

Elite Care Professionals Limited

Elite Care Professionals - Main Office

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

About the service

Elite Care Professionals is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 11 people being supported by the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans were person centered and reflected the needs of each person. Their assessments showed they had been involved in the process. Care plans described how people should be supported so that their privacy and dignity were upheld.

Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their medicines on time, and as prescribed. Accidents and incidents were recorded and reviewed in order to minimise the risk of re occurrence.

There was a complaints procedure in place, which people's relatives were aware of, and quality assurance processes such as spot checks, were used to drive improvements. The provider was in the process of updating the electronic governance systems.

A new manager had recently been recruited to grow the business and provide structure to the current management systems. This enabled the provider to have more oversight of the business and define roles within the organisation maintaining good communication and ensuring everyone understood their roles and responsibilities.

Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. Staff received an induction and were supported through a programme of regular supervision, shadowing and training. Staff comments included, "I really enjoy working for Elite, the training is fantastic, and I feel very supported in my job, I have been here for five months and am very happy here".

People were involved in deciding what support they needed. Close working partnerships with other agencies and health and social care professionals had been formed.

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

Rating at last inspection

This service was registered with us on 16 August 2022, and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was not always well led.

Details are in our safe findings below.

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was an acting manager in post who was in the process of applying for CQC registration.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with six members of staff including the registered manager and nominated individual. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. There were policies covering safeguarding adults, which were accessible to all staff, and they outlined clearly who to go to for further guidance.
- Staff were trained in safeguarding adults; staff explained the correct course of action they would take if they suspected abuse or harm had occurred.
- The acting manager and provider understood their obligations to report any concerns they might have in relation to people's safety and the risk of abuse.

Assessing risk, safety monitoring and management

- The provider had an electronic care planning system in place to ensure staff had access to information about people's needs and care.
- Risk assessments and management plans were in place to keep people safe and had been reviewed and updated as appropriate, there were some required risk assessments not in place. We spoke with the registered manager about this, and this was acted upon immediately.
- Staff spoken with were confident they supported people safely. One staff member told us "The system works very well, and the handover records are very clear and detailed. We report any concerns or deterioration to the manager without delay".

Staffing and recruitment

- The provider's recruitment process was robust and included background checks and references to ensure staff employed were safe to work in the service. They carried out pre-employment checks on staff, including proof of identification and the right to work in the UK. The provider carried out a check with the Disclosure and Barring Service (DBS).
- Rotas were completed using an online rota system. We at looked this system and spot checked some of the staff's rotas. Call times were adequately spaced with suitable travel time in between each call.
- A new system for call monitoring is planned to be introduced due to the business growth from a family run business to a small organisation. The call runs are time critical, and rag rated and enabled staff enough time to travel to the next call. The new system will help support governance systems to ensure accuracy of call times.

Using medicines safely

- Medicines were managed appropriately.
- There were systems and procedures in place to ensure proper and safe use of medicines.
- Care workers had received medicines training. They had been assessed as competent to support people to take their medicines. One family member told us, "They give mum her medication at the correct times, we

have had no concerns".

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were reviewed regularly to identify any trends/risks and updated people's care plans as appropriate.
- The provider had systems in place to identify and learn from any incidents with any learning shared with the staff team.
- The provider worked closely with health and social work professionals to escalate any concerns and were involved in multi-disciplinary meetings with the local authority.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the appropriate induction and training the provider had assessed as mandatory to carry out their roles. Following the inspection, the provider advised that all staff will be offered a three-day face to face induction programme to enhance the current programme in place.
- A training matrix recorded completion of training courses, and this was overseen by the managers to ensure staff were booked on refreshers before current training expired.
- We saw records confirming that supervision and support was being provided to staff every quarter, including spot checks and direct observations to monitor their performance when supporting people. One staff member said, "I have regular supervision, however I can call the office any time and the manager will provide support if needed".

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

- Individual nutrition and hydration care plans were in place to provide guidance to care workers on meeting people's dietary needs.
- People and their relatives we spoke with were happy with the support being provided surrounding their diet. Comments included "Yes the carers provide my relative with support to eat and drink, they make sure they offer choices".

Staff working with other agencies to provide consistent, effective, timely care

- People's plans documented how the service needed to work with others to meet people's needs.
- Staff worked with other agencies, such as district nurses and social workers to ensure people's needs were met. Community based health care professionals provided guidance to support people with ongoing health conditions.
- People were referred to specialist support when required for example dieticians and speech and language therapists.

Ensuring consent to care and treatment in line with law and guidance 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 MCA 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 when this is in their best interests

and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care and treatment and staff supported them to have maximum control of their lives.

Supporting people to live healthier lives, access healthcare services and support

- Within people's care plans there was contact numbers for the GP, dentists, and other medical professionals who were involved in their support.
- Feedback from a relative reflected, "the agency is extremely person-centred and accommodating, they will move times around if there are planned appointments or events taking place".

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People and their relatives told us care workers were kind and caring. Comments received included "Yes, they're lovely, very kind and encouraging, I can't fault them", "they are phenomenal, and we would be lost without them", "the carers make such an effort with my son and have built a great relationship with him".
- The service respected people's equality and diversity. Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences.
- The provider had taken people's preferences and needs under the Equality Act into account when recruiting and scheduling staff. This included the recruitment of an Italian speaking carer for a person who's first language was Italian.

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

- Care plans reflected the decisions and choices people had made about how and when they wanted their care and support provided.
- People were supported to maintain their independence. Relatives told us about how care workers took time to support people to participate as fully as they could. A family member told us, "The carers take an interest in my relative and take the time to communicate effectively, they offer encouragement and support and are never rushed".

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was respected.
- Care plans were clear about what people could do for themselves, including whether people needed prompting, guiding or direct support to have different aspects of their care carried out.
- Daily care records evidenced staff respected peoples' decisions and choices.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were in receipt of a personalised service. From recruitment of staff to delivery of care, people are involved in all aspects of the service.
- The provider demonstrated the motivation for person centred care and could evidence examples of how this had impacted on people's lives.
- One relative stated, "the agency has gone above and beyond for my relative, the support has been excellent".
- Staff knew the people they supported well, including their dietary needs and preferences, activities they preferred, how best to approach people and how to support people if they became agitated or upset.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with people in the way they preferred and could understand.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place at the service and people's relatives confirmed they could complain if needed to.
- There had been no recorded formal complaints at the service.

End of life care and support

- Staff had undertaken end of life care training.
- There was currently no one requiring end of life support.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person centred care. Their assessments showed they had been involved in the assessment process. Care plans were written to reflect their choices, likes and dislikes.
- People we spoke with, and the staff were complimentary about the acting manager and the service in general. One person said, "the staff are great, and the owners have supported me, I know them well".
- Relatives told us how they were kept up to date and involved in all aspects of the care of their family member. One relative said, "We are involved in reviews, and I have regular contact with the office, I have no complaints about them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The acting manager and staff team understood their responsibilities under the duty of candour.
- Policies and procedures were in place, including safeguarding, infection control, recruitment, and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Open and honest relationships had been developed with people and their relatives. Relatives told us there were effective methods of communication in place.

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

- The new acting manager had introduced new systems in place since starting in post. A more hands on approach was in place prior to the recruitment of the manager which left gaps in governance and auditing.
- Some auditing systems were observed, however there were some gaps surrounding the completion of risk assessments and reviews within care planning.
- This was brought to the registered manager's attention who immediately rectified the issues and discussed plans for a new compliance system for auditing.

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

- The acting manager and staff worked with external professionals to ensure outcomes were achieved for people.
- Feedback from professionals commented on the positive working relationships and the good

communication between the services.

- Staff received supervision and support from the registered manager and senior care workers to develop their practice.
- Staff engaged within staff meetings and were supported to express their views and contribute to the development of the service. A staff member told us, "The manager is very approachable and supportive, I can raise any issues and I would be listened to."

Continuous learning and improving care

- The provider was committed to the continuous improvement of the service.
- Quality assurance questionnaires and regular reviews took place which gave people the opportunity to give feedback about the staff and the care that they received.

Working in partnership with others

- The manager and provider worked in partnership with others to make sure people received the right care and support. This included working with health and social care professionals such as occupational therapists, GPs, district nurses and social workers where this was required for people.
- Feedback from professionals included, "the provider is very person centred and accommodating, I have witnessed excellent care being delivered. They are passionate about the service people receive".