

Elite Social 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 13 and 15 July 2016 and was announced.

Elite Social Care Limited is registered to provide personal care to people living in their own homes. There were 30 people using the service on the day of our inspection.

A registered manager was in post and was present during our 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.

Staff had been trained in how to keep people safe from abuse. They knew what to look for and how to report any concerns to a senior staff member or the registered manager. The provider encouraged people to raise any concerns about their safety and wellbeing, and people felt confident about bringing forward any concerns or complaints. The provider had assessed, recorded and put plans in place to manage the risks to individuals with their involvement.

The provider monitored any incidents, accidents or near misses on an ongoing basis, in order to minimise the risk of these things happening again. They followed safe recruitment practices.

The provider had systems in place to ensure that people received their medicines safely with the support of trained staff. Staff had the necessary skills and knowledge to carry out their roles and to meet people's individual needs. They underwent an induction, benefitted from an ongoing programme of training and had regular one-to-one sessions with senior staff or the management team. Staff had been trained in the Mental Capacity Act 2005 and sought people's consent before carrying out care tasks. They supported people to have enough to eat and drink and assisted them in seeking professional medical advice and treatment where needed.

Staff knew people well and treated them with kindness and compassion. They respected people's right to privacy and dignity. People were involved in care planning and decisions that affected them. Their wishes and preferences were recorded, understood and respected by staff. The provider encouraged people's feedback on the service and acted on this.

The registered manager promoted a positive culture within the service. People and staff found the management team approachable and felt listened to and involved. Staff benefited from consistent management and leadership. The provider had developed and made use of quality assurance systems to check the quality and safety of the service provided and to identify areas for improvement.

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.

Staff had been trained in how to protect people from harm and abuse. People had been involved in decisions about risks associated with their care. The provider followed safe recruitment practices. People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills needed to carry out their roles and meet people's individual support needs. Staff had been trained in the Mental Capacity Act and sought people's consent before carrying out care tasks. Staff supported people to have enough to eat and drink. Staff helped people to seek professional medical advice and treatment where needed.

Is the service caring?

Good ●

The service was caring.

Staff understood people's individual needs and met these with kindness and compassion. People were involved in decisions about their care and support. Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care, tailored to their individual needs and preferences. People knew how to raise any complaints and concerns with the provider, and felt comfortable about doing so. The provider encouraged feedback on the service from people and their representatives.

Is the service well-led?

Good ●

The service was well-led.

The provider promoted a positive culture and a collaborative

working environment. The registered manager provided consistent management and leadership to the staff team. Staff were well-supported by the registered manager. The provider had developed and made use of quality assurance systems to drive improvement.

Elite Social Care Limited

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 13 and 15 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

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. This person had knowledge and experience of care for older people.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with seven people who used the service and three relatives. We also spoke with seven members of staff, including care staff, senior care staff, the deputy manager and the registered manager. We looked at the care records of three people, staff training and recruitment records and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

The provider had taken steps to protect people from harm and abuse. Staff had been trained in how to keep people safe from abuse, knew what to look for and how to report any concerns they had to a senior staff member or the registered manager. Staff described how they remained alert to any changes in people's mood, behaviour or any physical signs of potential abuse. The provider had developed clear written procedures for dealing with concerns of abuse and neglect, which required that any issues of this nature were reported to the relevant external authorities. Staff had been trained in these procedures and understood their associated role and responsibilities.

Staff encouraged people to raise any concerns about their safety and wellbeing, through their day-to-day observations of and interactions with people. The provider had given people a handbook telling them what to do if they were worried about their personal safety. People and their relatives felt confident that they could speak to the registered manager or office staff if they had any concerns about the safety of the care provided. One person told us, 'I've got my handbook, but I'd ring the office. It doesn't matter who I speak to, I know they'd take it seriously.'

The provider had assessed, recorded and put plans in place to manage the risks to individuals. These plans covered a range of issues, including the support people needed with their health, mobility, personal care and their medicines. People told us they were involved in decisions about risks and risk taking that affected them. One person told us, 'If there's something I want to try, one of the office team will come out and we talk through the care plan and agree what we're going to do.' Another person said, "They (staff) weigh things up and talk to the manager and me and we take it from there. Some days they meet with the GP and specialist nurses when they're here. We all talk about everything." Staff were aware of the plans put in place to protect people from harm and told us they followed these.

The provider had trained staff in how to identify and report risks within people's homes. One staff member told us that the purpose of this training was, "To make sure the home I'm working in is safe for me and my clients." Staff told us they carried out visual checks on equipment before using it, looked out for any trips hazards or objects which may fall and reported any concerns they found to the office staff. The provider had developed systems for sharing information of risks with the staff team, which included the use of telephone calls and text messages for any urgent issues. Staff had also been trained in how to deal with emergency situations, such as people suffering a fall or injury, and had the support of an on-call manager or senior staff member outside of office hours.

The provider monitored any incidents, accidents or near misses involving people on an ongoing basis, in order to ensure lessons were learned and to minimise the risk of things happening again. None of the people we spoke with could recall having been involved in any accidents or incidents. Staff were aware of their responsibility to record and report any events of this nature. We saw evidence that these events were being recorded and monitored in people's electronic care records. The deputy manager talked us through the action taken following a recent medication error to reduce the risk of reoccurrence. This event had led to an improvement in how important information was handed over between staff.

The provider told us they planned their staffing needs on the basis of people's individual support needs and the total number of care hours delivered. People told us that staff were generally punctual, stayed for the agreed length of time and that missed calls were not a concern. Five of the people we spoke with had never experienced a missed call. People told us that they were properly introduced to any new staff who would be supporting them. One person said, "A lot (of staff) have been coming to me for years. They're like friends now. The new ones come with the older staff to get to know me."

The provider carried out checks on all new staff to make sure they were suitable to work with people. Staff confirmed that they had undergone a Disclosure and Barring Service (DBS) check and had been asked to provide employment references before they were allowed to start work. DBS checks help employers to make safer recruitment decisions. We saw evidence of safe recruitment practices in the staff files we looked at.

The provider had systems in place to ensure that people received their medicines safely. People told us that they were satisfied with the support they received from staff in this area. One person told us, "They put the tablets out for us. They don't leave until I've taken them and they write it in the book." Staff had been trained in how to support people with their medicines and their competence was checked as part of the regular spot checks carried out by senior staff and the management team. One staff member commented on the in-depth nature of the medicine training provided, which had helped them understand what each medicine was used for and the side-effects to look out for. Staff told us they would report any medication errors to the management team immediately. The provider had provided staff with guidance on the use of homely remedies in order that they were clear about their role and responsibilities in relation to non-prescribed medicines.

Is the service effective?

Our findings

People and their relatives felt that staff demonstrated the necessary skills and knowledge to meet people's care needs and to communicate effectively with them. One person told us, "What they (staff) do for me is brilliant. They went to a training course not so long ago." A relative told us, "They (staff) cater to [person's name] as an individual. Definitely they have the skills. [Person's name] has had the same carers for a couple of years now so there's good continuity."

When starting work for the service, all staff underwent an induction. This provided new staff members with the opportunity to work alongside and learn from more experienced colleagues, to read people's care files and to get to know people in person. One staff member, who was still on their induction, described the benefits of shadowing other staff over the last four weeks. This person told us, "You get a feel for how to do the job alongside the training you're given."

Staff participated in an ongoing programme of training to ensure they had the skills and knowledge needed to carry out their roles and to meet people's individual care needs. This included specific training on how to care for people with learning disabilities, dementia, diabetes or pressure care needs. The provider used a single external training provider who was able to offer classroom-based training tailored to the specific needs of the staff team and the people they were supporting. The provider subscribed to a number of care websites and publications, networked with other providers in the areas and attended local authority training and events in order to keep up to date with best practice.

Staff spoke positively about the range of training on offer. One staff member told us, "There are always recaps and, if you want to learn a bit more, [registered manager] will always pop you on another course." Another staff member described the benefits of the hoist training they had attended which had given them the confidence to use this equipment safely. We saw that the provider had up-to-date training and development plans to keep on top of staff training needs.

Staff had regular one-to-one sessions with a manager or senior member of staff. During these sessions, which staff felt were beneficial, they received constructive feedback on their performance. Any additional training or support needs staff had were also discussed. The senior staff involved in these sessions had received training in how to offer staff effective supervision.

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 registered manager indicated that staff did not, at present, support anyone who lacked the mental capacity to make their own decisions. They understood the requirements of the MCA, including the circumstances in which decisions may have to be made on behalf of others in their best interests.

The provider had trained staff to understand what the MCA meant for their work with people. Staff

understood the importance of obtaining people's consent in line with the MCA. They told us how they gained people's consent through asking them whether and how they wanted to be supported before carrying out care tasks. People confirmed that staff sought their consent before proceeding with care tasks and that staff listened to their responses. One person said, "They're always polite. They'd accept my decision if I didn't want them to do something." Another person said, "They always ask if I want a full wash and they tell me what's going on."

People were very satisfied with the support they received from staff with their food and drinks. They chose the food and drinks that staff prepared and served to them. One person told us, "They give me options. I eat what I want." Another person said, "They heat the meals in the microwave and I can have what I like for breakfast. I'm quite fond of cheese on toast, so they will make that for my breakfast, if that's what I fancy." Staff also encouraged people to have enough to eat and drink. One person told us, "I'm naughty, I don't drink enough. They make sure I've got a pint of squash because I like it in a pint glass, and they check what I've had and encourage me to drink." Another person said, "At the moment, I'm off my food, so they're coaxing me with things I might fancy. If I don't eat, they talk to the manager and he might contact the GP." The registered manager confirmed that staff did not currently support anyone with complex needs around eating and drinking. People's nutritional needs were assessed and reviewed on a regular basis, and care plans agreed to manage any associated risks.

People told us that staff helped them to maintain good health and to seek professional medical advice and treatment where needed. One person told us, "'If my skin is broken, they always alert the senior and talk about a plan of action. They talk to the district nurse etcetera. They have healed me." Another person said, "They ring the doctor and sometimes the district nurse comes. I've got a pressure sore. The carers make sure the pillows are moved so the pressure isn't always in the same place." People's relatives were also satisfied with the way in which staff met their family members' day-to-day health needs. One relative told us, "The manager arranged for the district nurse to come out, but the carers ring me if they've got any concerns. They put notes in the care plan and check with the office on-call if they're worried."

We saw that people's care plans contained information about their health needs, any long-term health conditions and the professionals involved in monitoring people's ongoing health. Staff told us they made use of this information, and they spoke with a good knowledge of people's individual health needs.

Is the service caring?

Our findings

People told us that staff treated them with kindness, compassion and sensitivity.

One person told us, "Sometimes, I'm really down. They ask me what I want. I might decide to stay in bed so they'll tidy up and chat to me. They're listening to me. I feel I'm important." Another person said, "They know that I'm embarrassed, but they are so reassuring and let me know they are treating me, not my body." A relative told us, "Yes, they're definitely caring. They are part of the family. They can be quite calming." People also felt that staff went the extra mile for them. One person told us, "At Christmas, they dress up; they still wear their aprons. It's about giving us a nice time, rather than just being a service." Another person said, "Yes, they'll do little extras for you, like pop to the shop."

Staff described how they got to know people well through talking to them, benefitting from the knowledge of their work colleagues and reading people's care plans. They talked to us about the people they supported with respect and affection, and with insight into their individual needs and preferences. One staff member told us, "I've got to give them (people) my all and be compassionate to the clients. I might be the only person they see all day. I feel I'm theirs, and want them to feel happy and confident."

People felt involved in their care planning and decision-making that affected them. They told us they had regular reviews, usually with the registered manager who visited them at home. One person told us, "I'm fully involved. I think it's reviewed every six months. The Manager comes to the house. I think it reflects what we need." A relative said, "The Manager comes round. We do reviews and they talk to us as a family. It's [person's name's] opinion that counts at the end of the day."

People's involvement in the initial assessment and review of their care needs was actively encouraged by the provider. They were invited to include others in these meetings to speak on their behalf, such as family members, if they wished to do so. Reviews were organised on a six-monthly basis, or sooner if people's needs changed.

People told us that staff treated them with dignity and respect. One person said, "They're very respectful; I trust them entirely." Another person said, "They always knock on the door and say hello. They respect what I want and don't push."

People described how staff protected their modesty whilst supporting them with their personal care, through covering them with towels whilst they were washing. People also felt that staff promoted their independence, where this was possible. One person told us, "They found a way, using a walker, for me to be able to move around the house. They tell me about aids which help me to be independent. They notice when I haven't been out and they talk to me about it." Another person said, "They let me do what I can. They'd never take over. It's always up to me but they're always there to support me."

Staff had received training on dignity and respect, and spoke with a good understanding of how to apply this in their day-to-day work with people. Staff understood the importance of treating people's personal information in a confidential manner. One staff member told us, "I know not to gossip and tell people private things. They (people) take you into their confidence. You're their friend and they trust you."

Is the service responsive?

Our findings

People told us they were listened to by the provider, and that their wishes and preferences were understood and respected by staff. One person said, "I like to have my hair washed twice before the conditioner goes on. They know the skin care I like. They know how I like my bed. I don't have to keep saying it to everyone." Another person said, "They know me so well; they know exactly what I need." Staff understood the meaning of person-centred care and the need to tailor the support provided to each individual's needs and preferences. One staff member told us, "We respect their wishes and do things the way they like them done." People also commented on the flexibility of the service in meeting any changing needs. One person described how the provider had talked through and accommodated significant changes in their support needs following a recent hospital admission.

We saw that people's care plans set out their preferences, strengths and their individual support needs. Staff told us that they were given the time to refer to these documents, and they spoke with an understanding of people's individual needs and preferences. We saw that one person's care plans had not been updated to reflect the changes in their mobility needs. The involvement of people and their representatives in the care planning process was also not being recorded on the care plans produced. Neither of these issues had impacted upon the people using the service, and the registered manager assured us that they would address both of these matters.

People told us that they had never had cause to raise a complaint in relation to their care and support. However, they knew how to complain and were confident about bringing issues or concerns to the attention of the registered manager, if they needed to. One person described how the provider had responded when informed of the person's difficulty in developing a rapport with a particular staff member. They told us, "I don't know what it was, but I couldn't connect with them. I rang the office and they listened to me and the carer didn't come again."

We saw that the provider had developed a written procedure for dealing with any complaints. However, the information contained in this document had not been fully updated, and did not adequately explain who people could turn to if they were unhappy with the provider's response to their complaints. This had not impacted upon the people using the service, and the registered manager assured us they would review and update their complaints procedure. Staff understood their role in encouraging and enabling people to raise concerns, and the need to report any serious complaints to the registered manager. Any complaints received were recorded, investigated and responded to by the provider, in order to ensure that lessons were learned. The deputy manager talked us through the actions taken in response to a recent complaint raised by a person's relatives in relation to the underperformance of a staff member. As part of this, the registered manager had met with the family in question to further clarify the person's expectations of the care and support being provided.

The provider distributed feedback questionnaires about the quality of the service provided on an annual basis. People confirmed that they had received these surveys, but felt that their day-to-day contact with the staff and management team was a more effective way of communicating. We saw that the provider had

collated people's feedback from the most recent annual feedback survey in August 2015. The deputy manager talked us through the actions taken in response to a concern raised in relation to staff members failing to tie their hair back and keep their nails short. Staff had been given further training on this subject, the provider's staff dress code policy had been updated, and additional checks on staff's appearance had been incorporated into the management team's spot checks.

Is the service well-led?

Our findings

The registered manager promoted a positive culture within the service, based upon open communication and collaboration with others. They encouraged an open and ongoing dialogue with the people who used the service, their representatives and the staff team. The management team made a point of speaking face-to-face with each person who used the service on a regular basis, in order to make sure they were happy with the service provided and to encourage them to express their views. People confirmed that they had regular communication with the registered manager and office staff. One relative told us, "The manager comes here and we sit and chat. He sometimes comes to support [person's name], perhaps once a week." People told us they found the management team to be approachable and felt listened to and involved. People and their representatives knew and spoke highly of the registered manager. One parent said, "The Manager is so easy to talk to. He's brilliant."

The registered manager sought to engage with staff and invited them to bring forward any concerns, ideas or suggestions. Staff felt able to approach the management team or to challenge their decisions at any time. One staff member told us, "You know you can go to the office whenever you want. [Registered manager] will say "You alright?" You can always have a chat with them." Another staff said, "[Registered manager] is so understanding and gives advice on everything you need. You don't feel afraid to go in and speak to them." The provider had developed a whistleblowing policy to support staff in raising concerns and staff were aware of this information.

Staff meetings were held on a periodic basis to consult with the staff team in a group setting. The issues raised by staff during such meetings were acted upon whenever possible. Following the most recent staff meeting, the registered manager had, at staff's request, introduced additional guidance around how to respond appropriately to any intrusive or personal questions encountered during their day-to-day work with people. The registered manager encouraged staff involvement in how the service developed. One staff member told us, "It's like a little family. [Registered manager] will always check how we feel about changes they are making and ask us whether we have any suggestions for improvements. They'll ask how the changes they've made are working for us."

Staff benefitted from consistent management and leadership and a clear sense of direction in their work. They felt well-supported by the registered manager and spoke of their work for the provider with enthusiasm and a sense of shared purpose. One staff member told us, "I think it's brilliant. We're one big family." Staff had been provided with job descriptions and understood what was expected of them.

The registered manager also understood their role and responsibilities. However, they had not told the Care Quality Commission about a specific allegation of neglect connected with a recent medication error. The registered manager told us that they had not been aware of the requirement to submit this notification, and we clarified this point with them. The allegation in question had been appropriately reported to another external authority. Statutory notifications ensure that the Care Quality Commission is aware of important events and play a key role in our ongoing monitoring of services.

The provider had developed quality assurance systems to check the quality and safety of the service provided and to identify areas for improvement. The management and senior staff team carried out unannounced monthly spot checks with each member of staff to ensure they were working in a safe and person-centred way. Any significant issues identified in relation to a staff member's working practice were discussed with them, at the end of each spot check, on a one-to-one basis. The provider also carried out targeted audits in relation, for example, to the management of people's medicines and the quality of the information recorded in people's care records. We saw evidence of these systems being used.