Mr Michael James Crossley

Elite Homecare

Inspection report

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Tel: 01616847838

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20 September 2018

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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

This announced inspection took place on 18 and 20 September 2018.

We last inspected this service in July 2017 when we found the registered provider was in breach of Regulations 9, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because care provision was not always reviewed, there weren't adequate systems in place to check on the quality and safety of the service, and not all staff received regular supervision and support. We also found the service was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, because the provider had failed to notify CQC of notifiable events. After our last inspection the provider sent us an action plan telling us how they would improve the service. These improvements had been effective, and we found the provider was now compliant with the regulations and consistently meeting people's needs.

Elite Homecare is a domiciliary care agency providing care and support to people living in their own homes. When last inspected, the service offered support to people living in Stockport and Oldham. Following that inspection the provider re-registered the Stockport location as a separate service, so this inspection looked at the services provided by the Oldham Branch of Elite Homecare.

At the time of our inspection 44 people were using the service. The service had a registered manager in place. 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. The registered manager was also the owner and employed a care manager with responsibility for day to day administration of the service.

People who used the service, their relatives and professionals we contacted told us they felt the service was safe. They told us staff took appropriate precautions when delivering care in their homes, and the care staff we spoke with understood their roles and responsibility to safeguard vulnerable people. We saw that where there were risks around peoples care these were assessed, with guidance on how to minimise the risks, but we found sometimes risks associated with people's behaviour were overlooked.

There were good systems in place to ensure the safe recruitment of staff and there were sufficient staff to attend to people's needs. Staff were deployed to work with the same people and this meant that they got to know them well. People who used the service confirmed this. They told us that they were treated in an appropriate manner by courteous and kind staff who respected their dignity, and dealt with their personal care issues with sensitivity. Staff received regular supervision to discuss their work, and ongoing training was provided to ensure that they maintained the skills and knowledge required to provide effective support.

Medication policies were appropriate and comprehensive and medicines were administered safely. Staff were knowledgeable about the medicines administration processes. The service had recently revised the

way they recorded the administration of medicines to minimise risk and allow for greater accountability. Staff were mindful of the risk of cross infection and ensured they followed good infection prevention and control guidelines.

People's care records contained information about their preferences and wishes. Care plans included appropriate personal and health information and were up to date. The care staff we spoke with demonstrated an ability to understand the needs of people who used the service and provide person centred care to gauge and respond to changing need.

Staff had received training in the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and were knowledgeable about this area. People told us that they were offered choices in how their support was delivered, and we saw that staff promoted and supported people's independence.

There was an appropriate complaints procedure in place and we saw that complaints were followed up in a timely manner.

People who used the service and their relatives spoke favourably about how the service was managed. Staff told us that the service promoted a healthy working environment which helped them to enjoy their job. They told us they felt supported and listened to.

The registered manager and care manager conducted regular audits and checks to ensure the service provided a good quality of care, and to seek ways of improving the service. People who used the service were consulted and completed quality questionnaires to ensure they remained satisfied with the support provided by Elite Homecare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us that they felt safe when they received care and support, and staff understood their responsibilities to report any concerns.

Assessments identified any risks, and suitable arrangements were in place to ensure the safe management of medicines.

Good recruitment procedures ensured staff were of the right character to provide good care and support

Is the service effective?

Good

The service was effective.

People were supported by well trained staff who knew them well and staff felt supported and received regular supervision. Spot checks ensured they provided good care.

Staff communicated well with each other, health and social care professionals and with the families of people they supported.

People were offered choices and their consent was sought regarding their care and support.

Is the service caring?

Good

The service was caring.

People were supported by the same staff, who demonstrated a caring and friendly nature.

Care was person centred and care workers felt that they had enough time to spend with individuals.

People were involved in making decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and services were planned in line with people's wishes.

Care plans were reviewed regularly, and the service responded to changes in need.

The registered provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Good

The service was well led.

Staff and people who used the service had confidence in the management and showed positive regard for their managers.

Systems had been introduced to monitor the quality of the service.

Staff told us that they were involved in discussions about issues in service provision and we saw that they were encouraged to raise issues and take responsibility for their actions.

Elite Homecare

Detailed findings

Background to this inspection

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

The inspection was conducted on 18 and 20 September 2018 and was announced. In line with our methodology we gave short notice of the inspection visit. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of one inspector.

Before this inspection, we reviewed notifications that we had received from and about the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, and tells us what the service does well and the improvements they plan to make. We used this information to help plan the inspection. We also checked with the local authority commissioning and safeguarding teams. They informed us that they did not have any concerns about Elite Homecare and were satisfied with the level of care provided.

During this inspection we visited and spoke with five people who used the service, and three relatives. We spoke with the registered manager, the care manager and four care workers. We observed how staff cared for and supported people. We reviewed five people's care records, four staff records, the staff training plan and weekly staff rotas and other records about the management of the service such as complaint records, surveys, and staff meeting minutes.

Good

Is the service safe?

Our findings

The people we spoke with told us that they felt safe with the care and support provided by Elite Homecare. One person remarked, "I feel safe with them. They know what they are doing. They know how I can become anxious but reassure me, and always tell me what they're doing when I can't see". Another told us that when the staff were about to leave, they ensured they felt safe and secure: "They make sure I'm comfortable and leave everything close by so I'm not stretching. I have everything I need close by; my phone, my remote control for the TV, drinks and snacks." Staff told us that they took precautions each time they left a person's property. One care worker said, "Every visit, I ensure doors are locked if the person wants this. Where people have key safes, I always checked the safe is locked after I return the key, and keep the numbers safe. I have my own code for double protection".

staff had received training in safeguarding adults, and the service had a safeguarding policy in place and copies of the local council's multi agency safeguarding policy. The registered manager had a clear understanding of the safeguarding adults process and staff we spoke with understood their responsibility in relation to keeping people safe. They told us they recognised the vulnerability of the people they supported and identified ways in which they might be taken advantage of. One care worker told us that they had reported their suspicions about a person they believed was being abused financially, which led to a full safeguarding enquiry and subsequent action to protect the person from further abuse. They told us, "my job is to keep people safe. I watch their backs, because some people are less scrupulous".

The service also had a whistleblowing policy, which allows staff to report any unsafe or poor practice without fear of recrimination. Staff told us, and we saw in staff files, that they were willing to report any practices which they felt were unsafe.

When we looked at care records we saw assessments which identified risks to people, and care plans directed staff on how to minimise these risks. Records identified environmental risks were considered, such as pathways, steps, and trip hazards and a section in care records indicated the location of electric fuse boxes, gas and water valves and identified any emergency escape routes.

Generic risks considered included falls and mobility, moving and handling, and medicines. Where risks were identified we saw that assessments and subsequent care plans gave instruction on how to minimise the risk and ensure people's dignity, comfort and safety, and these were regularly reviewed. However, specific risks to individuals were not always included in care plans. For example, we looked at one care record where an assessment noted that the person had a history of aggression when they were drunk, but there was no corresponding risk assessment. When we spoke to the care manager they told us that the person would rarely drink alcohol, but agreed to consider discussing the risk with the person to ensure any potential risk was mitigated.

The service had a policy for recruiting new staff, and when we looked at staff records we saw that full checks were made to ensure that they had the right character and experience to work with vulnerable people. The care manager was able to explain any gaps in employment identified on application forms. An employment

gap can sometimes indicate that the applicant is unwilling to disclose information which they feel would hinder their opportunity to successfully apply for a position. At our last inspection we noticed that not all staff had had their employment records verified but at this inspection we found follow up checks had been made.

All care workers worked in small teams or 'runs' which were based in geographical areas. This minimised the need to travel long distances between visits, and helped to ensure consistency of staff visiting people who used the service. There were no reports of missed visits and people told us that staff were rarely late. One person told us that on one occasion a care worker's car had broken down, but they received a phone call informing them the carer would be late. They told us that was the only time they could recall any problems with cares staff not being punctual.

Because care workers were allocated the same runs each week, they could build up a relationship with the people they supported, and this limited the number of unfamiliar staff working with individuals. One person who used the service told us that they had five regular carers, told us their names and was able to describe how each supported them. When we asked staff about their work schedule they told us that their rotas allowed sufficient time to get from one person to another and that they had sufficient time to ensure needs were being met. One care worker told us, "Its always at least half hour, that's the time you need to give genuine care. People need time, and to talk too. We can be patient, spend time with them, listen to what they have to say." Staff told us that their rotas were provided in advance which allowed them time to plan their visits, and that they remained fairly constant. Staff were employed to work on specific runs and would cover either morning and lunchtime, or tea-time and evening visits.

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines as prescribed. All staff had received medicine training and their competency was checked at least on a yearly basis. When we asked them, people told us they received support to take their medicines as prescribed, and in the way they preferred. The staff we spoke with could tell us about some of the medicines they provided, including the reasons for taking the medicines and any potential side effects.

For those people who required support a medicines administration record (MAR) was kept in the person's home. Care workers told us that they would always check the record sheet, and if there were any changes, they would double check with the person and the office before giving the medicines. Once medicines had been administered the care worker would note this in the daily record sheets, tick that they had given the medication and record and sign the MAR sheet. We looked at eight MARs. These included any allergies the person might have, the name and telephone number of the person's general practitioner (GP) and the date medicines had been delivered. A code indicated any changes from the norm, such as if the person refused to take their medicines or if they were in hospital or at day services. Other reasons for not giving medicines were marked with an O, and an explanation for not providing the medicines was generally detailed on the back of the MAR, for example, if they were given by the person's relatives. However, one of the MAR sheets we looked at included a number of 'other' marked, but there was no explanation given. WE pointed this out to the care manager who agreed to bring this up in supervision sessions. We also noted that people signed to say that medicines had been administered by initialling the relevant box, but there was no specimen signature or initials record. This meant that it would be difficult to audit the records. The care manager agreed to provide a specimen signature copy in each care record.

Staff were aware of how to minimise the potential spread of infections and wore personal protective clothing (PPE) when supporting people. When we visited people in their own homes they told us staff used Hygiene rubs and wore tabards and vinyl gloves which they disposed of after use. Wearing such clothing

protects staff and people using the service from the risk of cross infection during the delivery of care. A member of staff told us that they picked up a supply of gloves each Friday when they went into the main office.

Elite Homecare had a business continuity plan which explained what steps would be taken by management and employees in an emergency to provide continued care. They also recorded any errors in care provision and incidents which could affect service delivery and reviewed these to ensure that lessons were learnt whenThe people we spoke with told us that they felt safe with the care and support provided by Elite Homecare. One person remarked, "I feel safe with them. They know what they are doing. They know how I can become anxious but reassure me, and always tell me what they're doing when I can't see". Another told us that when the staff were about to leave, they ensured they felt safe and secure, "They make sure I'm comfortable and leave everything close by so I'm not stretching. I have everything I need close by; my phone, my remote control for the TV, drinks and snacks." Staff told us that they took precautions each time they left a person's property. One care worker said, "Every visit, I ensure doors are locked if the person wants this. Where people have key safes, I always checked the safe is locked after I return the key, and keep the numbers safe. I have my own code for double protection".

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office.

Elite Homecare had a business continuity plan which explained what steps would be taken by management and employees in an emergency to provide continued care. They also recorded any errors in care provision and incidents which could affect service delivery and reviewed these to ensure that lessons were learnt when things went wrong.

Good

Is the service effective?

Our findings

When we last inspected Elite Homecare we found that not all staff had received supervision or appraisal, and the training records we looked at showed not all staff had received up to date training. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. At this inspection we reviewed the training and supervision records and found that the service had improved.

When staff began working for Elite Homecare they completed an induction to the service, covering role and responsibilities, policies and procedures and other aspects of administration and day to day work. They completed mandatory training and were enrolled on the care certificate. This is a professional qualification which aims to equip health and social care staff with the basic knowledge and skills which they need to provide safe and compassionate care. New staff members were also required to shadow, or work alongside more experienced care staff during the induction period. This gave them the opportunity to see the full range of service delivery and meet the people who used the service.

Ongoing training was provided, and on completion of courses a copy of the certificate was stored within staff files. We saw certificates which showed staff had completed courses in a range of subjects such as food hygiene, fire safety, moving and handling, infection control person-centred care, dementia awareness and data protection. All staff received training on medicine administration, and refresher training around moving and handling. Staff we spoke with told us that they were currently receiving training around mental health and end of life care. The people we spoke with felt the staff were well trained and equipped to meet needs. One relative of a person who used the service commenting about the care and support provided by Elite Homecare staff said, "It's not just a job, they really care, and know how to provide the right support. [My relative} is diabetic, but they understand that and provide the right support, not just the dietary requirements. They really understand their condition, and how it could vary from day to day. They are really supportive, helpful and accommodating".

The care manager showed us a schedule for supervision and appraisal for all staff. This showed that all staff had an opportunity to meet with their line manager to discuss their work at least once every three months. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. Staff told us that they looked forward to their supervision. One person said, "Supervision is brilliant, I am able to offload. The [care manager] understands the issues, [we are working on our own] so we have a lot of responsibility and the managers help us with this, and help build confidence".

In addition to a formal supervision, each member of staff would be observed in the home of a person who used the service as care was delivered. The care manager told us that they try to alternate between and office supervision and an observation. This allowed for better feedback on performance. Observation records from these spot checks noted attitude, appearance, punctuality and use of initiative, as well as meeting domestic and personal needs. Any comments from the person who used the service were also recorded.

All staff had either had a yearly appraisal or that one had been arranged for the calendar year. An appraisal is a formal assessment of the person's performance. It provides an opportunity for staff to reflect on their work and set targets for the following year. We looked at three appraisal records for 2018. These included a record of achievement, considered what had been done well and what could be done better, and considered any future training needs. Where one person had spoken about their understanding of mental health issues, training had been arranged to assist them to develop in this area.

Staff also had the opportunity to speak to their managers informally, and were encouraged to visit the office each Friday, to pick up their rota for the following week and collect any items such as disposable gloves or records they might need for the following week. This also gave staff the opportunity to meet with other members of their team and they told us that they would sometimes arrange to come in together to exchange information and discuss any concerns about the people they supported. At the time of our inspection none of the people supported by Elite Homecare required two people for their support, so all staff were working on their own at all times. Consequently, they had developed good systems of communication, and worked collaboratively to meet people's needs. Daily notes would alert the next staff member to any changes in health, mood or appearance, or if there was anything out of the ordinary staff would 'phone each other. One care worker told us, "We are a team, it may be small but small is beautiful. We all know each other and all get on".

Similarly, relatives of people who used the service told us that they were kept informed of any changes in need, and that they knew the care staff who worked with their loved ones. One told us, "They are spot on, and keep me informed. Sometimes they'll leave post it notes for me, or ring me to let me know what is going on". When we spoke with commissioners they told us that the service maintained contact, and they would attend reviews and best interest meetings, informing them of any change in circumstances.

People were supported to have enough to eat and drink by staff who understood what support they required. Care records indicated any specific dietary needs, including any cultural or religious requirements for food to be prepared in a specific way. At the time of our inspection nobody who used the service had any cultural requirements, but when we asked staff, they were able to give examples of how they would support a person with such observances. We asked staff how they ensure people have an appropriate diet, and they demonstrated a good understanding of dietary needs. When we spoke to people supported by Elite Homecare, they told us the food prepared by their care workers was good and well cooked.

People's records included contact details for health professionals who may be involved in their care, including specialist nurses and GP's. Care plans showed attention to people's clinical requirements and people told us that staff were diligent in meeting their health needs. Care records we looked at showed liaison with general practitioners (GPs) and district nurses to coordinate care visits and ensure attention to medical requirements were met. We also saw in case records evidence of referrals to Speech and Language therapists and the falls coordinator where reviews had identified specific issues. Advice provided was followed with instruction written into care plans.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. At the time of this inspection no person was subject to any authorisations. Staff told us that if they had any concerns about the capacity of a person using the service, they would contact the office.

When we looked at people's care records we saw that people had provided written consent for their care and treatment. People we spoke with told us that their choices were respected, and that staff did not use their role to impose their own values on them.

We looked at the way the service managed consent to any care and support provided. We found in the initial assessment the service sought signed permission to provide care and support, and this was checked at reviews. When we asked them people who used the service told us that their consent had been agreed. One person told us, "They wouldn't do anything without asking first; they always ask for my permission, whether it's to give me a shower or make a cup of tea. They always ask".

Good

Is the service caring?

Our findings

When we looked at quality assurance questionnaires, spot check records and the compliments log they all reflected a view that the service ensured that people were treated with kindness and respect. Comments included, "A wonderful set of care staff. They are brilliant", and, "Thanks to [named carer] for the way they looked after [my relative] on Friday." These views were echoed when we spoke with people who used the service. One person told us that the staff were, "Always nice and friendly, always smiling. I would definitely recommend them. They are pleasant and polite, you know what you are getting, they always trying to help you". Another person said, "All the carers are great. They are very accommodating, more or less whatever I ask they'll do for me. Now and again they'll run errands; if I can't get out they will nip to the shops for me for a pint of milk or loaf of bread".

We asked staff how they develop a caring and supportive role with the people they support. They told us that having well organised runs, and visiting the same people each day meant they get to know them, their likes and dislikes. One told us, "Familiarity; we work in small teams so people keep same carers, and it is people they know and trust." They told us that they would always let the person know who would be visiting the at their next shift, so they knew who to expect. This was confirmed by the people we spoke with who used the service. They told us that they always have the same small team of support staff and that they knew who was due to visit. When we spoke to them, care staff showed a fondness for the people they supported. One remarked, "As we get to know them they open up to us. We find out about them their lives their families and what is important to them. We know what they like and don't like, we get used to their routines and moods".

The care staff we spoke with showed understanding and empathy for the people who used the service. One spoke about how it must feel to be reliant on support, and the loss of independence this might entail. They told us that when new people began using the service they could be resistant. They recognised that for some, a reliance on home care indicated a loss of autonomy, but they respected the person, and worked at their pace. They said, "The key is to let them do as much for themselves as they can, and politely offer to help if needed". Another care worker told us, "When we start [people we support] feel like they have lost their dignity, but we respect their independence., and give it back to them. We are there to help. Last month I was introduced to a person who refused assistance in the shower, but by talking and supporting, providing gentle encouragement, they have come around, and now feel comfortable with our assistance".

All the care staff we spoke with demonstrated a warm and caring nature. One told us, "It's the [people who use the service] that keep me going. We get to know them and know why we are supporting them. We can have a chat and banter sometimes, sometimes we need to remind them about things, like 'put on your hat and coat'. Sometimes we need to be patient with them. Our job is to assist; sometimes they find tasks difficult but want to persevere. We support their independence." The relatives we spoke with were impressed by the warmth and caring nature of Elite Homecare staff. One relative told us the care provided was, "second to none", and another told us that as their relative was approaching their death, care staff were sensitive to her needs and wishes, and all visited in their own time to pay their last respects.

Elite Homecare promoted equality, recognised diversity, and protected people's human rights. When we looked at care plans and other documents, any specific cultural, religious or other diversity needs were noted. Staff respected people's social norms and values, and supported them to lead fulfilling lives in accordance with their individual needs and wishes, and promoted their independence.

People and relatives told us that they believed the service accommodated their needs well. They told us that if their plans changed, Elite Homecare would try to fit their visits around this, so alternative cover either before or after the regular time would be negotiated. People were given opportunities to say when and how they wanted their care to be provided, and their wishes were respected. They told us they were involved in making decisions about their care, and had been consulted and involved in reviews. They knew the managers of the service and told us they would call either to ask their views of service delivery or to undertake spot checks. They were asked their opinions about how their care was delivered.

We saw staff had access to policies and procedures for maintaining privacy, dignity and confidentiality. These values were also covered in staff induction and referred to in literature provided to staff. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records that were in the office were stored securely to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

The care manager told us before accepting a new referral to the service they would consider information provided by commissioners and any other professionals involved in providing support or assessment, such as social workers and health professionals. They would then meet the person to draw up a care plan based on this information and taking into account what they had been told by the person and their relatives. Once the referral had been accepted, the person would be introduced to their care team. People told us that they met their care staff before they began working with them.

We looked at four care plans. These were well set out and easy to read, providing clear instruction to staff about any required tasks or duties. General details about the person included signed consent to services, personal information, contact details for health professionals and relatives, including emergency contact details, and notes of any specific issues such as health concerns or aids and adaptations needed. Where the person lacked capacity to agree to care and support, the service would seek an advocate to act on their behalf. A 'service user profile' provided information about the person, their background and history and any likes or dislikes. This helped guide staff to provide support in the way the person preferred.

The central part of the personal care plan detailed any required interventions to maintain the person's physical and mental well-being, and reflected personal preferences, such as use of makeup or grooming. Any religious or cultural requirements are noted including worship or attendance at religious observance. A health record documented any specific health or dietary requirements and noted any recreational activities and hobbies.

A weekly 'planned delivery of care' showed the service had discussed with the person what they were able to do themselves and the level of support required to meet the identified needs. Where risks had been identified these were also discussed with the person and a risk management plan agreed. Care plans had been signed by the person where possible to say that they agreed to the care being provided

We saw that care plans did not provide comprehensive instruction to staff. When we asked them, however, staff told us that care plans were useful as a guide to tasks required but they had a good understanding of how to provide care in the way people preferred, and through regular vigilance they could see any changes in need. One person told us, "We read and record our interventions. Care are useful to an extent, because they give us a good guide on what to do, but people can change from day to day. It's important to read the notes from previous visits, they give a better indication of how people are from day to day." They told us that if they noticed a person's needs had changed they would feed this back to the care manager to consider any need for reassessment.

All care records were kept securely in the service's main office with a copy in each person's home. We were told that when any changes were made both copies were amended. We checked the care records for one person in the main office and when we visited this person in their own home we saw the copy of their care plan tallied with the original. This ensured that all information held about people who used the service was accurate and up to date.

When we last inspected Elite Homecare in July 2017 we found a breach of the Health and Social Care Act 2008 (Regulations) Regulated Activities (2015) as the service had not ensured that the delivery of care was reviewed. Although this referred specifically to the Stockport arm of Elite Homecare, which was now registered under a different service, we wanted to check that care packages were kept under review. This was the case. Care records were audited and checked for accuracy on a regular basis, and a full review was carried out on each person annually. Review records noted who was in attendance, any identified changes and why they might be required. A new care plan was written to reflect any changes identified at the review.

Following each visit the care staff would make notes recording their intervention which people who used the service could see if they wished. Times of visits were recorded and these corresponded to the times set out in the care plans. When we visited people in their own homes we looked at how care staff were recording their interventions. The records were comprehensive and gave a good account of the visit, noting any issues, changes in demeanour and appropriate issues addressed. For example, one note read, 'Noticed [person] hasn't drunk fluids since breakfast. Not touched cup of tea or water. Asked to sip on water whilst I made tea'. This showed that staff were vigilant, and identified any issues which might need to be considered.

The service had a complaints procedure and a copy of this was available in the service user guide. When we asked them, people supported by Elite Homecare told us that they had regular contact from either the care manager or care coordinator so any issues they had they would contact them in the first instance. The service had received four formal complaints since our last inspection in July 2017. For each there was Evidence of investigation and follow up action to resolve the concern.

Some of the care staff had undertaken training to support people at the end of their lives. We asked staff how they supported people approaching death and one care worker told us, "Our job is to make them comfortable, to make sure their needs are respected. It's sad when they die, we're like a big family here and it hits us. We all feel the same". They explained how they would support the person, considering their needs and wishes. They recognised that extra support may be needed and gave an example of how they had liaised with family members and health professionals, such as district nurses, to ensure that the person did not die alone, and to deliver anticipatory medicines. The care manager showed us a number of thank you cards delivered by relatives of people who had died, which praised the support given. One card read, "We are thankful for the care and support given to [our relative]. You kept her smiling right to the end".

Good

Is the service well-led?

Our findings

The service had a registered manager who had been registered with the CQC since January 2011. He was supported by a care manager and a care coordinator. Both the registered manager and the care manager kept their knowledge up to date by attending regular forums for care providers in the local area, and by accessing various websites such as health and Safety Executive (HSE), National Institute for Clinical Excellence (NICE) and Skills for Care.

All the people we spoke with felt Elite Homecare promoted a healthy working environment. A care worker told us, "[The managers] look after us, but we understand we are working for the people who use the service. Their needs come first, but we are not forgotten about" Another, with experience working in other similar services explained, "It is so much better than my previous jobs, [the care manager] shows [they] cares I have a life to live, and they recognise that. There is a good work life balance, the managers respect family life. I'm less stressed than I was, I am happy in my job, because I know what I'm doing and know I have the support from managers who care about us too. This means I am much better at my job, I can focus properly and give people who use the service] proper attention".

Other care staff told us the service was well managed. A care worker told us, "I know if I have a problem it'll be sorted. I can ring the office and they're on to it. If someone rings about me, they are on to that too!" They told us the managers were approachable, but, "Sometimes can be direct, they will say if we have done something irregular, and will ensure we are following correct procedure.

The staff we talked with all spoke positively about working for Elite Homecare. One staff member told us they believed there was a good team ethos, that the staff all got on with one another and shared a common goal. They were encouraged to meet up regularly and came in to the office on a weekly basis. They told us that they were kept informed of any changes which might affect their day to day work, for example, if a person who used the service was unwell.

When we inspected Elite Homecare in July 2017, we identified a breach of regulation 17 of the Health and Social Care Act 2008 (Regulations) Regulated Activities (2015) because the service had not undertaken any audits to monitor the quality of service. Following that inspection, the provider sent us an action plan detailing the steps the service would follow to ensure compliance with this regulation. At this inspection we saw that appropriate action had been taken and the service is no longer in breach of this regulation. Regular audits were undertaken on all aspects of the running of the service, such as daily records, care plans, staff training and medicine administration. We looked at a recent medicines audit which had highlighted inconsistent recording. This had led to a review and subsequent change of the medicine administration records to allow for more efficient and accurate recording of when medicines had been taken.

We noticed when we reviewed care records that audits had not picked up some minor details, such as dates of review, which had not always been updated on new forms. When we raised this with the care manager they agreed to review the form to ensure that all were correctly dated.

We saw that people who used the service were given the opportunity to influence how their care was provided. All the people who used the service and their relatives were asked to complete a yearly questionnaire and comment on the quality of care provision. We saw an analysis of the most recent survey showed all the people questioned were either positive (23%) about their care or very positive (77%). Yearly quality assurance reviews were scheduled and the care manager and care coordinator undertook spot checks with each person who used the service at least twice yearly. Additional visits and checks were undertaken in each person's home, including an annual fire risk assessment, service checks and audits of records kept in the person's home. Records for each visit were kept and included analysis of any incidents or accidents. However, there was no subsequent analysis or correlation which might indicate or identify any patterns or trends. We spoke to the care manager about this and they agreed to further analyse their data to identify any issues which might affect the whole service.

Staff meetings were held every three months, and minutes were typed and available for all staff to review. When we looked at these minutes we found that they were supportive and instructive with evidence of attendance and participation from staff. Issues discussed included medicine guidelines, Infection control, and reminders about punctuality.

At our inspection in July 2017 we identified a breach of regulation 18 of the Care Quality Commission (registration) Regulations 2009. This was because the service has a duty to notify the Care Quality Commission (CQC) about specific events or incidents and they had not always done so. We checked our records before this inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the provider. This meant we could see if appropriate action had been taken by management to ensure people were kept safe, and the service was no longer in breach of this regulation.