

Cherville Ltd

Elite Care Agency

Inspection report

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Date of inspection visit:

13 May 2019

21 May 2019

Date of publication:

06 June 2019

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

About the service:

Elite Care Agency is a domiciliary care agency (DCA) registered to provide personal care to people living in their own homes in the Bicester area. The service supports mainly older people and at the time of the inspection the service was providing personal care and support to 56 people.

There was a change in provider in April 2019. However, the service continued to operate from the same office with the same staff team.

People's experience of using this service:

People and their relatives gave us positive feedback about the service and staff. They described the staff as caring and supportive. People's privacy and dignity was respected by staff. People were supported to be independent and were in control of the support they received. People confirmed that the staff team were, "Always positive ambassadors of Elite." Staff had built trusting and caring relationships with people as they worked with the same people and could spend time developing meaningful relationships.

People's care plans were individual and described their needs and preferences, although some information was incorrect which the registered manager dealt with shortly after the inspection. Care plans were person centred and informative. Individual risks were identified, and staff had risk management guidelines to inform the support they provided to people.

To ensure people were safely supported the registered manager and new provider were in the process of arranging staff training and reviewing people's and staff records. This was due to the improvements that needed to be made in these areas.

People were supported to access health professionals and maintain good diet and nutrition. Staff worked well with other health and social care professionals to help people receive coordinated support.

People's rights were respected, and they were encouraged to give their views on the service. People were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager was clear about their roles and responsibilities and led by example. Staff spoke favourably about the support they received and recognised that changes and continuous improvements would be made under the new provider.

Rating at last inspection: Under the previous provider the service was rated Good. Report published 2 June 2016.

Why we inspected: This was a scheduled, planned inspection based on the service's previous rating under the previous provider.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Elite Care Agency

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and an expert by experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Elite Care Agency is a domiciliary care agency that provides personal care to people living in their own homes. There was a change of provider and registered manager in April 2019. Most of the evidence was based on information under the previous provider which we have considered when carrying out the inspection.

Not everyone using Elite Care Agency receives a regulated activity. Care Quality Commission (CQC) only inspects the service being received by people receiving 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service two working days' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

Inspection site visit activity started on 13 May 2019 and ended on 21 May 2019. We visited the office location on 13 May 2019 to see the registered manager and to review records.

What we did:

The expert by experience spoke with nine people and three relatives on the telephone to gain their views on the service. We received feedback, via email, from one person using the service, three relatives, one friend of a person, six care staff and one healthcare professional.

During the inspection visit we reviewed four people's care records and records relating to the management of this service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. One relative commented, "We both feel absolutely safe when the carers are here and with what they do for him. I often take the opportunity to pop out when they are here, and I am comfortable with that." A second relative said, "There is a genuine concern about [person's] welfare."
- Staff were fully aware of what action to take if they thought a person at risk of harm or abuse. They received training on safeguarding adults. Comments from staff were consistent and included, concerns would be "Flagged up with the office" and "I would report to my care manager [concerns] straight away. We are all a very good team and all communicate well."
- The new registered manager was aware of documenting and reporting to the Care Quality Commission (CQC) safeguarding concerns. For example, when newly in post they notified CQC of an issue that should have been referred under the previous ownership.

Assessing risk, safety monitoring and management

- Risks associated with people's needs were identified and assessed. Risk assessments were personalised. These included, bathing and showering and moving and handling. However, not all had been regularly reviewed. The registered manager was aware that a small number of people were overdue their annual review visits. During the inspection, these were arranged to ensure staff had the most up to date information.
- The environment and equipment were checked to ensure people and staff were safe. The registered manager told us they would highlight more clearly in people's records what equipment, if any, was used and when it was last serviced.
- Staff safety had been assessed, and measures put in place. Staff had access to the registered manager and senior staff through the on-call system. Senior staff regularly visited people's homes to check if there were any issues.

Staffing and recruitment

- People and relatives confirmed they were happy with the visit times. They confirmed staff were rarely late and if they were, this was only by a few minutes. One person said, "They [staff] never ever rush, they have time to do what they do." A second person told us, "I have never had a missed visit in six years and they are nearly always on time."
- There were enough staff working to cover all the agreed visits and one relative said, "They [staff] are always very responsive to providing extra visits." The registered manager confirmed they would not accept new referrals if they did not have enough staff to support people safely.
- Staff told us they knew which people they were supporting each day and added, "Any changes to our rota are communicated directly to us immediately. We also receive a client update every week to inform us of

any changes with clients. This is very useful."

- All staff confirmed they went through various recruitment checks before working in the service. One staff member told us, "I was interviewed, and the company obtained two of my references. A Disclosure and Barring Service check was completed before I was able to work alone with clients."
- The staff files viewed had some missing records, such as proof of address and two references. Shortly after the inspection the registered manager confirmed that all the required documentation had been requested and/or obtained. Plans were in place to check all staff files following the new provider taking over the business.

Using medicines safely

- People were happy with how they received their medicines, including how prescribed creams were applied to them. One person explained that the 30-minute visit was "Just right, and the creams are easily and expertly applied."
- People's needs were recorded within their support plans. However, some information needed to be checked to ensure it was accurate. On two people's records it was noted that the person required 'prompting' with taking their medicines. However, from information within the support plans and following discussions with the registered manager, it was clear staff were giving the person their medicines. Shortly after the inspection the registered manager confirmed information for people receiving help in taking their medicines had been reviewed and amended.
- Staff were clear of their roles when carrying out duties relating to medicines. They received training and we saw evidence they were observed throughout the year to ensure they were safely supporting people to take their prescribed medicines.

Preventing and controlling infection

- Staff had access to infection control training and to Personal Protective Equipment (PPE) to prevent the risk of infections spreading.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, the registered manager had raised the topic of a potential safeguarding issue in a staff meeting to ensure staff all knew what action to take to should a person refuse support and therefore place their general welfare at risk. This included staff being reminded to clearly record on daily logs if there were any issues.
- Accidents and incidents were reported and monitored by the registered manager to identify any trends or patterns. Appropriate action was taken following an incident to ensure the person was safe and well.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager or senior staff assessed people's support needs and preferences before they provided a service. This gave people and their relatives the opportunity to have their input about how they wanted their care and support delivered.
- Assessments and care plans highlighted people's individual needs and likes and dislikes. People and relatives confirmed review meetings were held so that any changes could be talked about and recorded.

Staff support: induction, training, skills and experience

- People commented positively about the thoroughness of the training of new staff. They appreciated that new staff shadowed experienced staff to understand how their care was delivered. A staff member told us, "I'm always introduced to people until I'm confident with the care and I get to know the client." People and relatives confirmed this usually happened which they appreciated.
- People and staff confirmed that before staff supported people they received training to meet people's individual needs.. One person said, "It was really good, I thought they [staff] were lovely to do that and I felt reassured."
- Staff were happy with the training and support they received. One staff member said, "I have enjoyed the training and found it has prepared me for the work I'm doing." A second staff member told us, "With the support of management I feel like it is satisfactory training." Training was on a range of subjects including, compression stockings and the use of portable oxygen.
- The registered manager had an overview and schedule to update training as necessary. A staff member confirmed, "I know [registered manager] and the new owners have spoken about their plans and have a training budget. Staff have now been booked onto mandatory courses with more to follow I am sure."
- Staff received support through one to one supervision meetings, staff meetings and having spot checks carried out by senior staff on their work in the community. Records showed these took place on an ongoing basis.

Supporting people to eat and drink enough to maintain a balanced diet

- Relatives confirmed staff were vigilant in checking people were eating well. One relative gave an example of where staff noticed a person was struggling to eat independently. Initially staff stayed with the person to assist them with their meal. However, an alternative way of providing meals was identified, which enabled the person to have more independence. This involved food being pureed so that the person could eat without staff supporting them. This change had worked well and maintained the person's dignity when eating with other people.
- Staff were clear they would always leave a snack and drink within the person's reach before leaving the home visit. One staff member confirmed "I always look back through the clients notes to check any records

of what our client have actually eaten/drunk. I would also record anything that I too have prepared, served or witnessed."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health needs were recorded to guide staff on how to support people effectively. Staff were clear they would inform staff in the office if there were any changes to a person's health needs. One relative told us about a staff member who had noticed a change in their family member's health and reported it to them. Action was then taken to ensure the person was assessed and treated effectively. The relative said, "I am extremely grateful to Elite for not only noticing this but reporting to ourselves quickly."
- Staff worked with community professionals to ensure people received the care they required. One health care professional told us the staff, "Demonstrate a high standard of care, both practical and emotional for the patient."

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". People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

Ensuring consent to care and treatment in line with law and guidance

- Comments from relatives and a friend of a person spoke favourably about staff. Comments were, "Some [staff] are very helpful and have [person's] best interests at heart." They confirmed people were given choices and were listened to.
- The registered manager had a good understanding of the principles of the MCA. Staff received training on MCA and told us they gave people daily choices. Comments included, "It's important not to ask to many questions as this can be quite overwhelming for a client that struggles to make daily decisions" and "We always offer different choices whenever possible. Promoting independence and dignity."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received complimentary comments on the staff. Feedback from people included, "I am comfortable with all the carers, they all do a good job," "I look forward to seeing them [staff] and they certainly all know what they are doing" and "I have a fondness and a confidence in relying on them [staff] for my care."
- People had built trusting and caring relationships with the staff members who visited them. One person said, "They are wonderful, and they are friends to me. When I hear the doorbell, I know it is one of them and I think of them as friends." A relative confirmed, "We wouldn't change a thing and they [staff] are all brilliant."
- Relatives described how visits from staff gave them a chance to do jobs or take a break. One relative said, "[Person using the service] gets on really well with them [staff] and when they are here I usually take the dogs out for a walk and when I come back all I can hear is them all laughing their heads off. It is a help and a rest for me too."
- Staff saw people as unique with their own preferences and beliefs. Information was person centred, such as advising staff to leave 'Cheese and crackers' before leaving the visit, as this was something the person enjoyed having. People's preferred name was also noted so staff would know how to address a person when supporting them.
- A health care professional spoke highly of the staff and the support they gave to people. They told us, "They [staff] definitely go above and beyond their remit to support the patient. They are also alert to [person's] medical needs and call/text us if they are concerned."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives all confirmed that staff knew what needed to be done during the home visits. People said they were involved in how they wanted to be supported. A relative told us, "The staff are very good and will take the time to chat, consult with [person] about what they would like to eat and drink."
- People and relatives were informed of who would be visiting them and for the most part the same staff visited them. Some people and relatives received a staff rota. One person confirmed, "I get my rotas sent to me by email every two weeks and I find that always helps." The registered manager confirmed they were reviewing this to ensure everyone who wanted to know in writing who would be visiting them would be sent a copy of the rota in advance.
- There were numerous examples provided of the service being flexible and responding positively to requests made by people. This was often when people asked for different visit times at short notice to accommodate timing of appointments.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed staff respected them and their wishes. One person told us, "They [staff] care, you can chat with them and they are all so accommodating."

- Staff made sure they built relationships not just with the people they provided care and support to but also any relatives living with the person. One relative commented on how staff took time to speak with their family member, who was not the person receiving the care. They said, "Staff talk to her on the sofa and that is really nice." A staff member told us, "All people should be treated with respect and dignity."
- People were helped to gain independence and do as much as they could for themselves. One person said they had become more mobile and would soon not require support from Elite Care Agency. However, they told us, "Elite have been wonderful, the girls [staff] have been absolutely delightful. I could not bathe myself, now I can."
- A relative gave an example of where the person had been reluctant to receive support with their personal care. Over a period of time, with staff gently encouraging the person and building a positive relationship, staff were then able to carry out the duties they needed to. The relative commented, "I have been most impressed with the understanding and delicacy with which they [staff] treat her."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported to give their views on the type of service they wanted and where possible the service was flexible. One person told us, "If I ever need an extra half hour visit so they can wash my hair, they'll do anything that is necessary." A second person highlighted the importance for them in having a service that could be adaptable. They said, "I often want to change visit times at short notice. I have a social life I want to maintain and they [staff] always try to fit me in." A relative confirmed, "Every six weeks [person] has to go for a hospital appointment and so we need the carer to come an hour earlier. Staff swap it around every time and there is never a problem."
- Staff knew people's needs and provided consistent support usually with the same staff member. This helped people feel confident in the service they received. One person said, "They [staff] help me a great deal and I am more than pleased, I consider myself very fortunate to be with Elite."
- People talked about the various tasks staff carried out and confirmed this always included the agreed tasks that were outlined in people's care plans. People also added that staff would do, "Odd jobs for me if I ask them to." A relative gave us an example of where a staff member had carried out extra tasks. They told us, "[Staff member] often picked up items of shopping in her own time and took [person] out shopping on her days off."
- People's preferred methods of communication were assessed and reflected in people's care records. The registered manager confirmed that information could be adapted and translated according to people's needs and in line with the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. The registered manager confirmed that no-one currently using the service required information to be changed and adapted.

Improving care quality in response to complaints or concerns

- People and relatives felt confident they could raise a complaint as and when they would need to. One person confirmed, "If I have ever had a complaint or comment they have always dealt with them and have sent a written reply." Another person said when they had reported a staff member for speaking on a certain subject the office staff had dealt with this quickly and removed the staff member from visiting them.
- There was a system to manage complaints and the provider's policy was available to people. The complaints log reflected the three complaints received in 2019 and this had been dealt with as per the policy.

End of life care and support

- The service had just started supporting one person with their end of life care. The registered manager said they worked alongside other health professionals to meet the person's changing needs.

- The registered manager was planning to arrange end of life training for staff to support them in carrying out their roles appropriately.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager, although not new to working in the service, was new to the role of registered manager. They were aware of where the service was working well and had identified what areas needed to be improved. This included offering staff training in a timely manner. One staff member told us, "I think that some aspects of training could be more efficient, but I know that Elite are working really hard towards this goal."
- The registered manager recognised that whilst there were some audits in place, such as checking on staff working in the community and reviewing completed medicine administration records they needed to develop more effective checks in other areas.
- We found in some records that information was either missing, such as in staff recruitment files or inaccurate for example not clearly recording the type of support people needed to receive their medicines. The registered manager was proactive in addressing these shortfalls and ensuring records were fit for purpose.
- The registered manager also recognised policies and procedures needed to be reviewed. We identified the medicine policy and procedures contained out of date information. It referred to previous standards which had not existed for many years and did not refer to current legislation and good practice guidance for staff to consider.
- Staff were proud to work in the service and spoke about offering a good service to people and were clear that this was their main role. Comments included, "I consider we [staff] deliver an excellent service" and "It is a lovely company to work for with fantastic carers."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had very recently been taken over by a new provider. This had been approximately two weeks prior to the inspection. The provider had spent time with the registered manager getting to know how the service operated. During the inspection the provider worked with the registered manager to start to address some of the areas that required attention.
- People and relatives spoke highly about the staff in senior or management positions. One person said, "I am very happy with them and the management is superb and make themselves available if you ever want them." Another person said, "The Manager came around and set up everything. She was efficient and personable, and I think that is reflected in all the staff."
- People commented favourably on the new registered manager. One person described how the registered manager would carry out an early morning visit to them, if this was required. People also said they could

contact the office with any queries and that communication was good.

- Staff spoke positively about working for Elite Care Agency. Comments included, "I am really enjoying working for Elite and I love working within a team and helping the clients I work with. The manager and team leaders are always there to answer any questions. I come to the office and enjoy a group chat" and "The management are fantastic and very supportive. They hold group meetings quite often, and if I feel I need to discuss anything they have been very accommodating."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were informed of changes and nearly everyone we spoke with volunteered that they had been notified of the recent sale of the business and therefore a change in the provider. No- one suggested that this caused them any concern.
- People and relatives could give their views on the service through the home visits carried out and the regular contact staff had with people on the telephone. One relative visited the office during the inspection and this was encouraged to enable people and relatives to pop in and give their feedback.
- The registered manager had prepared a letter to be sent to people and relatives with the results from the 2018 satisfaction surveys. Most of the feedback was positive. The registered manager confirmed that any responses requiring following up would be done to ensure the service offered people a quality service.
- Staff said they could contribute their views in staff meetings. Information was shared in these meetings and staff felt able to ask questions and give their views. Each week staff received a newsletter containing updates on the service and any important news that needed to be shared.

Continuous learning and improving care

- The registered manager was working well with the new provider to ensure people continued to receive a good service. Following on from the inspection, they had developed an action plan so that they could both drive improvement and ensure people and staff were supported appropriately.
- The registered manager was experienced in working in adult social care and had obtained a nationally recognised leadership and management qualification. They told us they kept their knowledge refreshed through receiving updates from the Care Quality Commission and Skills For Care, which was an organisation offering guidance and support to providers and staff working in the social care sector.
- Staff confirmed they were encouraged to study for qualifications in social care and where relevant in management to develop their knowledge base and reflect on current good practice.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure people received joined up care. A health care professional confirmed that the registered manager had, "Met with me for joint visits to the patient and is flexible and able to compromise to meet the patient's needs."
- Staff kept records of contact with professionals to ensure there was good communication between all those involved in supporting people in the community.