

Elite Home Care Limited

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Inspection report

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Date of inspection visit:
09 July 2019

Date of publication:
14 August 2019

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

Home Care Limited is a domiciliary care agency that was providing personal care to 80 people at the time of the inspection. Elite Homecare is registered to provide personal care to people in their own homes.

People's experience of using this service:

People were supported by staff who had the skills and knowledge to meet their needs safely and effectively and followed best practice. Views of people were valued and used to make improvements to their care and support.

People's care and support needs were being met in line with their personal preferences. The service responded promptly when people's needs changed. The service worked well with other health professionals to make sure people's care needs were met.

People were actively involved in making decisions about their care. They 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.

Staff members felt they were valued and respected by the management team, who sought their involvement to improve and develop the service.

People were supported by staff who were caring, kind, respected their dignity and privacy, and promoted their independence.

The service was very well managed, by a registered manager and management team who were described as 'supportive', 'approachable' and, 'brilliant'. Quality assurance systems, including audits, feedback from people who used the service and staff were all used to make continuous improvements to the quality of the service people received.

Rating at last inspection: The last inspection report was published in February 2017 and the service was rated Good.

Why we inspected: This was a planned inspection. The service was rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Elite Home Care Limited

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

Inspection team:

One inspector and an expert by experience carried out the inspection. An expert by experience is a person with personal experience of using or caring for someone who has used this type of service.

Service and service type:

Elite Home Care Limited is a domiciliary care agency. People receive a personal care service in their own home.

Not everyone using Elite Home Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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:

The inspection site visit was announced and started on 9 July 2019 and ended on 10 July 2019. We gave short notice of the inspection because we wanted to be sure a senior member of staff was available to support the inspection.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such a notification or serious incidents.

We assessed the information we require providers to send us at least once annually to give some key

information about the service, what the service does well and improvements they plan to make. We used all this information to plan and conduct our inspection.

During the site visit, we spoke with a relative. We also spoke with managing director, the registered manager, a team leader, a care co-ordinator and four care staff.

We reviewed a range of records. These included three people's care and medication records, three staff recruitment files and training and supervision records. We reviewed records relating to the management of the service. We reviewed how the provider and the registered manager completed their quality assurance checks

After the inspection we telephoned six people who used the service, four relatives and two members of staff to gain their view on how the service was managed and care was delivered. You can see what they told us in the main body of the report.

We obtained feedback from three health professionals to obtain their views about the service. We have included their views and feedback in the main body of the report.

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 remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and they trusted the staff who provided their personal care. One relative told us, "Yes we do feel safe. The staff use the key safe to get in." A member of staff told us, "To make sure people don't get worried when we are letting ourselves in (with the key safe) I call out as soon as I open the front door to let them know who I am."
- There were policies and procedures to guide staff on what to do if they suspected a person was at risk of abuse. Staff had received training and were confident any concerns they raised would be acted on.
- Staff told us the managing director, registered manager and the office staff were very approachable and always listened to any concerns they raised. Whilst staff were confident that appropriate actions would be taken, they were also confident they could raise concerns outside of the organisation if necessary.

Assessing risk, safety monitoring and management

- People received a safe service because risks to their health and safety were well managed. Care records included risk assessments. These included risks associated with the environment, eating and drinking, skin condition, and equipment such as bed rails and hoists.
- Risk management plans were in place and these were amended and updated as people's needs changed.
- Where people required assistance with moving and handling, the equipment to be used was clearly described, along with how many staff should support the person to ensure their safety.
- A senior member of staff told us in addition to providing training for staff, they assessed people who may need a change of equipment. They worked closely with the district nurses and occupational therapists to make sure people had the most appropriate equipment to meet their needs.
- The service had recommended to people who used the service that they request a free safety visit from the local fire and rescue service. At the time of our inspection, this had been followed up by 24 people and 28 smoke alarms had been fitted in people's homes.
- Staff reported safety concerns within people's homes on 'hazard forms.' We read recent concerns that staff had reported. These included, 'kettle was tripping the electrics,' 'window not closing, and, 'toilet seat broken.' These were followed up by the registered manager and the office team to make sure appropriate and prompt actions were taken to make the person's home safe.

Staffing and recruitment

- Safe recruitment processes were in place to ensure suitable staff were employed.
- The registered manager ensured staffing levels were sufficient and people told us their needs were met.

- People told us staff were mostly on time when visiting and stayed the full length of time they were expected to. One relative and a person who received the service told us staff did not always let them know if they were going to be late.
- Another relative had not experienced staff being late. They told us they would not be surprised however, because sometimes there were inevitable delays. They told us of an occasion when staff had stayed after their allocated time, when their loved one had fallen. They waited with the person until the ambulance arrived.
- The registered manager told us they expected people to be notified if staff were going to be more than 15 minutes late. They also monitored for 'missed calls' and told us there had been three missed calls within the last 12 months. They confirmed that no one was harmed by their call being missed and none had been 'time critical.' The 'time critical' calls were recorded and highlighted on people's rotas.
- People were supported by a consistent group of staff, which meant they had got to trust and know them well. Rotas were posted out to most people, if it was their preferred method of communication, on a Friday to make sure they had them in time for the following week.

Using medicines safely

- Where people received support with their medicines, this was clearly recorded in each person's care records. One person told us, "They definitely know what they're doing and always sign the sheet".
- Staff received regular training in the safe management of medicines and their competency was assessed on a regular basis.
- The medication records we checked were accurate, fully completed and up to date. Systems were in place to check for errors and actions were taken if shortfalls were identified. Actions had been taken when gaps in recording had been noted. Recent audits confirmed the improvements that had been made.

Preventing and controlling infection

- Staff received training to make sure they were aware of good infection control practices. Practical supervisions were completed by senior staff to make sure staff worked safely.
- Personal protective equipment was readily available, and people told us that staff, "use gloves and sometimes aprons if they need to."

Learning lessons when things go wrong

- Accident and incident reporting forms were completed. They were all reviewed by the registered manager to identify actions to prevent recurrence. For example, one person had been found by care staff with their leg through the padded bed rails, which could have caused an injury. The registered manager had consulted with other health professionals, and after discussion they had agreed the safest option was to replace the current bed rails with mesh bed rails.
- Improvements and learning from incidents were communicated to staff through staff meetings and staff supervision.

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 remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service. The registered manager completed a care needs assessment to ensure they could meet people's needs. They also completed an assessment of the person's environment and access to their homes.
- Personalised care plans were developed care plans that considered people's diverse needs, including their religion, ethnicity, sexuality, disabilities and aspects of their life that were important to them. A senior member of staff told us, "It's so important to find out exactly what people need and how they like to be cared for. People's preferred routines can change frequently. I make sure the records are updated and communicated to all staff involved with the person's care."
- People's care records were updated regularly and when their needs changed. Meetings were held with the person and a relative if appropriate. One person told us, "I wanted to make sure my relative was with me when we discussed it (the care plan) so they came here."

Staff support: induction, training, skills and experience

- People and relatives told us that staff were able to meet people's needs. One relative told us, "I've never had a problem. New staff have a good grounding and gain experience on site with other staff helping them. They're usually good after a couple of months." Many others commented that staff were, "Very well-trained."
- Staff completed an induction that included classroom and DVD based training, shadowing more experienced staff and competency assessments completed by senior members of staff.
- Staff spoke positively about the training they completed. This included refresher training such as health and safety, food hygiene, first aid, safeguarding and moving and handling. They also told us they were actively encouraged and supported to seek nationally recognised qualifications in care.
- In addition, staff completed role specific training that included supporting people when they were end of life, living with dementia and catheter care. 'Champion' roles were also being developed whereby staff were allocated 'key roles' for topics such as end of life care, safeguarding, mental health, medication and dignity awareness.
- Staff competence was regularly checked through observed visits, supervisions and appraisals.
- The staff training room was well-equipped with moving and handling equipment, training boards that included updates on pressure ulcers, and staff training certificates.

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

- Everyone who needed support to eat and drink told us they received the support they needed. People

told us that staff prepared meals for them and one person also commented, "They'll always get a hot drink whilst here and leave plenty of squash and water when they go."

- The support people needed was clearly recorded in their care plan. For example, for one person their care plan included, 'Please leave snacks on my table. I don't always know what I would like to eat so please leave a variety of sweet and savoury snacks.'

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

- People or their relatives often made their own arrangements to see healthcare professionals involved in their care. However, the senior staff and care team also regularly liaised with people's GPs, occupational therapists and the district nurse team if there were any concerns about a person's wellbeing.

- We received very positive feedback from healthcare professionals. Their comments included, "When I have met staff on visits, they have always appeared professional, knowledgeable and keen to engage with the people they are caring for," "Their office and location based paperwork tends to be good and has been made available when requested," and, "I have no concerns around Elite's working relationship with me, I have found them open and collaborative."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People had consented to their care where possible. Staff told us they always asked people's consent before delivering care, and people confirmed this. One person told us "Yes, they'll always ask permission before doing anything."
- When best interest decisions were made, the reasons were clearly recorded, including the relatives and health professionals that had been contacted and involved in the decision-making process.

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 Good. 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

- Relatives spoke positively about the care and support their loved ones received. One relative said, "We like all that come here. They are very kind and understanding. He is not at all independent, but they will let him shave himself and comb his own hair as this is all he can do now."
- Staff had clearly developed good relationships with the people they supported. They spoke fondly, and their comments included, "I think we go the extra mile because we're happy to do that. For example, if someone wants some milk or something from the shop, I'll pop out and get it for them," and, "Bringing smiles and taking away worries is what I hope to do."
- There were compliments recorded in the office from people and their relatives. These included, "Thank you to all of you who showed such kindness," and, "I am truly thankful for the service you and the girls provide for me."

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

- People and their relatives where appropriate were fully involved in decisions about all aspects of their care and support. A relative visited the office during our inspection. It was clear they had a good relationship with staff and were involved in their loved one's care.
- Care plans directed staff to involve people in their care. Staff told us they always checked the care records for guidance and they always encouraged people to express their views.
- A member of staff told us about one person who has taken some time to accept they need care and to accept they need to be supported with the use of a hoist. They told us, "Due to [person's name] medical condition they have difficulty speaking but prefers to try to speak and to point. Even though we know how he likes his care, we always make sure he is able to take the lead and we ask him each time."
- A health professional commented that the people they were involved with, "Felt involved with their support plan, that the carers carry out tasks they expect them to, provide a flexible service and treat them with dignity and respect."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with kindness and respect. One person told us, "I feel confident in asking them for anything," and that staff were, "Very respectful. They give me a great big towel for privacy during the personal care. Lovely."
- Staff were able to give us examples of how to maintain people's privacy and dignity. One member of staff

told us, "We're always mindful and make sure people are treated with respect. Even the basics such as closing the windows and doors are really important."

- Staff told us how they got to know people well and this helped staff understand what was important to them. A member of staff told us, "Sometimes you can just see that she is worried, and it is so rewarding to help make her feel better. She likes to hold my hand."
- People said they usually knew who was supporting them prior to the visit. People had a weekly rota. This meant they knew who was coming into their home.

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 Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives where appropriate told us they had been involved in planning and reviewing their care to make sure it met their individual needs and preferences.
- A personalised approach was used when care plans were developed and reviewed. Information included people's life histories in an 'All about me' section and included what was important to them.
- Personal details were recorded in people's care plans to capture their specific preferences and how they liked things done in their home. For example, for one person their records stated, 'Fresh water and tissues to be within reach, on my right side.'
- People told us staff respected their views and made sure they followed their wishes. One person said they did not want care to be provided by male staff. They told us this was respected, and they only received visits from female staff.
- Staff told us they always checked that people had everything they needed before they left people's homes. This included making sure people were comfortable and had drinks to hand if they needed them. Staff said they did not feel rushed and there was always sufficient time to complete what was needed for people.
- Staff understood and applied the Accessible Information Standard (AIS). This standard requires service providers to ensure those people with disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication. The registered manager gave an example of how they read the rota and the care plan out to one person who was unable to understand written communication. They had also included AIS as an agenda item for their next staff meeting.
- Communication between the office and the care staff was responsive and ensured care plans reflected the changing needs of the person. Care staff told us they really appreciated this communication and the opportunity to discuss any changes with senior staff, before they visited people.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was readily available and given to people when they started to use the service.
- Four complaints had been received in the last 12 months. They had all been investigated, responses provided, and actions taken to resolve the issues raised.
- People and their relatives told us they would not hesitate to raise any issues of concern and found the management team approachable. One person told us, "I've never had to complain but would ring the office if needed to."

End of life care and support

- At the time of our inspection, the service was not supporting any person to receive end of life care.

- People were supported to make decisions about their preferences for end of life care where appropriate and where people had a 'do not resuscitate' directive, this was clearly recorded in the care plan.
- The registered manager told us about nationally recognised accredited end of life training course they had completed. Where they had supported people with end of life care, compliments had been received from relatives, speaking positively about the care and support that had been put in place.
- Staff worked closely with appropriate health professionals to make sure people received the care and support they needed.
- A member of care staff reflected on the care they provided for one person who had recently passed away. They had noted they, 'Became friends with her and her family too,' and, 'We tried our best at that very difficult time, we offered a kind and caring approach. We did everything the family asked of us. We felt really welcomed and appreciated at such a private and emotional time.'

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 remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The registered manager proudly told us they were finalists in the Care and Support West Awards 2018, for the Domiciliary Organisation of the Year and winners in the Domiciliary Care front line worker category. They showed us photographs that had been taken that showed how they celebrated success. The registered manager also participated in a national 'good and outstanding manager' support group, that shared ideas, innovations and good practice.
- Staff were supported to continuously learn and improve the care people received. Staff had competency checks to ensure they were supporting people effectively. They were encouraged and supported to undertake further training and development. A senior member of staff told us, "I never thought I would progress. Because there's always been someone to talk to here, my confidence has grown. I feel I have exceeded what I thought I was capable of."
- The registered manager demonstrated their commitment to making continuous improvements to the service they provided for people. They took all opportunities to seek feedback and review practices to make sure they made improvements. This was evident in the action and improvement plans they collated in response to audits, incidents, complaints and other feedback received.
- There was a positive staff culture and staff spoken with were motivated and enthusiastic. There was a real commitment to providing care that was right and personalised for each person.

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

- People, their relatives and staff were encouraged to contribute their views on an ongoing basis informally and through regular feedback surveys. The recent surveys completed by staff and people showed a high level of satisfaction with the care and support with comments including, 'Always ready to help me,' 'They're marvellous,' and, 'Perfect.' People were also reminded about the complaints procedure when they were sent surveys to complete.
- Staff told us there was good communication and support with the management team. This included monthly meetings, spot checks of their performance, supervisions and surveys. The managing director told us that actions taken in response to a recent survey had led to improved staff retention. Staff told us they could call in to the office or speak on the phone at any time. They told us they always received the advice, guidance and support they needed.
- Initiatives such as 'Carer of the Month' and 'Carer of the Year' were appreciated by staff. One member of staff received the award for, "Over and above attitude to service users and colleagues." They received small

gifts and tokens of appreciation.

- The values of the provider and the vision they had for the organisation were well known and understood by staff. The managing director told us they wanted to be known for the quality of the service they provided. They told us it was important for them to provide a very local service for people in their area of Bristol, and not necessarily to be the largest provider.

- On call support was provided to ensure staff always had senior staff available to support with any emergencies or to provide advice and guidance if necessary. Staff told us it was reassuring that this help was available at any time. They told us this motivated them and made them want to "Go the extra mile," for people. When asked what staff enjoyed most about their job one member of staff said, "Meeting lovely people and brightening up someone's day."

Working in partnership with others

- The registered manager and staff described to us how they worked in partnership with other health and social care professionals to ensure positive outcomes for people. The records confirmed how people had benefitted from this collaborative approach. In addition, a health professional told us, "Elite have managed and maintained packages of care in order to ensure the wellbeing of the person receiving it when others may have perhaps handed in notice. Many in the team as a whole have this impression of them and feel they go further than many providers to maintain care."

- The registered manager attended provider forums and fed this back to the operations director on a regular basis. This enabled them to keep up to date on what was going on within the local area and share ideas.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- When we asked if there could be any improvements to the service they received people told us, "No not really, I'm happy with it how it is," "Definitely not. It's very good what they do," and, "Can't knock it." Everyone told us they would happily recommend Elite Home Care Limited to other people.

- The management team were committed and passionate about providing a personalised service to people in their own homes. They were all knowledgeable about the people they supported.

- Everyone knew who the registered manager was and spoke extremely highly of their approach. Comments included, "Well-managed", "Approachable," "Brilliant," and, "Really on the ball".

- There was an open and transparent management approach between the managing director, the registered manager and the staff team. Telephone calls received and made to people, staff and relatives were conducted in a professional and friendly manner. We saw the managing director helping in the office and supporting the management team. When a relative and care staff popped in to the office it was clear everyone knew each other well.

- Staff appreciated the support they received. Comments included, "The level of support is so good. I always get really good advice and guidance," "This company is so caring, not only for service users but for staff too," and, "The support I get in every area. It's not just ticking the box here. There is a real caring approach and they really care for you."

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

regulatory requirements

- The registered manager was supported by a structured support team, that had strengthened by enhancement of office staff roles and further clarity of responsibilities. In addition, care staff had been allocated key 'champion roles' for areas such as safeguarding, dignity, mental health and end of life.
- The registered manager was aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required.
- The management team completed quality audits on a monthly basis and actions were identified and addressed to bring about improvements. All opportunities were taken to make improvements to the service people received. Audit results were monitored by the registered manager on a regular basis until required actions or improvements had been completed. The managing director visited regularly to check on the quality of the care and support the staff and the management team.
- People's daily care notes and medication records were returned to the office at the end of each month. These were checked to ensure care had been delivered and records were up to date and accurate.
- The registered manager had a weekly meeting with the office 'day desk' staff to discuss any new issues that had arisen that week or to review progress on outstanding issues. Actions were agreed and recorded. For example, care staff had identified a fault with a hoist. They had contacted the office to report this immediately. At the weekly meeting the registered manager followed up to check on the actions that had been agreed on the day. These included completion of an incident form, urgent contact with the occupational therapist and instruction to the care staff that the person would not be able to be supported to get out of bed until the fault had been resolved.