Elite Care Agency Limited

Elite Care - Unit 2 Deans Farm

Inspection report

Unit 2
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Tel: 01722323223

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an inspection of Elite Care on 1 and 2 September 2016. This was an announced inspection where we gave the provider 48 hours' notice. This was because the location provides a domiciliary care service and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

Elite Care provides a range of services to people in their own home including personal care, companionship, help with light household duties and shopping in Salisbury and the surrounding areas. At the time of inspection there were 51 clients using the service.

A registered manager was in place and available throughout the inspection. 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 who used the service told us they felt safe. Staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistleblowing procedure which was in place to report concerns and poor practice. People told us they felt confident staff would always arrive and would usually be informed if staff were going to be significantly delayed. People and staff told us it was not always possible for staff to arrive on time as there was often no allowance for journey times between visits. This meant that some visits were shorter than scheduled.

People said they saw regular staff although said this was not always the case at evenings and weekends when there were less staff available. During these times, other staff working for Elite Care would be asked to work additional shifts which meant people did not always see the same staff who usually cared for them.

People said they were satisfied with the support they received with regards to their medicines however; medicines were not always managed safely. The Medicines Administration Records (MAR) did not always provide sufficient information to enable the safe administration of medicines and documentation of medicines administered was not consistently completed. This meant people were at risk of not receiving their medicine as prescribed and according to the labelling.

People and their relatives spoke highly of the staff and said they always treated them with consideration and respect. Staff spoke about how they helped people retain their independence and encouraged them to be in control of their decision making and choices. People said they were cared for in a person centred way and said their regular staff knew them well. Staff spoke fondly about the people they supported and gave good examples of how they developed positive relationships with people using the service. People, their relatives and staff gave examples of when staff had gone the 'extra mile' to help and support people.

Systems to manage risk and ensure people were cared for in a safe way were not always effective. Although people had risk assessments in place and actions on how to monitor identified hazards and concerns, some actions had not been recorded to show that these risks had been reduced or managed. This meant there was a risk that people's safety and well-being was not always protected.

Staff completed competency assessments as part of their induction followed by regular supervisions and training. Staff were knowledgeable about people's needs and said they received the necessary training to equip them with the skills they needed to provide the care people required.

Staff had received training around the Mental Capacity Act 2005. Staff explained they understood the importance of ensuring people agreed to the support they provided.

Staff helped ensure people who used the service had sufficient food and drink to meet their needs. Some people were assisted by staff to cook their own food and other people received meals that had been prepared by staff.

People had access to health care professionals to make sure they received appropriate care and treatment. The service maintained accurate and up to date records of people's healthcare and GP contacts in case they needed to contact them.

Staff were knowledgeable about people's care and support needs. Care plans detailed how people liked to be cared for and were person centred. There were regular visits and spot checks carried out by management to monitor the quality of service and the care practice carried out by staff.

A complaints procedure was available and people we spoke with said they knew how to raise a complaint if they needed to. Complaints and concerns were handled in an appropriate way.

Staff were passionate about providing good quality care and said they felt supported by the management team. There was an open door culture and staff said the management team were very approachable.

People had the opportunity to give their views about the service. There was regular consultation with staff, people and/or family members and their views were used to improve the service. Quality audits were completed to monitor service provision and to ensure the safety of people who used the service and outcomes communicated to staff during regular team meetings or newsletters. However, findings from a recent internal medicines audit which highlighted issues with administration of medicines had not been fully addressed.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe.

Medicines administered by staff were not always accurately recorded and records for the safe administration of medicines did not always provide the guidance required to ensure medicines were administered as prescribed.

Risk assessments were in place however, some actions had not been recorded to show that these risks had been reduced or managed.

Safe recruitment practices were followed before staff were employed to work with people.

Is the service effective?

Good

The service was effective.

Staff had access to ongoing training and a system was in place to ensure this was up to date. Staff received regular supervision and appraisals.

The provider was aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and people's rights were protected.

People were supported to maintain good health and to access healthcare services.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their care and staff took account of their individual needs and preferences. The staff worked closely with people to ensure they were treated with respect at all times.

People and their relatives spoke positively about the care and support provided to help them maintain their independence.

Staff often took extra steps to ensure people received care that was person centred.

Is the service responsive?

Good

The service was responsive.

People were treated as individuals. Staff knew people's preferences and how to deliver care to ensure their needs were met.

Care plans were detailed, personalised and contained information which enabled staff to meet people's identified care needs.

People we spoke with and their relatives told us they felt able to raise any concerns and were confident they would be acted upon and taken seriously.

Is the service well-led?

Requires Improvement

The service was mostly well led.

The registered manager promoted a culture of openness and transparency through being approachable and listening to people.

Staff were passionate about providing good quality care and said they felt supported by the management team.

Quality assurance systems to monitor the care and support people received were not always effective in identifying required improvements.

Elite Care - Unit 2 Deans Farm

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 inspection took place on 1 and 2 September 2016. This was an announced inspection where we gave the provider 48 hours' notice. This was because the location provides a domiciliary care service and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had support for people who rely on a number of different healthcare providers in particular, people with dementia and mental health needs as their area of expertise.
Before the inspection, the provider completed a Provider Information Return (PIR). 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 reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke on the telephone with eight people who used the service and two relatives. We spoke with the registered manager and four staff to gather their views about the service provided.

We also reviewed a range of records which included people's care plans and risk assessments, staff training records, staff duty visit schedules, staff personnel files, policies and procedures, complaint files and quality monitoring reports.

Requires Improvement

Is the service safe?

Our findings

People said they had regular carers who knew them well and were familiar with their needs but during weekends and evenings this was not always the case. During these times, other staff working for Elite Care would be asked to work additional shifts which meant people did not always see the same staff who usually cared for them. One person told us "It could be any one of a group of six to eight (staff) and it would be nice to know which carer will be walking through the door". In a feedback form for another person, it stated that their relatives would like to have more consistency at weekends as seeing different staff caused this person some confusion.

There were not always sufficient numbers of staff to keep people safe and meet their needs. People and staff told us it was not always possible for staff to arrive on time as there was often no allowance for journey times between visits with some visits finishing at the same time as the next one was due to start and a considerable journey between the two. This meant that some visits were shorter than scheduled. Comments from people included "My carer has time for a chat but I know they are rushed off their feet" and "Although I do not suffer, my carer sometimes has to cut corners in order to get to the next person". When we looked at the staff duty visit schedules for all of the visit times over a five day period, none had been completed at the correct time with staff arriving for visits either earlier or later than scheduled. Approximately three quarters of those visits also fell short of the required visit duration with visits over the weekend being mostly affected. This meant visits were not flexible or sufficient to meet people's individual needs. However, people told us they felt confident staff would arrive and when staff knew they might be significantly delayed they would usually be contacted to inform them of this. During the inspection, one member of staff had a problem with their car which meant they would not be able to arrive for people's visits on time. We saw how the office staff managed this by calling people using the service to let them know and also kept them informed of the situation.

These findings were a breach of Regulation 18(1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
People and their relatives told us they felt safe whilst receiving care and support. People were kept safe by staff who recognised the signs of potential abuse and knew what to do when safeguarding concerns were raised. Staff told us they received training in whistleblowing and safeguarding of vulnerable adults and training records confirmed this. Staff said they were confident the registered manager and senior staff would act on their concerns but also knew they could take concerns to agencies outside the service if they felt they were not being dealt with. Clear policies and procedures were in place to inform staff of the processes they needed to follow should they suspect abuse had taken place.

There were a range of individual assessments which identified potential risks for people which included how to manage these risks including the risk of falling, malnutrition, and the safe moving and handling of people. Staff were able to tell us about people's risk assessments and what they did to manage identified hazards and concerns. However, the monitoring of this information was not consistently documented for each person. For example, one person had been assessed as being at risk of developing a pressure ulcer however, although staff were aware of this risk there was no documentation of how this was being monitored. This

meant there was a risk that people's safety and well-being was not always protected.

Medicines were not always managed safely. We looked at Medicines Administration Records (MAR) of the people using the service. These did not always provide clear guidance or instructions to indicate how medicines should be administered. For example, in one person's care file, there were MAR sheets available but the medicines for administration had been written incorrectly on the back of the form. Details for the required dose and how to take the medicine were not provided. On another MAR, a medicine for temporary use had been handwritten on the MAR. The only guidance for administration available was the name of the medicine and that it was to be given in the morning and evening. However, the total daily dose of this medicine was not written on the MAR and neither were the doses required at each administration which made it unclear as to what dose should be administered. On one occasion, this medicine had been signed for three times in one day. It was not possible from the documentation available to determine whether this person had received too much of this medicine but due to the guidance in the MAR being unclear, this person had been at risk of receiving the incorrect dose.

It was also not always clear from people's care records, what level of support they required with their medicines. In one person's care records, it stated they were able to self-administer their medicines however; there were MAR sheets which had been completed by staff to indicate they had administered medicines to that person. When we asked about this, we were told the person had initially been assessed as being able to self-administer their medicines but this had since changed but their records had not been updated to reflect this. We raised this with the registered manager who investigated this. They later confirmed the current documentation was out of date and said they had updated this person's records straight away to provide the correct information.

MAR sheets were not always consistently completed. For example, on some MAR, there were gaps in signing for medicines with no explanation or reason given for this. During the inspection, it was noted that some MAR had been completed with an 'O' in the box where a medicines would usually be signed for. As there was no supporting information to explain these entries on the MAR it was not clear as to what the 'O' was indicating. When we asked the registered manager about this, they did not know the reason for the MAR being completed in this way and said they would investigate. They later informed us that the 'O' had been entered during an internal medicines audit where the auditors had written an 'O' where medicines had not been signed for. Although this did not have a negative effect on the people these MAR related to as these were MAR sheets that were no longer in use, the audit process had been unclear and due to the confusion, the opportunity for the registered manager to highlight these findings with staff had potentially been missed. On some MAR when medicines had not been given the correct codes to indicate the reason for this had not been entered. For example, on one MAR, an 'R' had been entered although there was no code which related to this letter. This meant, it was not possible to identify the reason for some medicines not being given.

Medicines which had been prescribed to be given as and when required (also referred to as PRN medicines) were not always managed effectively. There was not always an indication given on the MAR to state what the maximum daily dose of this medicine should be. This meant there was a risk people could receive an insufficient dose or too much medicine as prescribed to meet their needs.

These shortfalls were a breach of Regulation 12(2)(g) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 because the risks to people were not protected against the risk associated with the unsafe management and use of medicines.

Good

Is the service effective?

Our findings

People we spoke with told us they were cared for by staff who were well trained and had the appropriate skills to care for them well. Staff had the knowledge and skills they needed to carry out their roles and responsibilities effectively. New staff had an induction period which included core training and shadowing more experienced staff members prior to working independently. People told us they felt safe when being supported and that staff knew how to use equipment necessary to support them. They also told us new staff shadowed experienced members of the team before working independently. One staff member who had not worked at the service for very long, told us about their induction. They had ongoing support and shadowed staff. They told us about the mandatory training which they completed and also read care plans, were introduced to people who used the service and informed what support people needed.

Mandatory training as set by the provider was completed by staff to ensure they had the appropriate skills and knowledge to provide the individual support and care people needed. Staff were able to describe training they had completed and what this had involved.
Training included safeguarding vulnerable adults, infection control, safe moving of people, the Mental Capacity Act 2005 and other mandatory training in line with the Care Certificate standards. Staff training was monitored through regular supervisions to make sure their knowledge and skills were up to date and there were systems in place to identify when supervisions were due. There was a training record of when staff had received training and training was available to staff according to need.

Staff said they were supported by management to complete training which met the needs of people using the service. All staff we spoke with told us they felt sufficiently trained to carry out their role effectively and that senior staff were available for support if required. One staff member told us "We can take additional training if required. If I need help I can call a senior member of staff for support at any time"

Staff also said they received regular supervisions and spot checks which included assessment of their interaction with people, medicines administration and whether they were being responsive to people's needs. Staff also received annual appraisals. We looked at staff files which included the documentation of these supervisions, assessments and appraisals.

People confirmed staff always asked them for their consent and views before carrying out tasks often using the words "Shall I?", "Do you want me to help you with?" and "Are you ready for?". People and their relatives told us staff were respectful and asked them before supporting them with all aspects of their care. They said they felt able to make choices about how their care was provided and felt staff respected their decisions.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). 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. Training records showed staff had been trained on MCA requirements. All staff we spoke with were

able to tell us about the MCA and what to do when people were unable to make particular decisions and gave descriptions of what was meant by lacking capacity and doing things for people in their best interests.

Staff helped ensure people who used the service had food and drink to meet their needs. Some people were assisted by staff to cook their own food and other people received meals that had been prepared by staff. People's care records showed how people were assessed to ensure they had sufficient food and drink. People told us staff encouraged them to drink, especially during spells of hot weather. Staff told us how they ensured people using the service were well hydrated and maintained a healthy weight by recording and monitoring this on a regular basis and informing their manager and relevant healthcare professionals if they had any concerns.

People who used the service were supported by staff to have their healthcare needs met. Staff had details of people's GPs and any other health professionals such as district nurses or occupational therapists. People's care records showed staff liaised with GPs and other healthcare professionals where required, although this was also managed by people themselves or their relatives. People's care records also showed where people had required emergency assistance staff had responded appropriately and promptly to the situation.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of staff and said they treated them with respect and in a dignified and caring manner. Words used by people and their relatives to describe staff included "Very caring", "Very kind", "Understanding", "Respectful" and "Considerate". People said they had formed good relationships with the staff they saw regularly. Comments from people included: "My carer takes pride in my appearance and helps me select clothes and makes sure my hair is washed and styled" and "My carer encourages me to do what I can for myself". Staff were able to tell us how they assured people's privacy. People's relatives were positive about the care staff provided. They told us staff were respectful when providing personal care taking care to protect people's modesty and privacy.

Staff spoke fondly of the people they cared for and displayed a thoughtful, caring approach when speaking about people and the way in which they deliver care. People using the service their relatives and staff told us there were a regular team of carers and that the service tried to plan staff visits to ensure they worked regularly with the same people. This meant there was continuity of care as well as the reassurance that people were being cared for by staff who knew them well. However, for some people, due to staffing, this was not always possible to achieve during evenings and weekends. One person using the service told us "My carer comes in and makes a cup of tea and has a chat with me before getting me up. This makes me feel human, I do not feel I am being processed, but know they have a lot to do". People's daily care records showed staff provided person centred care, for example where staff had spent time talking with people rather than simply carrying out required tasks. Peoples care records detailed their personal histories and interests including their likes, dislikes and personal preferences. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. One staff member told us the service hold coffee mornings for people using the service where they are able to socialise with each other and have also held coffee mornings for charity fundraising events where people are also invited to take part bringing the service and people they care for into the community.

People told us staff helped and encouraged them to maintain independence. The relative of one person told us how staff assisted their loved one to walk to the bathroom rather than use a wheelchair to help them remain active. The registered manager told us where staff went the 'extra mile' to help people. For example, they told us staff sometimes took people shopping or to health appointments in their own time. They also gave us an example of when staff had facilitated the improvements for a person's home to enable them to come home following respite care. This helped this person keep their independence to stay at home for as long as possible. One person's relative also told us about a staff member who had seen a piece of equipment which they felt may assist the person they were caring for and how the staff member had liaised with the relevant healthcare professionals to get this equipment in place for them.

People and their relatives were given the opportunity to regularly give feedback on the quality of the service. The feedback from questionnaires and ad hoc compliments from people was positive and praised staff on their kindness and dedication. One comment read "I appreciated the extra time carers gave during the last few weeks when I was less mobile and unwell" and another compliment from a person's relative stated

"Staff were always very polite and efficient and enabled (X) to stay at home as long as possible".

People and their relatives told us they were involved in making decisions and planning their own care. People said their care was reviewed during what they called a 'care visit' by the registered manager where their care plan would be informally discussed and they would also re-visit and amend their plan of care with them in response to when their needs changed. For example, one person told us that despite having the same staff long term, who were very familiar with their needs, these staff knew the boundaries and did not make assumptions but sought their opinions and respected their choices. Another person told is ""Carers do things as I want them done".

Good

Is the service responsive?

Our findings

Information about people was shared effectively between staff. One person told us "The new carers always read my care plan before they attempt to do anything for me". Staff told us about a handover log sheet which is written at each visit following a person's care and this was always referred to at the start of the next visit to ensure there is continuity and consistency of care and staff have the knowledge they need to give people the care they required. If there were any immediate concerns, staff would call the office so other staff who were due to visit the same people could be contacted and be made aware of information. This information would also be recorded in a daily diary. Other entries in this diary included issues where staff may have experienced difficulty gaining access to people's homes, when people had appointments changed and therefore may not be available for staff to see them or for any new medical problems that may have occurred since the last staff visit. A member of staff was also available by phone for people to call out of hours to record these sorts of details and support people with any questions or concerns they may have. An electronic system was in place to notify office staff when staff had not arrived to ensure staff and the people they were visiting were supported. This system also detailed the start and finish times of each visit.

People's care records were up to date and individualised for each person. They reflected the current care and support needs of people and provided detail for staff to give care and support to people in the way they preferred. For example, the care plan for one person detailed their daily routine. It gave clear guidance for staff on what to do when this person became confused, how to support them and who to contact if there were any concerns.

People's care plans were developed and reviewed with the involvement of people using the service and their families where appropriate. Each care plan included a profile of the person using the service. This included information on their family history, memorable events and hobbies and interests. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People and their relatives were regularly invited to give their feedback of the service. This showed the service was keen to involve everyone and to improve things where necessary. It also showed the service was working in partnership with people and their families; keeping the needs of those they support at the forefront. We looked at records of compliments received, complaints and incidents and saw that these were appropriately logged and responded to. Letters of thanks, compliments and any incidents or issues people had were appropriately recorded. People and their relatives knew how to raise concerns if they had any issues and had confidence that they would be listened to. None of the people we spoke with had made a formal complaint, however, agreed they would do so if the need arose. Where they had been concerns, people said they had been dealt with as appropriate, one person stating "They (staff) are very co-operative".

Requires Improvement

Is the service well-led?

Our findings

The service demonstrated good management and leadership. There was a registered manager in post who was supported by a team of staff who coordinated care and managed the day to day running of the service. The registered manager was available throughout the inspection. Staff were able to describe a shared vision of how they saw the service as one which provided care to a standard that would be suitable for their own relatives.

People and their relatives told us they have a good relationship with the registered manager and said they were approachable.

The management team sought the views of people using the service and their relatives. People received an annual questionnaire to invite them to feedback on the quality of the service they were receiving. Some of these questionnaires, and comments from people and their relatives regarding the availability of staff said there were not enough staff employed to cover the number of visits people needed. For example, one person was already receiving care but due to their changing needs, they had asked for additional visits to be made. As there were no staff available to provide this care, this was not possible. However, people told us staff were able to meet their current visit arrangements although staff often arrived too early or late for these visits. The registered manager had recognised this as a challenge and the service had already responded to this by reducing their client base by around 50%. The registered manager acknowledged it was a challenge when staff were unavailable, for example due to sickness, but said they always managed to cover these shifts by deploying other staff to provide cover. No agency staff were used. The registered manager said this was because they wanted to provide a service where people saw the same staff and to ensure continuity and consistence of care. One person told us "If replacement staff are needed, they use office staff and bring them to the front line, they all work as a team".

Although the service had quality assurance processes in place to monitor the quality of care in relation to accidents and incidents, safeguarding and medicines management, a recent medicines audit had not been effective in identifying required improvements in medicines management. Findings from this audit had highlighted issues with documentation following administration of medicines but these had not been fully addressed. . We discussed these findings at the end of the inspection and the registered manager and staff involved with the internal quality assurance of medicines management were open and responsive to our comments and said they would address these straight away.

Staff meetings were held regularly to provide support to staff. Where staff were unable to attend staff meetings, a newsletter had been written. Minutes and newsletters included details on sharing best practice and highlighted reminders to staff on pending training requirements.

All staff we spoke with told us the registered manager and office staff were all approachable and there was an open door policy. The registered manager encouraged a caring culture and spoke highly of the staff who worked for the service. For example, we saw correspondence in a staff file that shared positive feedback which had been given by a person using the service to a member of the office staff during a care review. This

demonstrated the registered manager valued their staff and promoted a positive culture.

The registered manager told us they networked with external services and organisations in order to continually look at innovations and ways to improve and enhance the service they provided.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risks associated with the unsafe use and management of medicines. Regulation 12(2)(g)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not being supported by sufficient numbers of staff to keep them safe and meet their needs. Regulation 18(1)