

Care Elite Limited

Care Elite

Inspection report

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30 March 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Care Elite is registered to provide personal care for people with mental health needs. The service was being provided to five people living at one location at the time of this inspection.

This inspection took place on 27 and 30 March 2017 and our first visit was unannounced. At our previous inspection in October 2016, we found the service did not have a registered manager in post and required notifications were not being submitted to the Care Quality Commission. .

The service now had a registered manager in post. 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.

There were systems and processes to protect people from the risk of harm. Staff had attended safeguarding training and were aware of safeguarding procedures. Assessments were completed for any identified risks to help keep people and staff safe.

New care documentation had been introduced and staff told us the service had improved since our last inspection.

People were supported to have their health needs met. People's medicines were managed safely and regular audits took place to make sure that people were having their medicines as prescribed.

Required statutory notifications were now being submitted to CQC about certain incidents and events. Notifications are information about important events which the service is required to tell us about by law.

Records kept by the service did not show that there was a system in place to make sure staff training was kept up to date. Additionally the registered manager and staff were not receiving regular supervision with their line manager.

There was a system in place for dealing with people's concerns and complaints. The registered manager understood their role and responsibilities and there were systems in place to help ensure the safety and quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People received the support they required to keep them safe. Identified risks to people's safety and welfare were being managed appropriately.

There were enough staff to meet people's needs.

Medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective. Staff had access to training however a system was not in place to make sure they were up to date with mandatory courses.

The registered manager and staff were not being consistently supported through regular supervision.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005.

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

Is the service caring?

Good ●

The service was caring.

Individual privacy and dignity was respected.

Staff provided support in line with people's wishes.

Is the service responsive?

Good ●

The service was responsive.

Improved support plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs.

The service worked with other agencies and services to make

sure people received the care and support they required.

Is the service well-led?

Some aspects of this service were not well-led.

We found a breach of regulations during this inspection with shortfalls identified around staff training and supervision.

There was now a registered manager in post.

There were systems in place to monitor the quality of the service and make improvements where needed.

Requires Improvement 

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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.

Prior to our visit we reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We visited the service on the 27 and 30 March 2017. The first day of the inspection was unannounced.

This inspection was carried out by one inspector. We spoke with three people using the service, one visitor, the registered manager and one member of staff.

We looked at records about people's care, including three files of people who used the service. We checked the records kept for staff allocation, training and at records for the management of the service including health and safety records. We also checked how medicines were managed and the records relating to this.

Is the service safe?

Our findings

People using the service told us that they felt safe and would tell staff if they had any concerns. One person said, "We get on ok, I'm not bothered by anyone." Another person said, "It's alright."

There were sufficient staff available to meet individual needs and people said there were staff available to support them when they required it. As a supported living location, the service was staffed 24 hours by one staff member to support people using the service. One staff member spoken with said they felt safe as a lone worker and received support from the registered manager and provider when they required it including out of hours. It was noted that staff were working a number of consecutive shifts on the rota and we discussed this with the registered manager with reference to ensuring staff were able to safely carry out their job role when working longer hours even with breaks provided.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Contact numbers for the local authority safeguarding team were displayed and records were kept of any money kept on behalf of people using the service.

Assessments were carried out to look at any risks associated with people's support. We saw individual risk assessments documented any potential hazards associated with the person's support and the control measures in place to reduce these. There were procedures for reporting and investigating accidents and incidents. Each written report documented the action taken by staff and any changes required to people's support.

Medicines were being managed safely. One person told us, "They administer my medication, they do that on time." We saw medicines were stored securely and records showed that people were supported to take their medicines as prescribed. The administration charts we looked at were fully completed and there were written procedures for staff to reference and follow. There were regular audits of medicines to help make sure medicines were being administered correctly.

We saw regular checks took place to help keep people, for example, of the safety of the premises. There were records that showed equipment had been serviced. Gas installations were being checked by an external contractor at the time of our inspection.

No new staff had been employed since our last inspection in October 2016 where we found that appropriate recruitment checks were taking place before staff started work.

Is the service effective?

Our findings

A staff member said that they received the training they needed to support people effectively and had attended recent training around safeguarding. Staff training certificates were kept on file however the systems in use did not effectively monitor when staff mandatory training required updating. Training records did not identify those staff members who were due to refresh their mandatory training or highlight when training had expired. We were therefore unable to see evidence that staff training was refreshed at regular intervals and kept up to date.

Records were not available to show that staff were receiving regular supervision with their line manager. There was also no evidence that regular meetings were taking place between the registered manager and the provider to discuss the service provided and any improvements required.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was in the process of implementing the Care Certificate as part of their induction and mandatory training. They are a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide good quality and compassionate care and support. It covers 15 topics that are common to all health and social care settings and became effective from 1 April 2015.

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. We saw people were able to come and go as they pleased and this was confirmed by the people we spoke to. Access to the property was monitored by staff to ensure people's safety.

People were supported to keep healthy. Records showed staff supported people to access the healthcare services they needed and staff were observed to be liaising with other health professionals during our inspection. The support plans included actions as to how staff supported people's health needs. Each person had a health passport on file to help staff in other services know about their needs should they require treatment.

People using the service were supported as required with their shopping and cooking. The kitchen area was being improved at the time of this inspection to provide more space for cooking and eating.

Is the service caring?

Our findings

People said they were satisfied with the support being supported by Care Elite Limited and said that staff treated them with dignity and respect. A visitor to the service said that the person they came to see was happy with the support and the service had been better in meeting their needs than previous placements. They said they were made welcome when they visited.

People were able to be independent. For example, people told us they went out when they wanted to and cooked their own meals with staff support if they required it. Staff said the service aimed to enable people to become independent with staff support and guidance provided as necessary.

People were relaxed and comfortable with the staff during our visit and they could choose what to do, where to spend their time and who with. Some people spent time in their bedrooms whilst others chose to sit in the communal areas or go out into the community.

Staff spoke positively about improvements to the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure people were able to have privacy when they wanted it. One staff member said, "It's better than it was."

Staff were knowledgeable about people using the service and their daily routines. Staff members gave examples of people's individual likes and dislikes and how they supported these. Care records included the person's views to help make sure that staff provided them with support in line with their own wishes. For example, with activities of daily living or budgeting their money.

Regular meetings were held to obtain the views of people using the service however staff reported that people were sometimes reluctant to attend. We saw that recent meetings had been used to give people advice about their tenancies and benefits from an external professional.

Is the service responsive?

Our findings

Following referral, people were assessed to determine if the service could meet their needs. The assessment looked at the person's needs, risks to themselves and others and identification of any additional support that would be required.

Improved care documentation had been introduced since our October 2016 inspection. We saw people using the service had up to date support plans addressing areas such as their daytime activities, personal care and medicines. This included the objectives in place for the person and the support required for them to achieve these. We saw that people using the service were made aware of their support plan and included their views written in the first person.

The service had a small staff team in place so staff knew people well. Handovers, a communication book and daily notes helped to make sure that staff had access to the most up to date information about the people they supported. The daily handover was used to share information between staff.

The aim of the service was to support people to move on to living independently in the community. People accessed the community freely and were supported as required with activities of daily living such as doing their shopping, cooking and laundry. Staff acted as key workers for people and records showed they met with them regularly. Key worker sessions included discussion of the person's health, their financial situation and activities of daily living.

Information about the complaints procedure was available to people using the service. This set out the process which would be followed by the provider and included contact details of the provider, local authorities and the Care Quality Commission. On-going day to day concerns or issues raised by one person were logged in the daily records kept by the service and we saw information was shared with external care managers as required. One person had an advocate who supported them on a regular basis.

Is the service well-led?

Our findings

A registered manager was now in post who had overall responsibility for the service. The staff we spoke with said the registered manager was available when they needed him and they were also able to contact the provider for support out of hours.

Staff told us that the service had improved in recent months with more structured systems in place and better documentation. For example, the support plans had been improved and new documentation introduced for recording health appointments.

Regular staff meetings also took place that enabled staff to discuss issues in more detail and keep up to date with current practice. Minutes from the most recent team meeting in March 2017 included discussion around areas such as making notifications to CQC, the cleanliness of the home environment and the individual support required for people using the service.

The home had some systems to regularly check the quality of the service provided and make sure any necessary improvements were made. For example, regular checks were carried out on the medicines to make sure staff were following the correct procedures and people were receiving their medicines as prescribed. The building was also checked to make sure that it was safe and well-maintained. However during our inspection we found a breach of regulations with shortfalls identified around staff training and supervision.

People's views were sought through regular meetings and via informal day to day contact with staff. The registered manager told us they were planning to formally seek feedback on the quality of care via questionnaires from people using the service, relatives and other professionals.

An annual development plan was not yet in place for 2017/2018. We were unable to see evidence of regular meetings taking place between the registered manager and the provider to discuss the service provided and any improvements required.

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 HSCA RA Regulations 2014 Staffing Persons employed by the service provider were not receiving appropriate levels of training and supervision as necessary to enable them to carry out the duties they were employed to perform.