

# Mr Michael James Crossley

# Elite Homecare

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We visited Elite Home Care on 21 July 2017. Elite Home Care provides care and support to people living in their own homes in Oldham and Stockport areas. At the time of our visit, the service was providing support for 58 people, all of whom were in receipt of personal care. There were 27 staff employed by the service including the care manager.

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.

During the inspection we saw that the registered manager was responsible for the Stockport area and the care manager was responsible for the Oldham area. Information we asked for was readily available for the Oldham area, however this was not always apparent for the Stockport area.

People we spoke with told us they felt safe at the home and people's relatives also told us they felt people were safe. During our visit, however we identified concerns with the service.

During our inspection we found breaches of Regulations 9, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. These breaches related to the safety of the governance of the service, person centred care, staffing and not notifying CQC of notifiable events. You can see what action we told the provider to take at the back of the full version of the report.

Each person had a personal care plan that included risk assessments however not all of these had been reviewed regularly.

The service had not notified CQC of all notifiable occurrences which meant they had not always fulfilled their responsibilities in relation to their service and registration.

Elite Homecare had a training and supervision programme in place, however not all staff had received training updates and supervision. Some staff had received support through team meetings however not all staff had been given the opportunity to attend staff meetings.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. However we found that not all references had been verified.

Quality assurance systems in place were not robust, we saw that not everyone using the service had received a service review. We asked people if they had been asked their opinions of the service and not all of

them had.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing.

The services policies and procedures had been reviewed by the provider and these included policies on health and safety, confidentiality, medication, whistle blowing, safeguarding, recruitment, complaints and lone working. This meant staff had access to up-to-date guidance to support them in their work.

People told us they were very happy with the staff and felt that the staff understood their care needs. People confirmed that staff stayed for the length of time allocated and arrived on time. All of people we spoke with had no complaints about the service. We found that people were involved in decisions about their care and support. We also saw that medications were handled appropriately and safely.

Suitable processes were in place to deal with complaints and people knew the phone numbers to ring and each person we spoke to had no complaints about the service from care staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe

Risk assessments had been completed, however not all had been reviewed regularly.

People were getting visits on time the majority of the time and staff were staying the required length of time.

Staff managed people's medication safely when required.

Personal protective equipment such as gloves and aprons were available to staff.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective

Not all staff had received regular training updates or supervision.

People had given consent for care to be provided.

Staff had received an appropriate induction when newly employed.

### Is the service caring?

**Good** ●

The service was caring

People we spoke to told us that their dignity and privacy were respected by staff.

We were told by people using the service that staff were kind, very caring and helpful.

People's information was held according to confidentiality policies and guidelines.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive

Care plans included what support was needed with personal care, daily living tasks however not all care plans had been reviewed.

The complaints procedure was available to people receiving a service and records showed that complaints were dealt with appropriately and promptly.

Daily visit logs reflected the support people needed that had been identified in their care plans.

**Is the service well-led?**

The service was not always well led

The service had a manager who was registered with the Care Quality Commission.

The service had not regularly updated CQC with notifications and other information.

There were no audits in place.

The quality assurance systems were not standard across the whole organisation.

**Requires Improvement** 

# 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 July 2017 and was announced. 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 inspection was carried out by one adult social care inspector and one expert by experience, who contacted people by telephone as part of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

We visited the office on 21 July 2017 and looked at records, which included six people's care records, four staff files and other records relating to the management of the service. The inspector visited one person in their own home on 19 and 20 June 2017 and the expert by experience telephoned people on the 21 July 2017. We spoke with the registered manager, the care manager, a coordinator and four other members of staff.

We spoke to eight people who used the service and one relative by telephone.

We asked for information to be provided following the inspection and this was done promptly.

# Is the service safe?

## Our findings

People who used the service said they felt safe when supported by the staff. One person who we spoke with told us "I feel very safe. When you get old you feel a bit vulnerable. The girls that come are wonderful." Another person told us ""I feel safe with someone there".

The provider had a policy on safeguarding and staff we spoke to were aware of the need to report any concerns to a senior person. However the records provided showed that not all staff had received any up to date safeguarding training, some had not had any since 2015. We saw that policies and procedures were in place for safeguarding, however the service had not reported some incidents to the Care Quality Commission appropriately and in a timely manner. The provider had dealt with the incidents in appropriate manner with all investigations and actions documented appropriately.

We also asked staff if they felt comfortable whistle blowing. Whistleblowing protects staff who report something they believe is wrong within the work place. Each staff member said yes.

We looked at a sample of four staff files. Records showed that recruitment and checking processes had been carried out when staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure, however we found that some staff had not had their employment references verified prior to employment, this meant that a thorough check of people's work history had not been undertaken. We were able to see that the service had a disciplinary policy in place and that this had been followed when it was needed.

We received no reports of missed visits however we were told of changing staff, this meant some people did not always have continuity of staff coming into their home. One person told us "It can be hit or miss. I like continuity. I will get somebody and they come for a couple of weeks and then they say they are not coming. That's the only thing that messes me up" and another person told us "Sometimes they are held up so I have to have someone else". However we also received positive comments that included "Yes, two carers. They are brilliant" and "They are regular staff".

Risks to people's safety and well-being had been identified and plans put in place to minimise risk. Risk assessments had been completed with regard to moving and handling, the environment, people's personal care and medication needs. However we saw that the risk assessments for Oldham had been regularly reviewed but those for Stockport had not. This meant not all staff had current guidance when delivering care that followed up to date risk assessments and so putting the person at risk. We brought this to the attention of the registered manager.

We looked at how the service supported people with their medication. People who required support with medication were encouraged to use blister packs and those people who self-medicated were identified through their risk assessments. We were told by everyone we spoke to that there were no problems with medicines. One person told us "Yes, they prompt me. They are not allowed to give me the insulin, but they prompt me. They help with the nebuliser", another person told us "They are usually around when I am doing



it, and will see I have taken it".

The service had a medication policy and procedure available for staff to refer to. We saw records that showed the majority of staff in the Oldham area had received medication training, however the records we were shown for the Stockport area did not show any recent updates in medication training, this meant that we could not be certain that staff had the knowledge and skills to safely support people with their medication.

We saw that personal protective equipment such as gloves and aprons were available to staff. This helps to minimise the risk of spreading infection. One person told us "They wear their uniform, gloves and then change the gloves to empty the waste bin" another person said "I have seen them. They wash their hands before they start" and "They ask me where the towels are, and ask permission to wash their hands".

## Is the service effective?

### Our findings

We reviewed four staff files in relation to the staff employed and saw evidence that staff had received an induction when they first started working at the service, this included shadowing practice. This is where a new staff member accompanies an experienced staff member in the first days of employment. We also saw that some care staff competencies including hand washing and catheter care were regularly monitored, however we saw that some staff had not had any competency checks since 2015. This meant we could not be certain the management were sure that staff were competent in their role.

We looked the training records and saw staff had received training that included manual handling, health and safety, infection control and fire safety. However we saw that not all staff had received up to date training. Some had not received training since 2015 and some staff we spoke with were not sure when they had last received training surrounding moving and handling even though they were using hoists. This was immediately brought to the registered manager's attention who informed us that this was to be actioned as we could not be sure that staff had current knowledge when providing care for people in the community.

However, the people we spoke to who received the service said that they thought the staff were trained, one person told us "Well, they appear to be, to me".

The provider had a supervisions and appraisals system in place. Supervisions were both community and office based and some staff had had appraisals carried out. However we saw that not all staff had received supervision or appraisal. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

The provider had failed to give appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. These were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone we spoke to was happy with their support from Elite Homecare with regards to eating and drinking. One person told us how staff would ask them what they wanted and that staff would prepare whatever was requested. People were satisfied with everything that was done for them. One family member told us "I put dinners in the freezer and they ask him which he would prefer. They will ask him what pudding he would like. If he doesn't want anything he will tell them that as well. If he says he is not hungry they will make a sandwich, wrap it up and leave it beside him on the table". The care files we saw for each person held information that included allergies, likes, dislikes and other nutritional information.

The manger knew their responsibilities regarding the Mental Capacity Act 2005 (MCA) and their responsibilities to the people they were delivering a service to. Everyone we spoke to told us their choices were respected, one person said "They help me to dress. They have got my permission to help me." Another person said "Yes, they always say 'are you alright?' when they are doing it. They never do anything unless they have got my permission". The six care plans we looked at showed care had been agreed to by the person receiving the service. We saw that people who used the service had signed to say they were giving

their consent to receive the care outlined in their care plans. One person told us "They ask me".

The care plans we looked at contained risk assessments regarding the environment and also included information about escape routes in case of emergencies, locations of fuse boxes and water stop cocks. This meant that the staff had the knowledge to immediately deal with an emergency so that both they and the people receiving the service were safe.

## Is the service caring?

### Our findings

People told us that staff were always kind and compassionate when attending to them. One person said "Yes, I treat them like my own family. They always see I'm okay before they go. They always ask if I am okay before they leave." another person told us "Definitely. Last Sunday I wanted some lemonade and a tin of spam and I just mentioned it to the carer and later on during the day she came and just dropped it off. I didn't ask her though to do it". We were able to speak to a family member of a person who used Elite homecare, they told us "Very kind. I have never heard any of them say anything out of place. They try to have a conversation with him about day to day things, what is on TV what he has been watching".

People felt that staff respected their privacy and dignity when supporting them with their daily tasks. We asked people if they were able to make their own choices, all the people we spoke to said that they were. One person told us "They respect me when I have a shower", a relative also told us "They will always ask 'do you want your pyjamas on'. If he wants a shower, if he needs help or does he want his privacy to do it himself".

We observed that confidential information was kept secure whilst we were in attendance in the office because we saw that records were either kept locked in a filing cabinet or were stored on a password protected computer and only accessed by staff.

Elite Homecare at the time of inspection were not providing end of life care but we were told how they would access end of life training for the staff and that they had already prepared end of life care plans that were to be immediately implemented if needed. We saw that Elite Homecare also had an up to date end of life policy in place that set out guidance for staff.

People supported by the service and their relatives told us they were well informed and were also involved in the care being delivered. One relative told us "Absolutely. They will call their manager and the manager will call me. If I am there they will chat to me. They always ask him if he is happy with the care they are giving".

We saw how each person had a care file, this had a service user guide that included information regarding service user rights and delivery of care. We asked people and relatives if they felt that the service provided information and explanations and everyone we spoke to said yes. We also saw that each care plan in people's homes supplied contact information for advocacy services.

## Is the service responsive?

### Our findings

All the people who we spoke with were satisfied with the way care was provided and felt listened to. They told us that they would certainly be comfortable with expressing concerns about the service if they had any. One relative told us "Yes, I do. I would approach the company and if it wasn't sorted out, there are other people in Social Services. I have never had that problem". A person who used the service said "I have the telephone numbers for them, the people in the office". Another person told us "I would phone the office. I would not hesitate to phone the office".

Elite Homecare had a clear written complaints policy and a condensed version of this was included in the service user guide given to people when they started using the service. The complaints procedure advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome. It gave contact details for the local authority complaints service and for CQC. We saw records that showed the service had acted on any complaints they had received. These complaints had been investigated and each one had an outcome logged.

We spoke with the registered manager, care manager and a co-ordinator who told us the processes followed when a referral was received. This included making appointments with people and family for initial assessments, developing care plans and risk assessments. We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. The forms were signed by the person requiring a service or a family member.

The file that was placed in a person's home had personal details, a social history of the person, a health assessment that documented any equipment needed and any current recreational activities. Care plans were in place for the care people required, this included personal care, support with dressing, communication and mobility. The service also gave a support plan for each visit that instructed the staff in detail of what was expected by the person receiving the service. The documentation was clear and had been completed in full. However we saw that the care plans for Oldham had been regularly reviewed those for Stockport had not. An example of this was that there was no evidence that a person, who had started receiving a service in 2015, had had a review of their care plan. This meant that there was a risk of people receiving inappropriate care. We brought this to the attention of the registered manager.

The provider had not ensured care was person centred throughout the organisation as care had not been regularly reviewed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014,

Care staff completed a visit log after each visit, and these were then archived. One person told us "They have a book in the house. If there is anything out of place that's recorded in the front of the book". We looked at archived visit logs and saw that these reflected the support people needed that had been identified in their care plans.

We were told by one person how they were encouraged to be independent by staff as they wanted to

continue to "Do as much for myself as possible". We spoke to one persons regular staff member who was able to describe in detail the person's needs and what they did to support their independence.

We asked people if they felt their care was responsive and one person told us "They are so kind and so thoughtful. I had a fall about a month ago, the carer called for an ambulance and she came with me. She stopped with me until the ambulance men had done their writing. They stopped until my daughter in law came and the ambulance men went. I feel I can talk to them. They took my washing out of the dryer in the garage."

## Is the service well-led?

### Our findings

The service had a registered manager who had been in post since January 2011. He was supported by a care manager, two care co-ordinators and administrative staff. During the inspection we saw that although the service is registered under one location there were two significant areas, Oldham and Stockport, which were managed separately. However the registered manager had oversight and responsibility of the whole service. We spent time talking to the registered manager and care manager and they told us how committed they were to providing a quality service. The registered manager told us that they kept their knowledge up to date by accessing various provider and partnership meetings as well as utilising the information from the CQC website.

During our inspection we identified incidents that had been referred to the local authority and not notified to CQC. We discussed this with the managers and identified what CQC needed to be informed of. We saw that these incidents had been dealt with appropriately.

The provider had failed to notify CQC of notifiable events. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009,

We saw evidence that some quality checks had been completed with people receiving the service from Elite Homecare. We saw evidence of courtesy calls in Stockport and we saw that both staff and people using the service in Oldham had been asked their opinions using a quality assurance questionnaire. We saw that not everyone using the service had received a service review. We asked people if they had been asked their opinions of the service and we received a mixed response. A few people told us "No" and others said "Yes, they came to the house" and "They have done that on a regular basis". This meant that the quality assurance processes were not standard across the whole of the organisation and so a true picture of the service was not available.

We asked for minutes of any team meetings which were held for all members of the team. We were supplied with those for Oldham. We saw that staff were able to express their views and any concerns they had. However we did not see evidence that there had been any meetings for staff in Stockport. This meant that not all staff working for Elite Homecare had the opportunity to discuss any issues.

Not all risk assessments and care plans were up to date and there was no evidence of some staff training and supervisions being completed.

We did not see evidence of any audits in place, however we were told that the manager of the Oldham area was starting to look at a system. We spoke to the managers and discussed how auditing processes are used to take the service forward.

The provider had failed to adequately establish and operate effectively systems and processes to ensure compliance. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014,

The policies in place were current and regularly updated. These included management of feedback, incident reporting, confidentiality, safeguarding, medication, disciplinary procedures and recruitment. This meant staff had access to up-to-date guidance to support them in their work.

We asked other professionals about their working relationships with Elite Homecare and we were told "They have communicated well, usually a phone call to discuss any concerns/issues around equipment/techniques regarding service users, this could be advice over the phone which would solve a concern or the need for a visit with care staff". Another person told us "I have a good working relationship with Elite".

We were able to see how the service worked alongside other professionals such as district nurses and G.P.'s to ensure care services were personalised. One relative told us "If there is any delay due to hospital appointments it's all recorded and they get advised as to what to do. They will ring me or the GP or practice nurse".



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to notify CQC of notifiable events.
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured care was person centred throughout the organisation as care had not been regularly reviewed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to adequately establish and operate effectively systems and processes to ensure compliance.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to give appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.

