

Elite Home Care Solutions (UK) Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elite Home Care Solutions (UK) is a domiciliary care agency providing personal care to people in their own homes. 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. At the time of inspection 50 people were receiving personal care.

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

Medicines were administered safely to people, however the recording of medicines needed to be clearer. Returned medicines did not have a clear audit trail in place to record this practice.

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; however, the documentation in the service did not support this practice. We made this a recommendation.

Whilst the service carried out quality monitoring in practice there were no formal documented audits of the service. Records were not always accurate and complete. This was a breach of Regulation 17 (Good governance).

Records of mental capacity assessments had not been completed for people who needed support to make decisions.

Everyone we spoke with told us they felt safe. The service had enough staff to safely support and meet people's needs.

People were supported by staff that knew them well and picked up quickly on any changes in how people presented.

People's relatives praised the kindness, care and consistency the staff provided.

Although the service was not set up to provide activities to people, they still made efforts to involve people and bring them together.

Everyone we spoke with was very complimentary about registered manager and said that they would or had already recommended the agency to other people. There was a mutual appreciation between staff and the registered manager. Staff told us they were well supported, and communication was good within the team.

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

Rating at last inspection

The last rating for this service was Good (published 4 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We have found some evidence that the provider needs to make improvement. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Elite Home Care Solutions (UK)

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

We gave the service short notice of the inspection. This was because it is a domiciliary care agency 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and seven relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and office manager.

We reviewed a range of records. This included five people's care records and 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. We sought feedback from four health and social care professionals who have regular contact with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now been rated as Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were administered safely to people, however the recording of returned medicines and information on medicine risk assessments needed to be clearer. For example, risk assessments stated that medicines were stored in a safe place but did not give details of where this was. The medicines risk assessment had a yes or no response ticked with regards to information about the support people needed with their medicines, however the detail regarding what support was needed was not recorded. This meant that staff may not have the necessary guidance to support people with their medicines safely. The registered manager said this would be made clearer and addressed.
- The Medicine administration sheets (MAR) were not pharmacy printed copies but constructed by the service and were very limited in the information recorded. For example, it did not refer to the names of individual medicines, it just stated "four prescribed medicines". Although this was recorded on the prescribed dosette boxes, staff needed to document appropriately that they were signing for the correct medicines (Dosette boxes contain small compartments that clearly show which medicines need to be taken at what time of day). The current MAR's did not provide a clear audit trail of each person's medical details and administration.
- If a person refused their medicines, we were informed that these were put in an envelope and taken by staff back to the pharmacy. There was no record to show that the pharmacy received these medicines when this occurred. This meant the service could not assure themselves that the correct number of medicines were being returned. The registered manager told us they would speak with the pharmacy and put something in place to evidence the medicine were returned.
- We saw that although staff knew people's needs well, some risk assessments lacked detail and did not clearly explain what the risk scores meant. For example, one person had a physical capability assessment, which looked at the strength in their limbs and ability to get up and sit down independently. This had ticks in categories of none, low, medium and high. This did not correspond to the support staff were giving the person. The risk assessment stated that there was no risks getting into and out of the shower, however the care plans recorded that they needed full support to do this. The registered manager told us they thought it was completed incorrectly and would take action to correct this.
- One person's manual handling assessment showed they were a low risk, despite this person needing multiple staff to help them transfer and a hoist. There was no indication of how the scores had been calculated or what they meant or the action that needed to be taken if someone scored highly. The registered manager told us they needed to update the documentation and be clearer in what the scores meant and how the risk was mitigated.
- We saw that the dates when people's equipment had been checked were not recorded in people's care plans for staff to be mindful of ensuring it was safe to use. The registered manager said this would be

implemented and commented, "Care plans have not been updated, I am happy for anyone to give me advice and tell me how to make this clearer and better."

Records were not always accurate and complete. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had not experienced any medicine errors. This was because people received support from regular staff who knew them well.
- People told us the staff supported them appropriately to take their medicines as prescribed and that no medicines had ever been missed. Comments included, "They administer all my prescribed medication which have never been missed" and "I can manage to take my tablets by myself. However, because my memory is playing me up a bit these days, when my carer comes in the morning she always ask's me if I've taken them, and if I've forgotten I then sort them out and she notes down that I've had them."
- People had general risk assessments in place for things such as their environment and mobility needs and then if there was a specific additional need a further assessment would be undertaken. People were kept safe because staff knew them well and provided them with the appropriate support.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe having the staff come into their homes and couldn't envisage living without them now. People commented, "Staff always wear their uniforms and I'm fortunate that I have a small number of regular carers, so it will always be someone that I know and therefore I don't get concerned at all by who I might be letting in the door", "The carers that I have are lovely and I have such a trusting relationship with them, that I know I can ask them to do anything and they will always have my best interest and that of my belongings to hand" and "It's worked really well, and it's allowing both me and my family to have some assurance that I am perfectly safe here on my own, as I always told them I would be."
- The service had effective safeguarding systems in place. Staff demonstrated a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues and felt confident to raise any concerns.
- Staff were mindful to pick up on any signs and knowing people well helped to detect any changes in their behaviour. Comments included, "We see some people three times a day we notice anything that changes and would raise concerns. You know what sort of day people are having, we form a relationship and know their characters and when something isn't right and to ring in", "We had a safeguarding course recently. I raise things if there are concerns, people are a priority. You go straight to the office." The registered manager told us, "We give staff information in their handbooks when they start, they know about whistleblowing and who to report to. If they are not happy about the decisions I make or the outcome I take, they know other routes they can go, and they should know this."

Staffing and recruitment

- The service had enough staff to safely support and meet people's needs. The registered manager told us, "Visits are always covered by our staff or management. We never have a situation where a call is not covered. This is our priority. We looked at the rota and decreased the workload, we could be taking packages daily and much more, but we cut back, and this is the limit so we can work manageably. The service data from the Local Authority reported that the service was within 10 minutes of their call times 99 percent of the time. The registered manager told us "We try and do what we can and do it well."
- The registered manager was as passionate about staff's welfare as that of the people they supported. Evening calls had a cut off at 8.30pm as the registered manager did not want the staff out later than this. They told us, "The staff are back on in the morning, so we want to give them a break, it's not popular with everyone as they want later calls, but we stick to this." The service had a contingency plan in place which

ensured that in extreme circumstances, the most vulnerable people would still be supported. The registered manager had purchased a 4x4 vehicle after the last time it snowed and told us they had not missed a single visit despite that snow.

- People told us the staff were reliable and arrived for visits when they should. People told us if there were any changes the office staff were very good at communicating this to them. Comments from people included, "As far as I'm concerned, even when one of my regular carers is off on holiday or suddenly taken ill, there is usually somebody else to cover for them who I've met before and who has been to look after me before" and "The agency have been extremely good and have delivered on what they said they would. So far, even when there's been some sudden illnesses, there's always been one of my other regular carers who has been able to step in and help me out."
- Staff told us the registered manager organised the staffing rota well to reduce travel time between visits and considered the staff in this. Staff comments included, "Absolutely there are enough staff. I think the good thing is we don't travel to far, the manager has got it down to a fine art, you would spend more time in your car, but because of how it's organised you don't have that", "We see regular people in areas, they are so flexible and work around your home life. All staff are great, we have a good team" and "At the moment we are overstaffed which is nice, we have backups. Staff see the same people, rotas don't really change. People get continuous care."
- New employees received a check with the Disclosure and Barring Service (DBS). A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.
- A recruitment file was in place for each staff member which included references, to ensure people's conduct was satisfactory where they had previously worked in health and social care, interview questions and identity documents. Identity documents had not been signed to show the date they had been seen and if the original had been seen. The registered manager said this would be put in place going forward.

Preventing and controlling infection

- Staff were trained in infection control and systems were in place to ensure they maintained good hygiene practice.
- The registered manager told us, "I'll take out gloves and aprons to staff who need it and staff carry their own packs of this. We use foot protectors for a lot of houses also."

Learning lessons when things go wrong

- People had not experienced any incidents or accidents, so none were recorded or available to view. The registered manager told us an accident form would be completed and a body map to monitor the progress of any injury sustained. If a person went into hospital their needs would be reassessed prior to their return to using the service again.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA and saw that whilst staff worked within people's best interests, the recording of this was not documented appropriately.

- There were three people currently being supported by the service that lacked the capacity to consent to decisions about their care. We saw that there was no record of mental capacity assessments in people's care plans. The registered manager said these had predominantly been completed by the Local Authority, but they did not have a copy available for staff to follow. The registered manager said they would source this from the social workers or undertake the assessments internally.
- We saw that one person was unable to sign their consent to receiving care from the service and a relative had signed on behalf of them. It was not known however if this relative had the legal authority to make this decision for their relative. The registered manager said this person was able to consent verbally and the relative had only signed because the person was unable to hold the pen at that time. The registered manager said they would make this clear in the care plan and ensure this was reflected in everyone's care plan going forward. Following the inspection, the registered manager informed us this person was now able to sign their consent and new assessments forms had been put in place for them to sign.

We recommend the provider consider current guidance on assessing people who lack the mental capacity to make decisions about their care needs and take action to update their practice accordingly.

- People were kept safe and supported in practice appropriately because staff were knowledgeable around promoting choice and decision making. Staff spoke confidently about assisting people who lacked capacity saying, "We have got to know people, most people are quite clear on what they want. We speak to the

family, we do research and build relationships with people", "People can still choose, we work in their best interests, we don't assume things and we treat them as an individual and offer opportunities."

- We saw that staff ensured permission was sought before providing care and recorded in people's daily records that the care given was consented to by the person. The terminology in these records showed a good understanding from staff about how they approached people when supporting them. For example, entries stated, "X [the person] instructed me to..."

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

- People were supported by staff that knew them well and picked up quickly on any changes in how people presented. One staff told us, "We are hot on flagging things to each other and telling the boss." The registered manager said, "Sometimes we get told we do too much but It's never too much, we refer anything to professionals to help people get seen." We saw that staff ensured people's oral health was maintained and recorded the support given in the daily records.

- Relatives felt confident that staff would raise any concerns and communicate this to them. Comments included, "Right from the start, mum has had a number of regular carers who she sees all the while and they have got to know her really well so that they can pick out any warning signs if her health is beginning to deteriorate" and "My husband had had a really rough night when one of his regular carers came in, and before I had a chance to let her know, she came to see me to say how worried she was about him. I always think this is the benefit of having regular carers to get to know their clients."

- If people had to go into hospital, the service worked with family and external professionals to ensure this transition was smooth. The registered manager explained, "Some people have no family and we immediately make the call to the hospital and say we are the representative and point of contact or call the family." One staff told us, "If someone had fallen, the manager would write off the rest of my day so I could stay with them, she's good like that."

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

- People had an assessment of their needs prior to any service being offered. Assessments covered people's health, physical and social needs.

- Staff had access to the assessments and knew people's needs well.

- Relatives felt confident that staff knew what people needed describing staff as "Extremely professional, well trained, punctual and always willing to do extra jobs when needed." One person told us, "It's just nice to not have to repeat all the time what I need help with and how I like it to be done. The carers that I have at present are lovely and they come in and just get on with everything without me having to worry about whether they are capable of doing something."

Staff support: induction, training, skills and experience

- Staff received a thorough induction when they joined the service. This consisted of shadowing more experienced members of staff of up to two months if they have no previous care experience and completing the care certificate. One staff told us, "During my induction I shadowed for a while. The manager is really good, she says she wanted me to know all the areas and not throw you in the deep end."

- Staff were supplied with a handbook which contained information relating to safeguarding, data protection, holiday, sickness and complaints. The registered manager told us they had just updated this to make it easier for staff to have this information to hand commenting, "This isn't to stop staff asking questions but to give them information, so they are equipped with the answers."

- Training relevant to the role was provided to make sure staff had the skills they needed to carry out their roles. Staff spoke positively about the training they undertook commenting, "We do online courses and did a really helpful medication course recently" and "We do training mandatory updates all the time."

- A training matrix was kept to review when training was completed and due to be renewed. We saw three staff had expired safeguarding training. The registered manager told us they had been asked to complete this within the next few days.
- The management team carried out regular spot checks of staff during their care visits. This looked at the timing staff arrived, the choices and independence offered, being aware of changes and person's wellbeing and talking to the person before commencing care. The registered manager said following this they review any development areas with the staff.
- Staff received a formal developmental review annually and were able to discuss any professional learning needs they had. Staff told us aside from this they felt able to request a meeting or approach the registered manager at any time they needed. One staff said, "We have supervisions and spot checks and we have a review of our work yearly. We have our say."

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

- Staff supported people where needed with meal and drink preparation. We saw that this support was recorded in care plans but lacked information around people's preferences, if they assistance to eat and any dietary requirements staff needed to be aware of. The registered manager explained that staff went to regular people and knew their needs well but understood this needed to be clearer in care plans.
- We saw that staff recorded what people had requested for lunch and that choices were offered to them. One staff told us, "We always make sure we are seeing people have drinks and leave a few drinks for them."

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Everyone we spoke with said that they value the opportunity to get to know the staff and to be able to sit and have a chat with them while they are there. One person said, "It has been really important that I have a small number of regular staff that I have been able to get to know and to build up a trust and rapport with. All the girls I have are lovely, and I don't know what I'd do without them now."
- People's relatives praised the kindness, care and consistency the staff provided commenting, "I know I can go away and not have to worry at all about how she is or how she is being looked after", "What is particularly good is the consistency of carers (mostly only one of three); detailed keeping of records; willingness to be flexible and always adding visits when requested" and "Consistent carers (which mum needs) emergency calls always catered for and willing to adapt at short notice, I'm not sure what could be improved in my particular circumstances."
- Staff spoke in a way that demonstrated genuine care in the people they supported and enjoyment for the role they did. The registered manager told us one staff had made people who were alone on Christmas day, a meal and delivered it to 13 people with a cracker, hat and mince pie. Staff told us, "I love my job, I love making people happy and giving them the life they deserve", "Staff treat people as their family member" and "The staff are five star, I would trust any members of my family with the staff, they do stuff on their days off, take them fish and chips, provide Christmas dinners." The registered manager told us, "The service the girls do is of a high quality, I know that they are doing what they need and make things better and report it if they can't."
- The registered manager promoted an all-inclusive culture within the service and staff worked within this. Staff completed equality and diversity training and person-centred training. The registered manager told us "We will take anyone [staff] who is right for the job. The best person who will fit in with us. Staff that ask lots of questions and will engage. We don't look at qualifications only."

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

- People were encouraged by staff to make their own decisions and retain control over their care needs. One person told us, "I can only describe it as, they make me feel normal and treat me as if I haven't got anything wrong. I don't want to be wrapped up in cotton wool, so I really appreciate their care and attention." Another person said, "I think they notice things because they come to me regularly and have been able to see how I do things and when." The registered manager said, "We always ask if we can do anything or do it better."
- Relatives told us that people were listened to by the staff with one relative commenting, "My relative can ask for things and answer questions and state preferences. Occasionally he has refused to dress, and this

has been accepted. The carers do listen to his requests and inform me of possible additions to the shopping list or other items he might require." The registered manager spoke about offering choices was simply part of how the staff worked saying, "You don't realise you are doing it but just offer the choices on a daily basis."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's dignity and were able to explain how they did this. One staff told us "When we support people, we talk people through the whole process." We saw in people's care plans it stated that it was important to people for their privacy to be upheld.
- People's independence was encouraged by staff. One staff told us "We all promote independence for people. The longer they can do things for themselves, this should be done." We saw that staff recorded in daily records things that people had been able to undertake independently during their visits.
- Relatives praised the staff in recognising and supporting people to retain their independence commenting, "My relative requires help with all aspects of daily life, but they have been extremely supportive to keep her as mobile and as independent as possible, especially through some challenging times last year" and "We have been pleased with Elite and how they have enabled our relatives to stay at home and be as independent as possible for as long as possible."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- We saw that most care plans were detailed around the individual support a person needed. Everyone we spoke with knew they had a care plan and had been involved in preparing it. One relative told us, "I remember sitting down with my mum and meeting the manager. I think she was there a good couple of hours and when she went away, she put together the care plan. I don't think there was anything we needed to change when it was first written."
- One person was being supported by the service who were taking time to build a relationship slowly with them. This person was also supported by externally by the Mental Health team and had previously refused all support offered. The person did not want a care plan in their home, and we saw that one was not yet being kept at the office either. The registered manager said they would ensure that this was done immediately, and appropriate records of staff visits kept going forward.
- We reviewed people's daily records of care that staff had recorded. We saw these were written in a respectful way that demonstrated staff assisted people in the way they wished. The registered manager told us
- The service maintained regular reviews of people's care. Relatives told us they were part of this and able to request a review meeting earlier if a person's needs changed. One relative told us, included, "Whenever I have met or chatted with them, they are very understanding of his changing needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their care plans. An accessible communication key was highlighted which showed staff any visual, sensory, memory or communication needs a person had. One staff told us, "We communicate well, one person writes on their phone to communicate with us."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although the service was not set up to provide activities to people, they still made efforts to involve people and bring them together. The registered manager told us, "Every summer we hold an afternoon tea for people who are on their own, who don't get out. One staff gives up their garden and we have donated cakes and people can get their nails painted. People love it and they get to socialise."

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints since the last inspection and management dealt with any concerns as they arose. We saw these concerns were not currently being recorded. The office manager explained, "When anything is raised, we take it and deal with it, we don't log it as much as we should. It's an area that we are aware we need to record and improve on. During our inspection immediate action was taken to implement a complaints tracker to record informal concerns and any formal complaints which going forward could then be analysed monthly as part of the provider oversight."
- We reviewed the complaints procedure and saw that it contained inappropriate information. For example, it stated that CQC would investigate unresolved complaints. It also recorded that complaints had to be made only by written format, which a lot of the people using the service would be unable to do. The office manager took immediate action and amended the complaints procedure at the time of our inspection and showed us the revised one which was clearer and welcomed all complaints in any format.
- Nobody that we spoke with had made a complaint, but everyone felt confident that they would if they had something that was concerning them. Comments included, "I have not needed to complain about anything in the last few years and I would if I felt it necessary" and "I haven't needed to but would feel happy to if necessary." One relative told us, "I see my relative every day so they will tell me if there is anything untoward. Any concerns I'll leave a note or contact management."

End of life care and support

- The service was not currently supporting anyone with end of life care but told us they readily accepted these packages and that staff were passionate about caring for people at this time.
- The registered manager said when they start to support someone at the end of their life, they put a care plan in place, but understood this was an area they needed to develop prior to this. The registered manager had started to obtain advance directives from people if completed but did not have records of end of life discussions and care plans undertaken with people.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now been rated as 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were no formal documented audits completed to assess, monitor and improve the quality of the service. The registered manager understood this was something they needed to evidence and address commenting, "We will get everything in place within a month, whatever we need to do, I would rather it be a documentation issue than providing unsafe care to people."
- The provider had not identified that records relating to medicine management and mental capacity assessments were not in place to ensure staff had available guidance to appropriately support people.
- The rating from the last inspection had not been displayed at the service. The registered manager said this would be rectified.
- The provider did not have systems or processes in place to assess, monitor and improve the quality and safety of the service. Records were not always accurate and complete. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered manager was able to monitor the quality of the service people received because they completed regular visits alongside staff and spoke with people. The registered manager said, "I do care visits as well. Everyone I go to knows me and knows the job I do, it's important. We all muck in, in the office."
- Information was shared with staff through meetings and an online private group. Staff told us they were kept informed and communication was good. Comments included, "Communication is great, a strong point", "Communication is brilliant, we have staff meetings" and "For home care it's very good. We have a very good team, we communicate well, and we get a lot of feedback about any changes. We all keep up to speed."
- The registered manager received practice and knowledge updates through Skills for Care but told us they would like to do more and join the provider networks available. The registered manager said, "I would like to do more but it's having the time. It's being everything to everyone and I know we provide a good service but it's the documentation we need to improve."

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

- Everyone we spoke with was very complimentary about registered manager. They told us the registered manager was extremely approachable and always willing to spend time with them if it was needed. One

relative said, "It's just little things like the fact that when she knows I'm away, she will ask if I would like her to just ring me once or twice a week just to confirm that mum is alright and that nothing has happened to her. She doesn't have to do this, and she knows that just that one quick phone call can make a big difference."

- Nobody could think of any areas for improvement, and everyone said that they would or had already recommended the agency to other people. Comments included, "We honestly can't think of a single thing that they need to improve on, to be fair to them", "I've already recommended them to neighbour's of ours", "I was only chatting to someone the other day about how good the agency was and suggesting that they give the manager a call" and "We have been extremely happy with the care we've received over the last few months and would happily recommend their services to anyone. We feel very fortunate to have found them."
- There was a mutual appreciation between staff and the registered manager. Staff told us the registered manager was approachable and supportive saying, "The manager is great, she is understanding and flexible", "I love it at Elite, I'm happy, my boss is lovely", "We are such a good team and support each other" and "She is a very supportive manager, we can approach her with anything."

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 registered manager was open and honest to improving care practices where required.
- One relative told us, "I've only ever had to mention to the manager that I was struggling with one thing. I phoned her up and talked through the situation with her and she was as nice as could be. She didn't quibble about what I was saying at all."

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

- People were able to share their views on the service through an annual quality questionnaire. The feedback overall was very positive. People had been with the agency from between six months and six years. We saw that many compliments about the service had been received about the kindness and care shown.
- People and their relatives told us the management staff were always approachable and communication was good commenting, "Sometimes if I phone the office the manager actually picks up the phone herself and I have found her to be very approachable over the years" and "The manager has always been very approachable to myself and the family. She is always more than willing to help and if she doesn't have the answer, she will usually find somebody who does."
- Staff did not currently complete a feedback survey but were able to attend regular team meetings. We looked at the minutes of these meetings and saw they were organised around providing staff with essential information and praising staff for their work and sharing knowledge. One staff said, "There is no staff questionnaire, but we can raise things absolutely and suggest things and put forward ideas. The manager is very supportive of this."
- The manager provided staff with a Christmas party and a lunch each year. The registered manager told us, "They are the main focus and without them we would not have a service. We throw this for everyone for a morale boost and I appreciate they work long hours and it's hard work."

Working in partnership with others

- The service worked with a range of different health and social care professionals. The management team told us the working relationships were positive saying, "The local professionals we work with are good, relationships are good. It's a changed relationship. There are more time constraints on them."
- External visiting professionals left their own care plan and the registered manager told us they would communicate with the service if visiting someone they supported."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure good governance systems to enable them to assess and improve the quality and safety of the service provided. The provider had not maintained a complete and contemporaneous records for each person.</p> <p>Regulation 17 (1) (2) (a) (c)</p>