relatives told us they had been able to contact the office when they needed to and had been happy with the response they received.

## Is the service well-led?

### Our findings

Staff and relatives told us they felt the service was well led and spoke positively about the management. One relative told us, "Yes I think it's well run. I've certainly had no issues". Another relative told us, "I find the manager to be very approachable. They always return my calls and if I have a problem she comes to visit me and we sort it out". One member of staff told us, "I feel very happy working here. The registered manager is very supportive and always at the end of a phone if I need help or guidance". A social worker had commended Elite Live-in Care on their service delivery. They had written to the provider and said, 'I have been working with (name) (Registered Manager) as she is providing the care provision for a lady who is living at home. From the very start of talking to her I found her level of enthusiasm, professionalism and attention to what we are trying to achieve very refreshing indeed. The registered manager has shown a very positive, can do attitude. Her communication is very good, she is always clear about things, meets timescales and feedback from this lady's family members about the registered manager is also very positive. The carer employed by your service to look after our client, is also showing the same positive attitude and passion for her job. I feel it is important for you to get feedback about your service and the staff you employ'.

The provider had established systems of quality monitoring which included seeking feedback about the service. The provider sent questionnaires regularly to formally gather the views of staff, people and their relatives regarding the quality of service. Comments from people were mostly positive. For example, "(Person) is so pleased with care worker. Feels she has become part of the family" and "The carer was extremely supportive at the time my father passed away". Where adverse comments had been received the provider took immediate action to remedy this. For example, one person recorded that they didn't get on with their carer and felt they "didn't go out of their way to do things for them". The provider responded by introducing a new care worker and the person commented, "Pleased with how she has fitted in. Such a difference".

Due to the uniqueness of the service the provider was unable to hold formal staff meetings. The registered manager and supervisor/recruitment manager met every two months to discuss performance and quality of the service and to share any observations or feedback from staff, people or relatives. Matters discussed and any relevant information from these meetings were documented and reproduced in the form of a staff and client newsletter which was then sent to staff, clients and relatives for their information.

Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. One relative told us the daily notes made by care staff were valuable as they could see quite clearly the care and support that was delivered. We found evidence that care records were checked and monitored by the provider to ensure that the quality of recording was accurate and appropriate.

Staff were enthusiastic and positive about their work. They described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties such as supervisions and appraisals. They said they had been provided with contracts of employment and job descriptions, which outlined their roles, responsibilities and duty of care. One member of staff told us, "I feel very well supported

by (person) registered manager. They really do work with us and for us to help us deliver the very best care". The registered manager told us that going forward she will be introducing 'champion roles' for staff in Dementia, Safeguarding, End of Life Care and Dignity. They added, "These roles are being developed as a result of feedback from staff to ensure best practice and to offer staff, people and relatives a point of contact should they need support in any of these areas".

There were clear lines of accountability and responsibility within the service's structure. Staff confirmed the registered manager and management were readily contactable for advice and support. One member of staff said, "Yes I enjoy working here. I feel supported and the manager is always accessible if I need advice or support".