

Care Elite Limited

Care Elite

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Care Elite provides personal care to people who live in supported living accommodation at two locations. People using the service were living with mental health conditions and required twenty four hour support.

This inspection took place on 15 October and 13 November 2015 and our first visit was unannounced. At our last inspection in January 2014, the provider met the regulations we inspected.

The service had a registered manager who was also one of the registered providers. 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. A new manager had been recruited for the service by the second day of our inspection as the registered manager told us that they would be taking on a more supervisory role within the organisation in the months ahead. The new manager would be applying to register with CQC once they had completed their probationary period.

People told us that staff spoke to them politely and treated them with dignity and respect. They liked living in their accommodation and were positive about the support being provided to them.

Staff received regular training, supervision and were knowledgeable about people's needs. They had received

Summary of findings

training around safeguarding adults and knew what action to take if they had, or received, a concern. They were confident that any concerns raised would be taken seriously by senior staff and acted upon.

Recruitment checks on staff were being carried out however the records kept of these required further review to fully ensure that all required information had been obtained.

People received their medication safely. They were supported to manage their own medicines where possible.

People said they felt able to speak to the registered manager or other senior staff to raise any issues or concerns.

The registered manager supported staff to deliver appropriate care and support. The service had systems in place to obtain the views of people who used the service, their carers and other stakeholders.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Recruitment checks were carried out however the records kept of these required improvement.

People received the support they required to keep them safe. Identified risks to people's safety and welfare were being managed appropriately.

There were enough staff to support people's needs.

Medicines were being managed safely.

Requires improvement



Is the service effective?

The service was effective. Staff had the knowledge and skills to meet people's needs.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

Good



Is the service caring?

The service was caring. People were treated with kindness and their dignity was respected.

Relationships between staff and people using the service were positive. Staff knew people well and provided support in line with their wishes and preferences.

Good



Is the service responsive?

The service was responsive. Support plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences.

The service worked well with other agencies and services to make sure people received care in a coherent way.

Good



Is the service well-led?

The service was well-led. There was an experienced registered manager in post who was approachable. Staff felt supported in their role and said they did not have any concerns about the service.

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

Good



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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 15 October and 13 November 2015 and was unannounced.

The inspection was carried out by one inspector. We spoke with five people who used the service.

We also spoke with the registered manager and three members of staff. We spoke with people in private and looked at the care records for two people. We reviewed how medicines were managed and the records relating to this. We checked three staff recruitment files and the records kept for staff allocation, training and supervision. We looked at records for the management of the service including quality assurance audits, action plans and health and safety records.

Is the service safe?

Our findings

One person told us the support provided was “very good” and another person commented, “Reasonable, it’s all perfectly fine.” A third person told us it was “a very nice place.”

The majority of people we spoke to said they felt safe. One person said they did feel safe but raised issues around living communally in shared accommodation. The registered manager was aware of their concerns and we saw evidence that they were being addressed with involvement of advocacy and relevant commissioners.

There were sufficient staff available to meet individual needs and people said there were staff available to support them when they required it. Both supported living locations were staffed 24 hours to support people using the service as required. One person told us, “They are never far away.” Staff spoken with said they felt safe as lone workers and received support from the registered manager and senior staff when they required it including out of hours.

Records showed that staff completed safeguarding training and staff members spoken to said they were confident that the registered manager would respond appropriately if they raised concerns. They were aware of the different types of abuse along with the action to be taken to report any concerns. One staff member told us, “The managers would do something about it.” The service had safeguarding policies and procedures detailing the information and action staff should take. Financial systems were in place to ensure any monies kept on behalf of people using the service were documented with records available for audit.

Care files included assessments of risks associated with people’s care, daily routines and activities. People told us that they were able to be independent and regularly participated in activities outside of their home

environment. The risk assessments were kept under review and updated if people’s needs changed. There were also general risk assessments for the home and equipment in use as required.

Incidents and accidents were reported and we saw evidence that action was taken to make sure people were kept safe. For example, contacting the care manager for one person and arranging a review meeting to discuss the changes in their behaviour. One instance was found where a person’s risk assessment had not been updated following a recorded incident and this was brought to the attention of the registered manager. They took action immediately and we saw that staff were reminded to review risk assessments and care plans following any incidents or accidents.

Medicines were managed safely. One person told us, “I do my medicines myself but staff make sure I get it on time.” We observed them receiving support from staff to administer medicine on the first day of our visit. All prescribed medicines were kept securely and the records were clear and up to date. The records showed that people were receiving their medicines regularly and as prescribed. Records showed that staff received training to enable them to administer medicines safely and audits were carried out to ensure this.

Recruitment checks were being carried out but the records kept of these required improvement. Criminal Record checks were being completed however application forms, references and identity documentation were not consistently available on each of the three staff files we looked at. The registered manager stated that this information had been obtained but could not locate it at the time of our second visit. Further documentation was provided to CQC by email following our inspection visits and the service agreed to review the recruitment records in place for each person to make sure they were complete. This area will be looked at during our next inspection of Care Elite Limited.

Is the service effective?

Our findings

People using the service said they were able to be independent and cook for themselves in the kitchen provided at each of the two supported living locations. Most spoke positively about the support provided by the staff working for Care Elite Limited. One person said, “My keyworker is very good.” Another person told us staff could be “a bit moany but were ok.” A third person said, “The staff are doing fine.”

Staff had the skills and knowledge to support people effectively. Staff said that they received the training they needed to care for people and meet their assessed needs. One staff member told us about the training they had attended including mental health awareness, medicines, diabetes, the mental capacity act and safeguarding. Another newer staff member told us about the mental health awareness training they had recently attended and the online learning they had been enrolled on. However, from the records we saw, it was difficult to monitor which staff had completed which training and when training needed to be refreshed. We discussed producing a training matrix with the registered manager so that they could more closely monitor the training needs of the staff.

Staff told us they had regular supervision where they discussed their role, training needs and any problems they had. We saw records were kept of these meetings. One staff member told us, “The senior staff are brilliant. They empower you, really good.”

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. The people receiving support from Care Elite said they were able to come and go as they pleased. Access to the property was monitored by staff to ensure people’s safety so people did not have their own front door keys. The people we spoke to were satisfied with this arrangement saying that staff let them in when required and one person told us that they “felt much safer.”

Staff supported people to access the healthcare services they needed. The support plans included actions as to how staff supported people’s health needs. For example, one person was prompted by staff to attend a health appointment on the first day we visited.

Is the service caring?

Our findings

We asked people about the service and the staff who worked there. People said they liked being supported by Care Elite Limited and said that staff treated them with dignity and respect. One person said, “Yes, they treat me respectfully” and another person told us, “The staff are fine.”

People were able to be independent. For example, people told us they went out when they wanted to and cooked their own meals with staff support if they required it. Staff said the service aimed to enable people to develop and maintain their independence but offered support and guidance at the same time,

Observed interactions between the people living in the house and the staff supporting them were polite and respectful. People were relaxed and comfortable with the staff during our visit and they could choose what to do, where to spend their time and who with. Some people spent time in their bedrooms whilst others chose to sit in the communal areas or go out into the community.

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure people were able to have privacy when they wanted it. One staff member said, “It’s really good care for the clients here.”

Staff were knowledgeable about people using the service and their daily routines. Staff members gave examples of people’s individual likes and dislikes and how they supported these. Care records included the person’s preferences to help make sure that staff provided them with support in line with their own wishes. For example, with cooking meals or helping someone to manage their money to budget for the week ahead.

The registered manager and staff gave us examples of how they monitored each person’s wellbeing including the initial signs they would look for to indicate someone was upset or not feeling well. Staff discussed peoples changing needs in daily handovers along with more in-depth discussion at regular staff meetings.

Is the service responsive?

Our findings

People using the service told us they had opportunities to discuss their support needs with staff. They said they had an allocated key worker who met with them regularly. One person said, “I have a one to one with my keyworker, they are very good.” A second person told us, “My keyworker listens to me.”

Records kept of keyworker meetings with people using the service were detailed and included action planning to achieve goals for the individual. A letter to one person’s doctor was also seen giving them a detailed update and highlighting concerns about their health.

Assessments were completed before someone received support and the information was used to develop a support plan for each person. The plans seen were updated electronically with hard copies printed out for easy staff reference. We saw each plan was signed by the person, reviewed and kept up to date to make sure they met people’s changing needs. Each person’s support plan

addressed areas such as daily living skills, diet, finances and health. A documented care review included the person’s view and was written in the first person with statements such as ‘I am happy living here’ and ‘I enjoy’.

The people we spoke with were aware that they had a support plan and said that staff had discussed it with them. One person said, “Yes I have seen my support plan” and another person commented, “I don’t think I have a copy but I have seen it.”

People were supported to maintain relationships with partners, spouses, family members and friends. Support plans included any relevant information about this so staff could provide support as appropriate.

The provider had a procedure in place to manage any concerns or complaints. A complaints and compliments folder was available to people and their relatives or representatives. One person said, “There’s not much to complain about – it’s all quite adequate.” A comment seen in a survey stated, “I have always been listened to.”

Is the service well-led?

Our findings

People were positive about the registered manager and staff team. They said they felt able to speak to the registered manager or senior staff if they wanted information or had any issues or concerns.

The staff said the registered manager was available when they needed him and that he always supported them effectively. One staff member told us, “I am given responsibility, It’s a nice environment to work in, they empower you.”

Regular staff meetings were held that enabled staff to discuss issues and keep up to date with current practice. Minutes from previous team meetings included discussion around areas such as safeguarding, dignity and privacy and supporting people with their health needs. Staff said the team worked well together and they felt supported by senior staff and their colleagues.

The home had systems to regularly check the quality of the service provided and make sure any necessary improvements were made. For example, checks were

carried out on the medicines to make sure staff were following the correct procedures and people were receiving their medicines as prescribed. The building and equipment was regularly checked to make sure that it was safe and well-maintained. A quality assurance system had been purchased that had not yet been introduced reflecting the CQC key lines of enquiry and underpinning regulations.

Feedback was obtained informally from people using the service as the registered manager and senior staff regularly worked in the service and knew people well. People who used the service told us they were asked for their views and felt involved. Annual surveys were used to formally gather the views of people, carers and other stakeholders and this exercise was last completed in February 2015. We looked at a selection of the surveys that included comments such as, “Staff have always been welcoming”, “It is an excellent home” and “lots of communication between services.”

There were a range of policies in place to support the running of the service. Records showed that systems were in place to check and ensure the maintenance of equipment in use with appropriate certificates kept.